

ERYTHROPOIETIN ORDER SHEET	
DATE & TIME	ORDER
	<b>Diagnosis</b>
	<input type="checkbox"/> Anemia secondary to malignancy/treatment of malignancy
	<input type="checkbox"/> Anemia associated with Chronic Kidney Disease <input type="checkbox"/> Stage III (moderate) <input type="checkbox"/> Stage IV (severe) <input type="checkbox"/> Stage V <input type="checkbox"/> End Stage Renal Disease <input type="checkbox"/> End Stage Renal Disease (on dialysis)
	<input type="checkbox"/> Anemia secondary to:
	<input type="checkbox"/> MDS <input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> Crohns <input type="checkbox"/> SLE <input type="checkbox"/> Other _____
	<input type="checkbox"/> Current Hgb/Hct _____ (within 7 days of start of treatment)
	<b>Parameters (ASCO) (check those that apply)</b>
	<input type="checkbox"/> Pre-treatment Iron Studies (Fe+, ferritin, transferrin) completed. (if transferrin sat<20% or ferritin<100 ng/mL, begin FES04 325mg BID or consider IV iron)
	<input type="checkbox"/> Hgb <10 or Hct <30
	<input type="checkbox"/> Hgb 10-12 or Hct >30, Beginning therapy if warranted ( <u>must</u> check associated symptoms below)
	<b>Associated Symptoms</b>
	<input type="checkbox"/> Fatigue <input type="checkbox"/> Dyspnea <input type="checkbox"/> Tachycardia
	<input type="checkbox"/> Orthostatic hypotension <input type="checkbox"/> Other _____
	<b>Medication Orders</b>
	<input type="checkbox"/> Epoetin (Procrit™) _____ units sub q _____ week(s) x _____ weeks
	<input type="checkbox"/> Darbeopoetin Alfa (Aranesp™) _____ mcq sub q _____ week(s) x _____ weeks
	<b>Lab – CBC Frequency</b>
	<input checked="" type="checkbox"/> Hgb/Hct at least every 30 days (required)
	<input type="checkbox"/> CBC with each dose
	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Hold if Hgb>_____
	<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 _____
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