



NEONATAL




**FERROUS SULFATE**

This document should be read in conjunction with this [DISCLAIMER](#)

**Unrestricted:** Any prescriber may initiate treatment

<b>Presentation</b>	Oral Liquid: 150mg/5mL ferrous sulfate Equivalent to <b>6mg/mL of elemental iron</b>
<b>Classification</b>	Iron Supplement
<b>Indication</b>	<p><b>Infants born at less than 35 weeks gestation OR with birthweight less than 2500 grams AND who are predominantly fed unfortified breastmilk OR term infant formula</b></p> <ul style="list-style-type: none"> <li>• Prophylaxis for Anaemia of prematurity</li> <li>• Iron supplement in low birth weight infants with reduced body iron stores</li> </ul> <p><b>Please Note:</b> PreNan human milk fortifier contains iron;          Infants fed breast milk fortified with PreNan human milk fortifier at 150-160 mL/kg/d and infants on preterm formula receive approximately 2.8 mg iron/kg/d and may not need further iron supplementation.</p> <p><i>Supplementation to start at <u>4 weeks of age</u> and cease at <u>6-12 months of age</u> depending on dietary intake of iron.</i></p>
<b>Contraindicati on</b>	Thalassaemia, haemochromatosis and anaemia not due to iron deficiency
<b>Precaution</b>	Risk of iron induced haemolysis in preterm infants with Vitamin E deficiency is greater in the first 6 weeks of life.
<b>Dose</b>	<p><b><u>Prophylaxis</u></b></p> <p><b><u>Oral:</u></b> 0.25mL/kg per dose every 12 hours (3mg/kg/day)</p> <p><b><u>Increase in dose : based on Hb and serum ferritin</u></b>  <i>(Increase only If the ferritin concentration is &lt;40 microgram/L)</i></p> <p><b><u>Oral:</u></b> 0.5mL/kg per dose every 12 hours (6mg/kg/day)</p>

<b>Monitoring</b>	Haemoglobin, serum ferritin If the ferritin concentration is >300 microgram/L, typically a result of multiple blood transfusions, iron supplements should be delayed
<b>Guidelines &amp; Resources</b>	KEMH Clinical Guideline: Neonatal: <a href="#">Vitamin and Mineral Supplementation</a> WNHS Policy: Neonatal: <a href="#">Anaemia and Bleeding Disorders</a>
<b>Administration</b>	<b>Oral:</b> Preferably given prior to a feed, otherwise administer with feeds.
<b>Adverse Reactions</b>	<b>Common:</b> nausea, GI irritation, constipation, black discolouration of faeces
<b>Interactions</b>	Vitamin E, calcium carbonate, levothyroxine, quinolone antibiotics (oral)
<b>Storage</b>	Store at room temperature, below 25°C
<b>Notes</b>	Contains 70% Sorbitol solution 100mg/mL Ferro –Liquid® Oral solution does not contain alcohol
<b>References</b>	Truven Health Analytics. Ferrous Sulfate. In: NeoFax [Internet]. Greenwood Village (CO): Truven Health Analytics; 2019 [cited 2019 Apr 2]. Available from: <a href="https://neofax.micromedexsolutions.com/">https://neofax.micromedexsolutions.com/</a>  Paediatric and Neonatal Iron Deficiency Anaemia Guide. National Blood Authority, 2017. Available online <a href="https://www.blood.gov.au/system/files/Paediatric-and-Neonatal-Iron-Deficiency-Anaemia-Guide-Final-Dec17.pdf">https://www.blood.gov.au/system/files/Paediatric-and-Neonatal-Iron-Deficiency-Anaemia-Guide-Final-Dec17.pdf</a> [ Accessed on 25 <sup>th</sup> May 2020]  Domellof M, Braegger C, Campoy C, Colomb V, Decsi T, Fewtrell M , et al. Iron Requirements of Infants and Toddlers. JPGN [Internet]. 2014 [cited 2019 Apr 2]; 58(1): 119-129. Available from: <a href="http://www.espgan.org/fileadmin/user_upload/guidelines_pdf/Hep_Nutr/Iron_Requirements_of_Infants_and_Toddlers.pdf">http://www.espgan.org/fileadmin/user_upload/guidelines_pdf/Hep_Nutr/Iron_Requirements_of_Infants_and_Toddlers.pdf</a> DOI: 10.1097/MPG.000000000000206  Kleinman RE. Expert recommendations on iron fortification in infants. The Journal of pediatrics. 2015 Oct 1;167(4):S48-9.

Keywords:	Ferrous sulfate, iron, anaemia of prematurity		
Document owner:	Head of Department - Neonatology		
Author / Reviewer:	KEMH & PCH Pharmacy / Neonatology Directorate		
Date first issued:	March 2013	Version:	3.6
Last reviewed:	August 2020	Next review date:	August 2023
Endorsed by:	Neonatal Directorate Management Group	Date:	August 2020
Standards Applicable:	NSQHS Standards: 1  Governance 3  Infection Control 4  Medication Safety;		

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