



Cottage Grove Infusion
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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: _____