|  |  |
| --- | --- |
| **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[ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [x]  **HOLD**: HGB: GREATER than **10 g/dL for Non-Dialysis/MDS**  |
| **PRN EMERGENCY MEDS:**[x]  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** |
| [x]  **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 Weekly10,000 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:

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| * 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.
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