



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 (EPOGEN, PROCRIT, RETACRIT) MDS [11500049] 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, Start at 40,000 units weekly when Hgb LT; 10. Give this dose x 4 weeks. If no rise (1gm/dl), then discontinue medication. Target Hemoglobin (according to NCCN) is 10-12gm/dl.</i> Dose _____ Frequency _____	
<input type="checkbox"/> EPOETIN ALFA (PROCRIT) INJECTION ORDERABLE Route: _____ <i>Starting when released, For 1 dose, Start at 40,000 units weekly when Hgb LT; 10. Give this dose x 4 weeks. If no rise (1gm/dl), then discontinue medication. Target Hemoglobin (according to NCCN) is 10-12gm/dl.</i> Dose _____ Frequency _____	

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 labs 2 days Pre & 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, and Iron Deficiency Panel (includes Ferritin) in Order Entry prior to the patient beginning treatment.</i>	Once

Nursing Orders	Interval
<input type="checkbox"/> Nursing Communication <i>Starting when released Notify MD if Systolic Blood pressure is greater than 160.</i>	3 times a week, at least 2 days apart
<input type="checkbox"/> Nursing Communication <i>Starting when released Hold and contact MD if dose is 60,000 units and no response.</i>	Every 7 days
<input type="checkbox"/> Nursing Communication <i>Starting when released Hold and contact MD if Hemoglobin greater than 12.</i>	Every 7 days

Provider Signature _____ EHR User ID _____ Date _____ Time _____

Initials _____

Place Patient Label Here

