

Iron Dosing & Monitoring Checklist

Your step-by-step guide to supplementing iron safely and effectively

STEP 1 | Before You Start

- ☐ **Get a blood test**
Ask your doctor for ferritin, haemoglobin, transferrin saturation and serum iron.
- ☐ **Review your symptoms**
Fatigue, brain fog, breathlessness, cold intolerance, brittle nails or hair thinning.
- ☐ **Confirm deficiency — not just symptoms**
Low ferritin (even without anaemia) can justify supplementation.
- ☐ **Discuss with your healthcare provider**
Get a personalised dose recommendation based on your results.

Daily Iron Needs (RDA) by Life Stage

Confirm your personal requirement before choosing a dose.

Life Stage	RDA per Day
Age 18	15 mg
Ages 19–50	18 mg
Over 50	8 mg
Pregnancy	27 mg
Breastfeeding (19–50)	9 mg

STEP 2 | Choosing Your Supplement

- ☐ **Understand elemental iron**
The usable portion of your supplement — NOT total tablet weight. Always dose by elemental iron.
- ☐ **Choose a well-tolerated form**
Liquid or ferrous salt tablets (ferrous sulfate, fumarate, gluconate) are typically recommended.
- ☐ **Avoid enteric-coated or extended-release formulations**
These may reduce absorption compared to standard forms.

- ☐ **Consider a liquid if side effects are a concern**
Allows gradual dose increases to improve tolerability.

Elemental Iron Quick Reference

Two supplements may look similar but deliver very different absorbable iron doses.

Iron Form	Elemental Iron %
Ferrous fumarate	33%
Ferrous sulfate	20%
Ferrous gluconate	12%
Ferric maltol	100%
Iron polysaccharide	100%

STEP 3 | Taking Your Supplement

- ☐ **Take on an empty stomach if tolerated**
Stomach acid supports iron absorption. Take 30–60 min before a meal.
- ☐ **Always pair with vitamin C**
Take with orange juice or a vitamin C supplement to significantly boost absorption.
- ☐ **Avoid coffee, tea, and dairy within 1 hour**
Tannins and calcium both reduce how much iron your body absorbs.
- ☐ **Avoid antacids, H2 blockers, and PPIs near your dose**
Take iron 2 hours before or 4 hours after antacids.
- ☐ **Consider alternate-day dosing**
Research shows every-other-day dosing can be equally effective with fewer GI side effects.

Foods That Block Iron Absorption — avoid near your dose

Coffee & tea (tannins) • Dairy & calcium-rich foods
Spinach, bran & high-fibre foods (phytates & oxalates)
Eggs • Antacids • Proton pump inhibitors (PPIs)

STEP 4 | Managing Side Effects

- ☐ **Nausea or stomach upset**
Take with a small amount of food to reduce discomfort.
- ☐ **Constipation**
Use a stool softener or gentle laxative if needed.
- ☐ **Dark or black stools**
Completely normal — not a sign of bleeding.
- ☐ **Metallic taste**
Try a liquid formulation or switch supplement brand.
- ☐ **Persistent side effects**
Lower dose, switch formulation, or try alternate-day dosing before stopping.

STEP 5 | Monitoring Your Progress

- ☐ **Retest bloodwork after 3 months**
Check ferritin, haemoglobin and iron studies to confirm stores are rebuilding.
- ☐ **Track your symptoms**
Energy levels, brain fog, breathlessness and cold intolerance should gradually improve.
- ☐ **Continue supplementing as directed**
Restoring iron stores can take 3–6 months even after symptoms improve.
- ☐ **Do not stop without guidance**
Stopping too early is the most common reason iron deficiency returns.
- ☐ **Retest annually if you have ongoing risk factors**
Heavy periods, pregnancy, vegetarian diet or GI conditions warrant regular monitoring.

Important Reminder

Iron supplementation is most effective when confirmed by laboratory testing.

More iron is not always better — iron overload is a real risk.

Always work with your healthcare provider to determine the right dose for you.