

Weight \_\_\_\_\_ kg      Height \_\_\_\_\_ cm      Weight \_\_\_\_\_ lb

Treatment Start Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

- Anemia of Chronic Kidney Disease     Chemotherapy-Induced Anemia     Pre-surgical Anemia
- Symptomatic Anemia associated with Myelodysplastic Syndrome (MDS)     Autoimmune Disease
- Other: \_\_\_\_\_

1. Is this the first dose of ESA for this patient?
  - A.  No
  - B.  Yes

**ESA administration:**

1. A.  Fixed dose regime: Epoetin Alfa subcutaneously, once
  - 2000 units     3000 units     4000 units     10000 units     20000 units     40000 units
  - Other: \_\_\_\_\_ units
- B.  Increase dose by 20% if target range not reached within 5 weeks (Target \_\_\_\_\_)
- C.  hold dose for HGB 11.8 or higher
- D.  reduce previous dose by 20% for HGB 11.1 - 11.7
- E.  continue previous dose for HGB below 11
- F.  Frequency:  Daily for \_\_\_\_\_ days     weekly for \_\_\_\_\_ weeks     monthly for \_\_\_\_\_ months
  - \_\_\_\_\_ times per week for \_\_\_\_\_ weeks
2.  Hold dose for BP of 200/100 or greater or a rise in HGB of more than 1 HGB point per week recheck in 1 wk. restart injection at previous dose
3.  Epoetin Alfa 150 units/kg = \_\_\_\_\_ SQ three times a week for 1 week (pharmacist will round to nearest vial size if within 10% of original dose during order verification)
4.  Other dose regime: \_\_\_\_\_

**Labs:**

- HCT                       prior to initial injection     prior to each injection     other: \_\_\_\_\_
- HGB                       prior to initial injection     prior to each injection     other: \_\_\_\_\_
- CBC                       prior to initial injection     prior to each injection     other: \_\_\_\_\_
- SCr                       prior to initial injection     prior to each injection     other: \_\_\_\_\_
- Ferritin                 prior to initial injection     prior to each injection     other: \_\_\_\_\_
- FeTibc                  prior to initial injection     prior to each injection     other: \_\_\_\_\_
- Serum Folate          prior to initial injection     prior to each injection     other: \_\_\_\_\_
- Other: \_\_\_\_\_

**Vital Signs:**

1. Take prior to each injection
2. Call physician if: systolic BP less than \_\_\_\_\_ mmHg or blood pressure greater than \_\_\_\_\_ mmHg, temperature greater than \_\_\_\_\_ °F

Other: \_\_\_\_\_

Ordering Providers Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Cosigning Providers Signature (if required) \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



M.EAPOS

**AIS  
EPOETIN ALFA  
(PROCRIT) ORDER SET**

ais400\_010 (rev 09/27/16)