



NEONATAL




FERROUS SULFATE

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

Unrestricted: Any prescriber may initiate treatment

Presentation	Oral Liquid: 150mg/5mL ferrous sulfate Equivalent to 6mg/mL of elemental iron
Classification	Iron Supplement
Indication	<p>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</p> <ul style="list-style-type: none"> • Prophylaxis for Anaemia of prematurity • Iron supplement in low birth weight infants with reduced body iron stores <p>Please Note: 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>
Contraindication	Thalassaemia, haemochromatosis and anaemia not due to iron deficiency
Precaution	Risk of iron induced haemolysis in preterm infants with Vitamin E deficiency is greater in the first 6 weeks of life.
Dose	<p><u>Prophylaxis</u></p> <p><u>Oral:</u> 0.25mL/kg per dose every 12 hours (3mg/kg/day)</p> <p><u>Increase in dose : based on Hb and serum ferritin</u></p> <p><i>(Increase only If the ferritin concentration is <40 microgram/L)</i></p> <p><u>Oral:</u> 0.5mL/kg per dose every 12 hours (6mg/kg/day)</p>

Monitoring	Haemoglobin, serum ferritin If the ferritin concentration is >300 microgram/L, typically a result of multiple blood transfusions, iron supplements should be delayed
Guidelines & Resources	KEMH Clinical Guideline: Neonatal: Vitamin and Mineral Supplementation WNHS Policy: Neonatal: Anaemia and Bleeding Disorders
Administration	Oral: Preferably given prior to a feed, otherwise administer with feeds.
Adverse Reactions	Common: nausea, GI irritation, constipation, black discolouration of faeces
Storage	Store at room temperature, below 25°C
Notes	Contains 70% Sorbitol solution 100mg/mL Ferro –Liquid® Oral solution does not contain alcohol
References	Truven Health Analytics. Ferrous Sulfate. In: NeoFax [Internet]. Greenwood Village (CO): Truven Health Analytics; 2019 [cited 2019 Apr 2]. Available from: https://neofax.micromedexsolutions.com/ Paediatric and Neonatal Iron Deficiency Anaemia Guide.. National Blood Authority, 2017. Available online https://www.blood.gov.au/system/files/Paediatric-and-Neonatal-Iron-Deficiency-Anaemia-Guide-Final-Dec17.pdf [Accessed on 25 th 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: http://www.espghan.org/fileadmin/user_upload/guidelines_pdf/Hep_Nutr/Iron_Requirements_of_Infants_and_Toddlers.pdf 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.

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