Alberta Health Services

IBD CLINIC UNIVERSITY OF ALBERTA

Inflammatory Bowel Disease Group University of Calgary

Inflammatory Bowel Disease Standardized Care Protocols

Title: IRON DEFICIENCY

Objective: Monitor for and manage iron deficiency

Patient population: adult patients (>18 years) with known diagnosis of IBD

IBD Provider:

1. Review CBC (hemoglobin, MCV), Fe, Ferritin, Transferrin, TIBC.
2. Confirm iron deficiency (Ferritin <20 g/L or iron saturations <15%) or if active disease, Ferritin <100g/L, Iron saturations <15%.
3. Review hemoglobin
   a. If Hb <70g/L → consider urgent PRBC transfusion if symptomatic; or urgent iron infusion (if asymptomatic) and repeat Hb in 2 weeks
   b. If Hb = 70-100g/L → iron infusion and repeat Hb in 8 weeks
   c. If Hb >100g/L → oral iron supplements, if intolerant organise iron infusion, repeat Hb, Ferritin, Fe, Iron studies, CRP in 12 weeks
4. See Table 1 for Iron replacement options.
5. Arrange for IV iron replacement using the Iron Sucrose Patient Care Orders (Edmonton) (#1) or (Calgary) (#2 & #3).
6. Inform family physician of plan for iron replacement.

Table 1 Options for Iron replacement

Iron formulation*	Route	Common Dose	Elemental Iron Equivalence
Ferrous Gluconate	Oral	300mg/tablet	35mg
Ferrous Sulfate	Oral	300mg/tablet	60mg
Ferrous Fumerate	Oral	300mg/tablet	100mg
Iron Polysaccharide (Feramax)	Oral	150mg/tablet	150mg
Heme iron polypeptide (Proferrin)	Oral	398mg/tablet	11mg
Iron Sucrose (Venofer)	Intravenous	Variable based on patient requirement	20mg/ml
Sodium Ferric Gluconate (Ferrlecit)	Intravenous	125mg	125mg
Iron Isomaltoside (Monoferric)	Intravenous	Variable based on patient requirement	100mg/ml

*this is not a comprehensive list of all iron products available

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