|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient:** | | | | | **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:** | | **ICD10/Secondary Diagnosis:** | | **Dialysis Patient**  **Non-Dialysis Patient** | | | |
| **Height:** | **Weight:** | | | **Allergies:** | | | |
| **Infusion Therapy** | | | | **Frequency** | | **Hold Parameters** | |
| **Dose**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Recommended dosing:**  50 -100 units/kg every 3 weeks  **OR**  150 - 300 units/kg weekly OR \* 40,000 units weekly | | | | Weekly  Bi-Weekly  Every 3 weeks  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **HOLD**: HGB: GREATER than **10 g/dL for Non-Dialysis/MDS** | |
| **PRN EMERGENCY MEDS:**  Per Facility protocol  Provider requested Emergency Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **Labs** | | | | | | | |
| **Labs drawn prior to scheduling infusion (results provided) -**  CBC, Iron and Total Iron Binding Capacity, Ferritin  **Labs to be drawn over treatment course by facility:**   **NO LABS REQUIRED** | | | | | | | |
| **LAB** | | | **FREQUENCY** | **LAB** | | | **FREQUENCY** |
| **CBC w/ differential (Required)** | | | Monthly | Iron and TIBC | | | Every 8 weeks |
| Ferritin | | |  |  | | |  |
| **Provider Communication** | | | | | | | |
| * Evaluate iron status before and during treatment and maintain iron repletion. * Correct or exclude other causes of anemia before initiating treatment (2.1).   **Recommended dosing: \* 50 -100 units/kg every 3 weeks OR \* 150 - 300 units/kg weekly OR \* 40,000 units weekly**   * Document in notes information that that patient does not have any occult blood loss. * Treatment Parameters: (See NCCN Guidelines for additional dosing parameters)   **Timeframe: Weekly**  Dose Dose Increase Dose Decrease Weekly  40,000 units 50,000 units 30,000 units  30,000 units 40,000 units 20,000 units  20,000 units 24,000 units 16,000 units  10,000 units 12,000 units 7,500 units  **Timeframe: Every \_\_\_\_\_ Weeks**  Dose Dose Increase Dose Decrease Weekly  10,000 units 12,000 units 7,500 units  **INCREASE DOSE TO: Maintain HGB 10-11 g/dL. (Dose should not be increased more than once q 4 weeks by 25%)**  **DECREASE DOSE IF: There is a rapid rise in HGB of GREATER than 1 gram in a two-week period by 25%.** | | | | | | | |

**PROCRIT (epoetin alfa)**

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| **Nursing Communication/Orders** |
| Hold treatment and discuss with provider:   |  | | --- | | * HGB: GREATER than 10 g/dL for Non-Dialysis/MDS | | * Transferrin Sat LESS than 20% | | * Ferritin LESS than 100 ng/mL | | * Black, tarry stools/other blood loss | | * Uncontrolled hypertension of SBP GREATER than 160 or rise of 10 mm over baseline, DBP GREATER than 90 | | * Pregnancy Risk | | * DVT or blood clot in VAD | | * Patient has completed chemotherapy course | | * No rise in HGB of GREATER than 1 g/dL or if RBC transfusions are still required after 8 weeks of therapy. | | * Erythropoietin level GREATER than 500 (dx MDS) | | * If patient has curable cancer. | |