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| **Patient:**  **ARANESP® (darbepoetin alfa)** | | | | **DOB:** | |
| \*\*check appropriate box\*\*  **\*\*All orders with ☒ will be placed unless otherwise noted\*\*** | | | | | |
| **Required lab results and/or tests prior to scheduling:**  Erythropoietin, CBC w/ Differential, Iron and TIBC, Ferritin | | | | | |
| **ICD 10/Primary Diagnosis:** | | | **Dialysis Patient**  **Non-Dialysis Patient** | | |
| **Height:** | **Weight:** | | **Allergies:** | | |
| **Infusion Therapy** | | | **Frequency** | | |
| darbepoetin alfa (ARANESP) injection SQ  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mcg  Total number of doses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Hold*** *parameters:* ***HGB: GREATER than 10 g/dL for Non-Dialysis/MDS*** | | | Weekly  Bi-weekly  Monthly  Every \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **PRN Emergency Medications** | | | **Physician Communication** | | |
| Per Facility protocol  Provider requested Emergency Medication: | | | * Document in note that occult blood loss has been ruled out   **Treatment Parameters:**  Time Frame Dose Dose Increase Dose Decrease  Every 2 weeks 300 mcg N/A 200 mcg  Every 2 weeks 200 mcg 300 mcg Must Specify  Every 1 week 100 mcg 300 mcg Must Specify  **INCREASE DOSE IF**: HGB does not rise by GREATER than 1g/dL in 4 weeks, Increase dose by 25%. Dose should NOT be increased by more than once q 4 weeks.  **DECREASE DOSE IF**: There is a rapid rise in HGB of GREATER than 1g/dL in a 2-week period. Reduce dose by 25%. | | |
| **LABS** | | | | | |
| **Labs drawn prior to scheduling infusion (results provided):**  Erythropoietin, CBC w/ Differential, Iron and TIBC, Ferritin  **Labs to be drawn over treatment course:** | | | | | |
| **LAB** | | **FREQUENCY** | **LAB** | | **FREQUENCY** |
| **CBC w/ Diff (Required)** | | **Monthly** | **Ferritin (Required)** | | **Every 8 weeks** |
| **Iron and TIBC (Required)** | | **Every 8 weeks** |  | |  |
| **Nursing Communication/Orders** | | | | | |
| Hold treatment and discuss with provider:  1. HGB: GREATER than 10 g/dL for Non-Dialysis/MDS patients or GREATER than 11 g/dL for Dialysis patients.  2. Transferrin Sat LESS than 20%  3. Ferritin LESS than 100 ng/mL  4. Black, tarry stools/other blood loss  5.Uncontrolled hypertension of SBP GREATER than 160 or rise of 10 mm over baseline, DBP GREATER than 90  6. Pregnancy Risk  7. DVT or blood clot in VAD  8. Patient has completed chemotherapy course  9. No rise in HGB of GREATER than 1 g/dL or if RBC transfusions are still required after 8 weeks of therapy.  10. Erythropoietin level GREATER than 500 (dx MDS) | | | | | |