Iron Dextran Injection
BP 100 mg

Composition: Each 2 mL contains:
Elemental iron 100 mg
(as iron dextran)
Vehicle q.s. 2 mL

Indications: Reserved solely for cases of iron-deficiency anemia that cannot be treated orally (intolerable gastrointestinal effects; malabsorption; continuous and severe iron loss that cannot be compensated for orally; patients unable to self-medicate).

Dosage:
(1) Deep I.M. injection into the gluteal muscle:
(a) Calculation of the total amount of iron to be injected: (15 - patient's Hb in g/dL) x weight in kg x 3;
(b) Administer an initial dose of 0.5 mL to rule out hypersensitivity reactions;
(c) Subsequently, administer a daily dose of 2 mL (100 mg) until the total calculated amount of iron has been administered.
(2) I.V. infusion: Dilute the total calculated amount of iron in normal saline at a ratio of 100 mL saline to 5 mL iron dextran; start the infusion at a rate of 20 drops/min for the first 5 minutes to rule out hypersensitivity reactions. Thereafter, 40–60 drops/min.
Or as directed by the physician.

Side effects:
Brownish skin discoloration at the I.M. injection site and urine discoloration; transient nausea, vomiting, and flushing; palpitations; chest pain (especially via I.V. route); severe allergic reactions with circulatory collapse.

Contraindications:
Heart disease (ischemic disease, etc.); hepatic insufficiency; renal infections; I.V. infusion in asthmatic patients; I.M. injection in patients with coagulopathy. Situations involving a risk of iron overload (chronic hemolysis, heavily transfused patients, etc.)

Notes and Precautions:
(1) A specialized drug, reserved solely for the specific situations indicated above. It must be administered under the strict supervision of a physician familiar with its use.
(2) Provided intestinal absorption is adequate, anemia is corrected no faster with parenteral iron administration than with oral administration.
(3) Intramuscular (I.M.) injections must be administered deep into the gluteal region, using a needle of appropriate gauge and the proper injection technique.
(4) Use the intravenous (I.V.) route only in exceptional cases and under strict medical supervision (e.g., hemostatic disorders, severe malabsorption); this administration must always be preceded by a test dose to rule out hypersensitivity reactions.
(5) Always have cardiopulmonary resuscitation equipment readily available.

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