

Do not write in this box



PATIENT LABEL

**CHRONIC KIDNEY DISEASE
ERYTHROPOIETIN ORDER SHEET**

DATE & TIME	ORDER
	Diagnosis
	<input type="checkbox"/> Anemia associated with Chronic Kidney Disease
	Glomular Filtration Rate (GFR) must be less than 60 GFR Calculator web site: http://www.nkdep.nih.gov/professionals/gfr_calculators/orig_con.htm
	Current Hgb/Hct _____ (Hgb must be ≤ 10 within 30days of start of ESA treatment. Pre-transfusion values are valid if patient was transfused within the previous month)
	Parameters for beginning treatment
	<input type="checkbox"/> Pre-treatment Iron Studies completed. Pre-treatment Iron Studies include: Iron Study (includes Iron, TIBC, and % Saturation), Ferritin, Erythropoietin level, Soluble Transferrin Receptor, Reticulocyte Count. If % Saturation $<20\%$ or Ferritin <100 ng/mL, begin FESO4 325 mg BID or consider IV iron.
	<input type="checkbox"/> Hgb ≤ 10 or Hct ≤ 30
	Medication Orders (See dose escalation/dose reduction guidelines on back of form.)
	<input type="checkbox"/> Epoetin (Procrit™) _____ units subq every week x _____ weeks (up to 4 weeks maximum per order)
	<input type="checkbox"/> Darbepoetin Alfa (Aranesp™) _____ mcg subq every _____ week(s) x _____ weeks (up to 4 weeks maximum per order)
	Lab – CBC Frequency
	• Hgb/Hct at least every 30 days (required)
	<input type="checkbox"/> CBC with each dose
	<input type="checkbox"/> Other _____
	• Hold if Hct $> 36\%$
	<input type="checkbox"/> For patients receiving chemotherapy: Patient was educated according to REMS requirements
	<input type="checkbox"/> The REMS Program Acknowledgement Form has been signed by the patient and REMS- enrolled provider
	Physician Signature _____ Pager _____

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Maintenance therapy

Increases in dose should not be made more frequently than once a month. If the hemoglobin is increasing and approaching 12 g/dL, the dose should be reduced by approximately 25%. If the hemoglobin continues to increase, dose should be temporarily withheld until the hemoglobin begins to decrease, at which point therapy should be reinitiated at a dose approximately 25% below the previous dose. If the hemoglobin increases by more than 1 g/dL in a 2-week period, the dose should be decreased by approximately 25%.

If the increase in the hemoglobin is less than 1 g/dL over 4 weeks and iron stores are adequate, the dose may be increased by approximately 25% of the previous dose. Further increases may be made at 4-week intervals until the specified hemoglobin is obtained.