

Patient Full Name: _____

ARANESP (Darbepoetin Alpha) Order Set for AIS

Weight: _____ kg (or _____ lbs) Height: _____ DOB: _____

ICD-10 Code: _____ Insurance Provider: _____

Diagnosis:

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

Is this the first dose of ESA for this patient? Yes No

Darbepoetin alfa administration: Initial dose = 0.45 micrograms/kg, rounded up to the next dose level

- 10 micrograms
- 12.5 micrograms
- 25 micrograms
- 40 micrograms
- 60 micrograms
- Other micrograms

Dose frequency:

- Every 2 weeks
- Every 4 weeks
- Every weeks
- Adjust dose per protocol**

Target goal: Hgb of 9-11g/dL. Contact physician if Hgb is less than 8.5 g/dL. If Hgb rises more than 1 point in a two week period dose must either be decreased or interval between doses must be increased. At no time should a patient be given more than 200mcg in a 4 week period. If 3 dose changes are required at any time between doctor visits further dosing must be reviewed by the physician.

Hold dose if Hgb is 11.3g/dL or higher. If Hgb is between 11 and 11.3g/dL darbepoetin should be reduced to the next lower dose available. If Hgb remains in the 11-11.3g/dL range on next labs then continue to decrease the dose until Hgb is under 11g/dL or minimal dose is reached. If using minimal dose available then increase the dosing interval by 1 week and recheck Hgb prior to further injections.

Monitoring: Take BP prior to each injection. Hold dose if BP is 200/100 or greater.
 Standard Labs: Hgb, FeTibc, Ferritin; drawn prior to every injection until patient is established (3-4 stable injections) then Hgb at least once a month, FeTibc and Ferritin every 3 months

- Hgb & HCT** 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: _____
- Other:** _____

Other: _____

Ordering Providers Signature _____ Date _____ Time _____

Cosigning Providers Signature (if required) _____ Date _____ Time _____

PO 179 11/17

Patient Label Here



**PHYSICIAN'S
ORDERS**