



Iron Infusion Consent

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

This consent form and patient information sheet uses the words 'I/you/your/me/my' to mean the patient or another person who is providing consent on behalf of the patient.

A. Does the patient have capacity to provide consent?

Complete for ADULT only

- Yes → **GO TO section B**
 No → **COMPLETE section A**

You must adhere to the Advance Health Directive (AHD), or if there is no AHD, the consent obtained from a substitute decision-maker in the following order: Category 1. Tribunal-appointed guardian; 2. Enduring Power of Attorney; or 3. Statutory Health Attorney.

Name of substitute decision-maker:

Category of substitute decision-maker:

Complete for CHILD/YOUNG PERSON only

- Yes Although the patient is a child/young person, the patient may be capable of giving informed consent and having sufficient maturity, understanding and intelligence to enable them to fully understand the nature, consequences and risks of the proposed treatment and the consequences of non-treatment – ‘Gillick competence’ (*Gillick v West Norfolk and Wisbech Area Health Authority* [1986] AC 112). See the ‘Guide to Informed Decision-making in Health Care’ www.health.qld.gov.au/consent/clinician-resources/guide-to-informed-decision-making-in-healthcare for further information.
→ **GO TO section B**
- No Parent/legal guardian/other person* with parental rights and responsibilities to provide consent and complete this form.
→ **COMPLETE section A**

*Formal arrangements, such as parenting/custody orders, adoption, or other formally recognised carer/guardianship arrangements. Refer to the Queensland Health ‘Guide to Informed Decision-making in Health Care’ and local policy and procedures. Complete the source of decision-making authority as applicable below.

Name of parent/legal guardian/other person:

Relationship to child/young person:

B. Is an interpreter required?

- Yes No
If yes, the interpreter has translated:
 in person over the telephone
A verbal translation is a summary of the form.

Name of interpreter:

National Accreditation Authority for Translators and Interpreters (NAATI) code:

Language:

C. Treatment details

I confirm that the doctor/clinician has informed me about the following treatment(s) and I consent to:

Iron Infusion

- Ferric carboxymaltose (Ferinject®): Yes
Ferric derisomaltose (Monofer®): Yes
Iron polymaltose (Ferrosgig®): Yes
Iron sucrose (Venofer®): Yes
Other _____: Yes

D. Risks specific to the patient in having an iron infusion

(Doctor/clinician to document additional risks not included in the patient information sheet)

E. Risks specific to the patient in not having an iron infusion

(Doctor/clinician to document specific risks in not having an iron infusion)

F. Alternative treatment options

(Doctor/clinician to document alternative options not included in the patient information sheet)

DO NOT WRITE IN THIS BINDING MARGIN

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Published: 08/2025



SW9511

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G. Acknowledgment and consent

I acknowledge that the doctor/clinician has explained and I understand:

- the 'Iron Infusion' patient information sheet
- the medical condition and proposed treatment, including the possibility of additional treatment
- the specific risks and benefits of the treatment
- the prognosis and risks of not having the treatment
- alternative treatment options
- that there is no guarantee the treatment will improve the medical condition
- that if an immediate life-threatening event happens during the treatment:
 - for an adult patient, health care will be provided based on their AHD (Advance Health Directive) or ARP (Acute Resuscitation Plan). If no AHD or ARP is in place, health care will be provided in accordance with good clinical practice and the *Guardianship and Administration Act 2000 (Qld)*
 - for a child/young person, health care will be provided in accordance with good clinical practice and in the best interests of the patient
- that a doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate treatment; this may include a doctor/clinician undergoing further training under supervision
- that if the doctor/clinician wishes to record video, audio or images during the treatment where the recording is not required as part of the treatment (e.g. for training or research purposes), I will be asked to sign a separate consent form. If I choose not to consent, it will not adversely affect my access, outcome or rights to medical treatment in any way
- I was able to ask questions and raise concerns with the doctor/clinician
- I understand I have the right to change my mind regarding consent at any time, including after signing this form.

I have received the following consent and patient information sheet(s):

- 'Iron Infusion'
- Other (specify):

On the basis of the above statements,

I consent to having an iron infusion.

Name of patient/substitute decision-maker/parent/legal guardian/other person:

Signature:

Date:

If the patient is a child/young person:

- I am not aware of any legal or other reason that prevents me from providing unrestricted consent for this child/young person for this treatment (*not applicable if the child/young person is Gillick competent and signs this form*).

H. Doctor/clinician confirms

I have explained to you the contents of this form and am of the opinion that the information has been understood.

Name of doctor/clinician:

Designation:

Signature:

Date:

I. Clinical student involvement

For the purpose of undertaking training, a clinical student(s) may observe medical examination(s) or treatment(s) and may also, subject to my consent, assist with/conduct an examination or treatment on me/the patient.

I consent to a clinical student(s) undergoing training to:

- observe examination(s)/treatment(s): Yes No
- assist with examination(s)/treatment(s): Yes No
- conduct examination(s)/treatment(s): Yes No

Note: you will also have the opportunity to say yes or no to student involvement, on the day of your treatment.

For further information please see www.health.qld.gov.au/consent/students

Iron Infusion

Adult and Child/Young Person
Informed consent: patient information

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Address:

Date of birth:

Sex: M F I

This patient information sheet has been given to you to read carefully and allow time to ask your doctor/clinician any questions about this treatment. Your doctor/clinician will include the consent form and a copy of this patient information sheet in your medical record.

This patient information sheet uses the words 'I/you/your/me/my' to mean the patient or another person who is providing consent on behalf of the patient.



1. What is an iron infusion and how will it help me?

Iron is essential for energy, muscle strength, and brain function. It helps to make haemoglobin, an important part of red blood cells which carry oxygen around the body.

When iron levels are low, haemoglobin levels can drop too, leading to iron deficiency anaemia. Iron deficiency can happen due to reasons such as blood loss, pregnancy, diet, surgery, or other health conditions. Low iron levels can cause tiredness and make daily activities harder.

The most common treatment for iron deficiency is iron supplements. These are available as tablets, liquids, or intravenous (IV) infusions (given through a vein). Some conditions are best treated with an IV iron infusion. Not all patients respond well to oral supplements, so an IV infusion may be more effective. A patient may require more than one infusion to increase iron levels and iron stores.

Iron use in children

All iron products listed on this consent form are approved by the Australian Therapeutic Goods Administration for specific uses and age groups. Some iron products state that they are not for children, but iron infusions are commonly given to children when needed.

When a doctor/clinician orders an iron infusion outside of the approved guidelines, this is called 'off-label use', which is common in paediatric medical practice. Your doctor/clinician will discuss the best treatment options for your child. Different iron products have varying age information.

Existing iron products include:

- Ferric carboxymaltose (Ferinject®)
- Ferric derisomaltose (Monofer®)
- Iron polymaltose (Ferrosig®)
- Iron sucrose (Venofer®)

Preparing for the treatment

Before you have an iron infusion, you must tell your doctor/clinician if you:

- are pregnant or breastfeeding, or think you may be pregnant
- have a history of asthma, eczema, or other allergies
- have had a reaction to any type of iron injection or infusion in the past
- have a history of high iron levels (haemochromatosis) or liver problems
- have had previous issues with insertion of IV cannulas
- have or may have a current infection.

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On the day of your treatment

You do not need to fast before the infusion. Have your regular breakfast or lunch and take all your regular medications. If you are taking oral iron supplements, these must be stopped the day before the infusion.

A small plastic tube (cannula) will be placed into one of your veins. It is helpful if you are well hydrated prior to your iron infusion to make it easier to insert the cannula.

This treatment does not require an anaesthetic or sedation.

During the treatment

The iron will be given via an infusion pump through the cannula and delivered directly into the blood stream.

Go to the toilet before your treatment and keep your limb still while the infusion is being given.

The time it takes for the iron infusion depends on the product; some take 15 to 30 minutes, 1 to 2 hours, or 4 to 6 hours.

You will be closely monitored for any signs of a reaction during the iron infusion. Let the nurse or doctor/clinician know straight away if you have any pain, discomfort, burning, prickling, redness, staining or swelling at the cannula site; or any symptoms, such as swelling or shortness of breath.



2. What are the risks?

In recommending the treatment, the doctor/clinician believes that the benefits to you from having the treatment exceed the risks involved. There are risks and possible complications associated with the treatment which can occur with all patients – these are set out below.

Your doctor/clinician will discuss any additional risks, specific to your individual condition and circumstances, with you. These should be written on the consent form before you sign it.

Common risks and complications

- facial flushing
- vomiting and nausea
- headache
- joint and/or muscle pain
- injection site reactions.

Uncommon risks and complications

- changes in taste (e.g. metallic taste)
- dizziness and feeling faint
- rapid or irregular heart beat
- low blood pressure
- chest and/or back pain
- chills and fever
- skin irritation and rash
- swelling of the face, mouth, and lips
- swollen lymph nodes
- difficulty breathing
- muscle weakness, respiratory failure, or heart failure caused by low blood phosphate level (Ferinject® or Monofer®)
- permanent skin staining (brown discolouration) may occur due to leakage of iron into the tissue around the cannula.



Image: Iron Staining; Source: Canning, M & Granell, L. 2020, 'A Stain on iron therapy', *Australian Prescriber*, vol. 43, no. 5, pp160-3. Image used under CC BY-NC-ND 4.0 licence.

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Rare risks and complications

- severe allergic reaction (anaphylaxis) that causes difficulty breathing which can be life threatening; this usually occurs in the first few minutes of the iron infusion
- bone softening (osteomalacia), fractures, seizures and/or coma caused by low blood phosphate level (Ferinject® or Monofer®)
- death is very rare.

What are the risks of not having an iron infusion?

If iron deficiency anaemia is not treated with an iron infusion, it can cause fatigue, weakness, and difficulty breathing. This may make daily activities harder. In severe cases, very low iron levels can be life threatening if left untreated.

If you choose not to have the treatment, you will not be required to sign a consent form. If you have signed a consent form, you have the right to change your mind at any time prior to the treatment.



3. Are there alternatives?

Your doctor/clinician is recommending an iron infusion as this is the best option for your condition. Other options may include iron tablets or liquids, however, these may not increase your iron levels quickly enough.



4. What should I expect after the treatment?

You will be monitored for 30 to 60 minutes after the infusion. You will be able to resume usual activities, unless you have experienced an unexpected reaction.

If you have been taking iron tablets or liquid, do not restart these until you see the doctor/clinician and your blood test results have been reviewed.

A small amount of iron crosses into breast milk, however, breastfeeding mothers may safely breastfeed after an iron infusion.



5. Who will be performing the treatment?

The healthcare team may include the consultant, registrars, resident medical officers, nurses, midwives, and allied health professionals. Registrars and residents are qualified doctors who work under the guidance of a consultant. These doctors may order or assist with your treatment.

A doctor/clinician other than the consultant/specialist may assist with/conduct your treatment. This could include a registered doctor/clinician who is undergoing further training. All trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor/clinician will be performing your treatment, please discuss this with the doctor.

Clinical students

For the purpose of undertaking professional training in this teaching hospital, subject to your consent, a clinical student(s) may observe medical examination(s) or treatment(s). A clinical student may also, subject to your consent, assist with/conduct a clinically necessary treatment on you.

You are under no obligation to agree to an examination(s) or a treatment(s) being observed or undertaken by a clinical student(s) for training purposes.

If you choose not to consent, it will not adversely affect your access, outcome or rights to medical treatment in any way. For more information on student care, please visit www.health.qld.gov.au/consent/students

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6. Where can I find support or more information?

Hospital care: before, during and after is available on the Queensland Health website www.qld.gov.au/health/services/hospital-care/before-after where you can read about your healthcare rights.

Queensland Health respects the privacy of patients and their families. To learn more about health records and personal information, visit our website www.health.qld.gov.au/system-governance/records-privacy/health-personal

Further information about informed consent can be found on the Informed Consent website www.health.qld.gov.au/consent. Additional statewide consent forms and patient information sheets are also available here.

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss this with your doctor/clinician.

Queensland Health recognises that First Nations People's culture must be considered in the patient's clinical care to ensure their holistic health and individual needs are met.



7. Questions

Please ask the doctor/clinician if you do not understand any aspect of this patient information sheet or if you have any questions about your proposed treatment.



8. Contact us

In an emergency, call Triple Zero (000).

If it is not an emergency, but you have concerns, contact 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.