3-Hole 1/4 1 3/8 c-to-c

EPOETIN TREATMENT ORDERS

Orders Provider

Review back page for treatment & documentation requirements.

Please mark appropriate boxes. No Orders Will Be Activated Unless Clearly Indicated

REQUIRED DOCUMENTATION: ** History and Physical is required on all patients.

Diagnosis: _____

Allergies: _____ Weight (kg)_____ Ht (in)_____

Initial Hgb & Hct: _____ /_____ Date:_____ Initial Dose (units/kg):_____

LAB INFORMATION

	Result	Date		Result	Date		Result	Date
Hgb/Hct			Ferritin			Occult Blood		
Iron			Transferrin Sat			Creatinine		
Vitamin B-12								

EPOETIN (EPO) ORDERS

Target HgB: _____

Date/Time of Order		Units	Route	Frequency	# of Doses	Physician Signature	Physician Name (Printed)
/	EPO		Sub Q				

LABS

✓	Test	Frequency
	CBC	every
	Ferritin	every
	Iron (w/TIBC)	every
	Protime/INR	every
	PTT	every
	Vit. D 25(OH)	every
	PTH	

✓	Test	Frequency
	RFP	every
	Phosphorus	every
	Magnesium	every
	Cyclosporine	every
	Tacrolimus	every
	Sirolimus	every

❑ **Have PInC Pharmacy manage EPOETIN (EPO) therapy according to protocol.**

OTHER ORDERS: _____

_____

Signature: _____

Printed Name/ID#: _____

Date: _____ Time: _____

Renewals or changes for epoetin AND labs:

_____ Signature: _____ Date: _____ Time: _____

_____ Signature: _____ Date: _____ Time: _____

_____ Signature: _____ Date: _____ Time: _____

_____ Signature: _____ Date: _____ Time: _____

_____ Signature: _____ Date: _____ Time: _____

PATIENT IDENTIFICATION

PRESBYTERIAN

Presbyterian Infusion Center
Tele: (505) 563-1309
Fax: (505) 224-7156

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Epoetin alpha (EPO) treatment requirements are defined as follows:

INITIAL TREATMENT:
- Hct must be below 30% (Hgb 10)
- Hct must have been drawn within one week of first dose.
- All documentation requirements must be met.

MAINTENANCE TREATMENT:
- All documentation requirements must be present in the chart.
- Hct must be less than or equal to 36%.
- Hct must be within the 2 wks. prior to each epoetin dose post initial dose.
- If the Hct is > 36, treatment will be held. Re-initiation of treatment can begin when Hct is ≤ to 36%.
- If during a 12 week period, the patient does not sustain a response of 1-2 g/dl increase in Hgb, and pt has been compliant with dosing, iron deficiency ruled out, etc. treatment will be held.
- Treatment is expected to decrease symptoms and increase H & H.

DOCUMENTATION REQUIREMENTS:

Documentation required on all Epogen patients:
1 - Current History & Physical has been received.
2 - Pt's weight in kg.
3 - Starting epogen units/kg.
4 - Occult blood test results.
5 - Lab results for iron, transferrin saturation, and serum ferritin.
6 - Starting Hgb & Hct & date of results.
7 - Calculated increase in Hgb of 1-2 g/dl (which should be reached by 12 wks. of treatment).

Documentation required for specific patient populations:

CHRONIC KIDNEY DISEASES:
Epogen dose adjustment is expected to occur and the patient can be maintained as long as the Hct is < 36%.

MYELODYSPLASTIC SYNDROME:
- Life expectancy is greater than 3 months.
- Patient is symptomatic.
- Evidence that fatigue is significantly impacting activities of daily living.
- Bone Marrow biopsy/aspiration results indicate MDS.

PREOPERATIVE PATIENTS:
- Reason why the patient is NOT a candidate for autologous blood transfusion.
- Surgery is NOT cardiac and NOT vascular.
- Patient has received an appropriate preoperative workup indicating the anemia is due to chronic disease and likely will be responsive to epogen therapy.

HEPATITIS C PATIENTS:
- Documentation of which drug treatment is being utilized: Ribavirin/Interferon or Ribavirin/Peginterferon.
- **Weekly** Hct tests.