

Ferinject IV Infusion Consent Form

Patient name:

Information

- Ferinject (ferric carboxymaltose) is an intravenous iron treatment used when oral iron is ineffective, cannot be used, or iron needs to be replaced quickly.
- The purpose of treatment is to replenish iron stores and treat iron deficiency or iron deficiency anaemia.
- Ferinject is given through a vein by injection or infusion.
- Possible side effects include nausea, headache, dizziness, flushing, blood pressure changes, rash, and injection or infusion site reactions.
- Allergic or hypersensitivity reactions can occur, including rare severe reactions such as anaphylaxis.
- Low phosphate levels can occur after iron infusion and may occasionally be severe or prolonged.
- Leakage of Ferinject outside the vein can occur during the infusion.
- If leakage occurs, it can cause irritation of the skin and long lasting or permanent skin discolouration or staining.
- I should tell the clinician immediately if I feel pain, burning, stinging, swelling, redness, discomfort, or notice any skin colour change around the infusion site.
- Alternatives include no treatment, oral iron, dietary measures where appropriate, or another IV iron preparation if clinically suitable.

Consent

- I understand why Ferinject IV infusion has been recommended.
- I understand the expected benefits, alternatives, and risks of treatment, including allergic reaction, leakage outside the vein, skin irritation, and permanent skin discolouration.
- I have had the opportunity to ask questions and have had them answered satisfactorily.
- I understand that I can withdraw my consent before treatment is given.
- I consent to Ferinject IV infusion.

Signatures

Patient / authorised representative name: _____

Signature: _____

Date: ___ / ___ / ___