Kaurna Country **194a Chandlers Hill Road, Happy Valley SA 5159**
T: 08 8381 2822 **F:** 08 8322 1973
E: reception@chandlershillsurgery.com.au
ABN: 92 237 654 567
www.chandlershillsurgery.com.au
Healthlink EDI: CHANDLER

CONSENT FORM TO RECEIVE

INTRAVENOUS IRON REPLACEMENT THERAPY FERINJECT INFUSION

The patient understands that the administration of FERINJECT comes with risks including but not limited to:

- Anaphylactic reactions, which may be potentially fatal
- Paravenous Leakage - leakage of FERINJECT at the injection site potentially leading to long lasting or permanent brown discolouration and staining of the skin, with associated pain, irritation, swelling and sensation changes . This can be permanent.
- Headaches, Dizziness
- Tachycardia, Hyper/Hypotension
- Nausea, Abdominal Pain, Constipation, Diarrhoea and Vomiting
- Minor Reactions from FERINJECT can occur up until 48hours post infusion

While every effort will be made to ensure the health and safety of the patient during and post the infusion, in the event of a medical emergency or anaphylactic reaction I give the staff at Chandlers Hill Surgery the Medical Authority to administer all necessary first aid and/or resuscitation measures, alert an Ambulance and my NOK.

The Patient, as above, has read the information provided on this document and the Policy and Procedure relating to the administration of FERINJECT at Chandlers Hill Surgery.

Full name of Patient: _____ Patient's DOB: ___/___/_____

Patient's Address: _____

_____

Patient Signature:_____ Date:_____