



**Riverbend Medical Center Regional Infusion Center (RIC)**  
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**Epoetin Alfa or Biosimilar (EPOGEN, PROCRIT, RETACRIT) INFUSION (v. 8/8/2024)**

Diagnosis/Indication (ICD-10): \_\_\_\_\_

**Medications:**

- Epoetin 20,000 units subcutaneous every 2 weeks. On follow up labs, if hemoglobin less than 10 g/dL, increase dose by 25%. On follow up labs, if hemoglobin 10-10.9 g/dL, continue current dose. On follow up labs, if hemoglobin 11-11.9 g/dL, decrease dose by 10%. On follow up labs, if hemoglobin greater than 12 g/dL, hold Epoetin dose and restart at 50% dose when hemoglobin less than 10 g/dL. (max dose 60,000 units)
- Epoetin fixed dose \_\_\_\_\_ units subcutaneous every \_\_\_\_\_ weeks (max dose 60,000 units)

**Labs:**

- Hemoglobin every \_\_\_\_\_ week
- Iron deficiency panel (including ferritin) every 12 weeks

**Nursing communications:**

- Vital signs: Initial and as needed
- Notify provider if blood pressure is greater than 170/100
- Prior to first dose ensure hemoglobin is less than 10 gm/dL
- Contact provider if dose is 60,000 units and no response
- Hold and contact provider if hemoglobin is greater than \_\_\_\_\_ (default is 11 gm/dL)
- If labs not resulted at time of appointment, run hemoglobin on HemoCue

**Emergency Medications:**

- Diphenhydramine (BENADRYL) 25 to 50 mg IV as needed for mild to moderate drug reactions (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes ( $\geq$  20 points in SBP), nausea, urticaria, chills, pruritic).  
 -- Administer 25 mg IV once, if reaction does not resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg and contact provider.
- MethylPREDNISolone sodium succinate (Solu-MEDROL) 125 mg IV once as needed for shortness of breath, continued symptoms of mild to moderate drug reaction (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes ( $\geq$  20 points in SBP), nausea, urticaria, chills, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl). Contact provider if given.
- Epinephrine 0.3 mg IM once for anaphylaxis. If reaction does not resolve in 3 minutes may repeat 0.3 mg IM dose for a total of 0.6 mg. Avoid use of hand, foot, leg veins in elderly patient and those with occlusive vascular disease. Contact provider if given.
- Famotidine (PEPCID) 20 mg IV once as needed for infusion/ allergic reaction.
- Emergency medications can be given IM if IV route unavailable

Patient name \_\_\_\_\_

Provider printed name: \_\_\_\_\_

DOB \_\_\_\_\_

Provider signature: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_