Saint Alphonsus
A Member of Trinity Health

IV IRON DOSING TIP SHEET (ADULTS)

Ganzoni Formula – Total Iron Deficit

Total iron deficit (mg) = Body weight (kg) × (Target Hgb – Actual Hgb) × 2.4 + 500 mg

- Target Hgb typically 13 g/dL (men) or 12 g/dL (women)
- Add 500 mg to replenish iron stores (omit in mild deficiency if desired)
- Particularly useful when planning INFeD® total-dose infusions

INFeD® (Iron Dextran, low molecular weight)

Dose: Up to 1,000 mg per infusion; may replace total iron deficit in one visit.
Test dose: 25 mg IV required; observe ≥1 hour.
Administration: Dilute in NS; infuse over **1 hour**.

Notes: Higher anaphylaxis risk; useful when large deficit or cost concerns.

Feraheme® (Ferumoxytol)

Dose: 510 mg IV × 2 doses (3–8 days apart), total 1,020 mg.
Administration: Infuse over ≥15 min; no test dose required.

Notes: Monitor ≥30 min post-infusion; MRI interference up to 3 months.

Injectafer® (Ferric Carboxymaltose)

Dose: 750 mg IV × 2 doses ≥7 days apart (max 1,500 mg/course) OR 1,000 mg ×1.
Administration: Infuse over ≥15 min; no test dose required.

Notes: Risk of hypophosphatemia—consider phosphate monitoring with repeat courses.

Diagnosis-Based IV Iron Product Preference

Diagnosis / Scenario	Preferred IV Iron Product(s)
Heart failure (HFrEF)	Injectafer®
Chronic kidney disease (dialysis or non)	Feraheme®, INFeD®
Inflammatory bowel disease	Injectafer®, Feraheme®
Postpartum or gynecologic blood loss	Injectafer®
GI malabsorption / bariatric surgery	Injectafer®, Feraheme®
Large iron deficit / single-visit repletion	INFeD®
Hypophosphatemia risk or history	Feraheme®, INFeD®