



Change order details by crossing out unwanted information and writing in desired details/instructions.
Place a line through the to remove the pre-checked option.

EPOETIN ALFA OR BIOSIMILAR (PROCRIT / EPOGEN / RETACRIT) WEEKLY (CHRONIC KIDNEY DISEASE) [11500056] Therapy Plan To Be Used In Infusion Center

Infusion Center Location: _____ Start Date: _____

Diagnosis/Indication: _____

Authorization Number: _____

Patient Name _____ DOB _____ Height _____ Weight _____

Supportive Care	Interval
<input type="checkbox"/> EPOETIN ALFA-EPBX (RETACRIT) INJECTION ORDERABLE Route: _____ <i>Starting when released, For 1 dose, The initial dose should be approximately 50 to 100 units/kg per week. For patients with Chronic Kidney Disease who are not on dialysis, erythropoietin is commonly give only once per week (or less frequently).</i> Dose _____ Frequency _____	

<input type="checkbox"/> EPOETIN ALFA (PROCRIT) INJECTION ORDERABLE Route: _____ <i>Starting when released, The initial dose should be approximately 50 to 100 units/kg per week. For patients with Chronic Kidney Disease who are not on dialysis, erythropoietin is commonly give only once per week (or less frequently).</i> Dose _____ Frequency _____	
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Labs	Interval
<input type="checkbox"/> Hemoglobin & Hematocrit <i>Starting when released</i>	Once
<input type="checkbox"/> Iron Deficiency Panel <i>Starting when released</i>	Once
<input type="checkbox"/> Treatment Lab Instructions <i>Starting when released Nursing to release the following labs: -Hemoglobin, -Hematocrit, Provider approves to Release and Draw 2 days Pre and Post This Planned Treatment Date.</i>	Every 7 days
<input type="checkbox"/> Treatment Lab Instructions <i>Starting when released Nursing to release the following labs: - Iron Deficiency Panel (includes Ferritin), Provider approves to Release and Draw labs 2 days Pre and Post This Planned Treatment Date.</i>	Every 84 days

Provider Communication Orders	Interval
<input type="checkbox"/> Physician Communication <i>Starting when released Order one Hemoglobin, Hematocrit, Iron Deficiency Panel (includes Ferritin) prior to patient beginning treatment.</i>	Once

Nursing Orders	Interval
<input type="checkbox"/> Nursing Communication <i>Starting when released Notify MD/provider if Blood pressure is greater than 160/90.</i>	Every visit
<input type="checkbox"/> Nursing Communication <i>Starting when released Hold and contact MD/provider is Hemoglobin is greater than 11.</i>	Every visit
<input type="checkbox"/> Nursing Communication <i>Starting when released Patients receiving concurrent treatment with any IV iron product and / or Vitamin B12 cannot receive erythropoiesis stimulating agent treatment on the same day.</i>	Every visit

Provider Signature _____ EHR User ID _____ Date _____ Time _____

Initials _____

Place Patient Label Here

