**Pakenham Medical Clinic**

**Ferinfect Infusion Patient Consent Form**

Informed Consent to Receive Intravenous Iron Replacement Therapy

***When you must not be given FERINJECT***

* if you are hypersensitive (allergic) to ferric carboxymaltose or any of the other ingredients of FERINJECT,
* if you have anaemia **not** caused by iron deficiency,
* if you have iron overload (too much iron in your body) or disturbances in utilisation of iron.
* if you are under the age of 14 years.
* you have an infection, asthma, eczemas, allergies or liver disorders.
* you are pregnant or breastfeeding.
* if you have or have had low levels of phosphate in the blood

**HOW FERINJECT IS GIVEN**

By infusion, you may receive up to 20 mL of FERINJECT, corresponding to 1000mg of iron, once a week directly into the vein. Because FERINJECT is diluted with sodium chloride solution for the infusion, it may have a volume of up to 100-250 mL and appear as a brown solution.

You will be observed for about 30 minutes by your doctor or nurse after each administration.

**The patient understands that the administration of FERINJECT comes with the following risks, included but not limited to:**

* Anaphylactic reactions, which in rare cases may be potentially fatal
* Paravenous leakage- leakage in FERINJECT at injection site, potentially leading to long lasting skin discolouration
* Skin Irritations • Headaches, light headiness
* Tachycardia, Hyper/Hypotension
* Nausea, Stomach pain, Constipation, Diarrhoea and VomitingMinor reactions to FERINJECT may last up to 48 hours post injection.

The patient, as stated below, has read information provided on this document as well as Pakenham Medical Clinic’s Policy and Procedures relating to the administration of FERINJECT. The patient understands that procedure is undertaken entirely at own risk and cost and is requesting medical intervention in the form of Intravenous Iron Infusion.

Patients full Name:------------------------------------------------------------------DOB-----------------

Patients address:---------------------------------------------------------------------

Patients Signature------------------------------------------------------------

Doctors Signature:----------------------------------------------------

Copy of Blood Test obtained and scanned to patient file