CANBERRA IRON INFUSION CLINIC

Patient Consent Form — Intravenous Iron Infusion (Ferinject®)

Affix Patient Label Here	Allergies: Gestation/weeks postpartum: Date of Infusion:

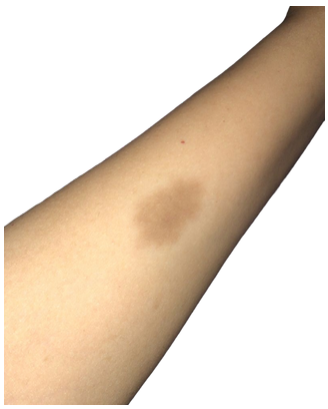
About this Procedure

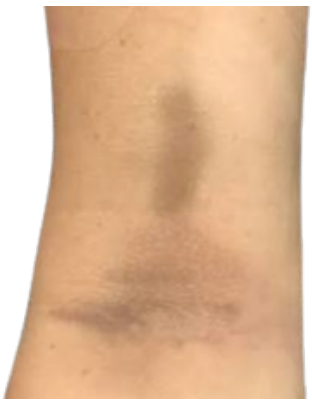
I have been recommended by my treating Doctor to have an iron infusion using ferric carboxymaltose (Ferinject®), given into a vein, to treat iron deficiency related to my pregnancy or the period after birth. I understand this is because oral iron tablets are not considered suitable or sufficient for me at this time.

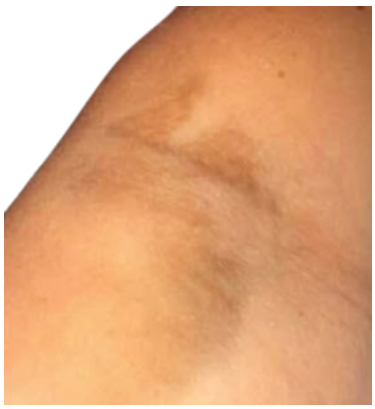
What has been explained to me

My nurse, midwife or doctor has explained the following, and I have been provided the opportunity and time to ask questions:

- ☐ Why IV iron is being recommended for me instead of, or in addition to, oral iron.
- ☐ How the infusion is given and roughly how long it will take (usually 15–45 minutes, depending on my dose).
- ☐ Common side effects such as nausea, headache, or dizziness.
- ☐ That an allergic or hypersensitivity reaction is uncommon, and a severe reaction (anaphylaxis) is rare. If this occurs, I understand the infusion will be stopped immediately, the allergy managed, and an ambulance may be called if necessary.
- ☐ There is a small risk of iron staining on my skin at the injection site, however this will be closely monitored (a picture of an iron stain has been shown to me).







This form should be completed and filed in the patient's clinical record before the infusion begins.

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What has been explained to me

My nurse, midwife or doctor has explained the following, and I have been provided the opportunity and time to ask questions:

- ☐ That I can ask questions at any time and can ask for the infusion to be stopped at any point, including after it has started.
- ☐ That an interpreter has been offered / used, if needed.
- ☐ That this medication is not given in the first trimester of pregnancy, and that if I am 26 weeks pregnant or more, my baby's heart rate will be monitored (CTG) during the infusion.
- ☐ That it is safe to continue breastfeeding after this infusion.

My Consent

I confirm that:

- I understand the information that has been explained to me, and it was provided in a way I could understand.
- I have had the opportunity to ask questions, and they have been answered to my satisfaction.
- I understand I can withdraw my consent at any time, including during the infusion.

I consent to having an intravenous iron infusion (Ferinject®) as explained to me today.

Patient

Signature: Date:

Print Name:

Clinician Confirming Consent

Signature: Date:

Print Name:

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