

11. cont every 4-5 week evaluation with adjustments as above until Hgb rise ≤ 1 g/dL/month and Hgb is within target range; then cont every 4-5 week evaluation with adjustments as needed to maintain Hgb in target range. If:
 - Hgb ≤ 9 , notify MD
 - Hgb ≥ 9 and < 11 , increase current dose by 1 step (~ 25%)
 - Hgb 11-12.5, maintain therapy
 - Hgb ≥ 12.5 and ≤ 13 , decrease dose by 1 step (~ 25%)
 - Hgb > 13 , notify M.D. and ask M.D. whether to hold or administer; if administered, M.D. must complete and sign justification for billing. Increase dosing interval

12. Patients administering epo analog at home, should report blood pressures

13. Hold Erythropoietin if
 - Hgb > 13
 - BP $> 190/110$ (notify M.D.)
 - Adverse drug reaction (notify M.D.)
 - Other _____

14. See chart for stepwise Erythropoietin dose adjustments/conversions between Eproetin alfa (Procrit) and Darbopoetin alfa (Aranesp)

15. Iron Therapy
 - M.D. to manage iron therapy as necessary
 - Iron 325 mg po ___daily___twice daily___three times daily; call M.D. if TSAT $< 20\%$ and not increased after 2 months iron therapy
 - Iron as above and give venofer as per protocol if TSATS $< 20\%$ and do not increase after 2 months iron po supplementation

Physician Signature _____ Date: _____

R.N. Signature _____ Date: _____

M.A. Signature _____ Date: _____

(if patient will be receiving injections at University of Michigan Nephrology Clinic)

Erythropoietin Analog Dosing and Conversions

Single Use Dosages for EPO analogs

PROCRIT (units)	ARANESP (mcg)
2000	25
3000	40
4000	60
10,000	100
40,000	150

Darbepoetin (<i>Aranesp</i>) and Epoetin (<i>Procrit</i>) Dose Conversions		
<u>Weekly</u> Epoetin (units/week)	<u>Weekly</u> Darbepoetin (mcg/week)	<u>Every other week</u> Darbepoetin (mcg/every other week)
< 2,500	6.25	25 mcg monthly
2,500 to 4,999	12.5	25
5,000 to 10,999	25	40
11,000 to 17,999	40	80 or 100
18,000 to 33,999	60	100
34,000 to 89,999	100	200
≥ 90,000	200	←←

Stepwise Dose adjustments (to increase by ~25%, rounded to nearest whole dosing unit)

Epoetin (Procrit)

CURRENT DOSE (UNITS)	STEP INCREASE (≈ 25%↑)	STEP DECREASE (≈ 25%↓)
2,000 every 1 week	3,000 every 1 week	2,000 every 2 weeks
3,000 every 1 week	4,000 every 1 week	2,000 every 1 week
4,000 every 1 week	3,000 twice weekly	3,000 every 1 week
3,000 twice weekly	10,000 every 1 week	4,000 every 1 week
10,000 every 1 week	13,000 every 1 week	8,000 every 1 week
10,000 twice weekly	14,000 twice weekly	14,000 every 1 week
13,000 every 1 week	10,000 twice weekly	10,000 every 1 week
14,000 every 1 week	20,000 every 1 week	10,000 every 1 week
14,000 twice weekly	40,000 every 1 week	10,000 twice weekly
40,000 every 1 week	50,000 every 1 week	30,000 weekly

Darbepoetin (Aranesp)

CURRENT DOSE (MCG)	STEP INCREASE (≈ 25%↑)	STEP DECREASE (≈ 25%↓)
25 every 2 weeks	40 every 2 weeks	25 every 3 weeks
40 every 2 weeks	60 every 2 weeks	25 every 2 weeks
60 every 2 weeks	80 every 2 weeks	40 every 2 weeks
80 every 2 weeks	100 every 2 weeks	60 every 2 weeks
100 every 2 weeks	100 every 1 week	80 every 2 weeks

Iron Supplementation Guidelines and Algorithm

Most patients will need supplemental iron to increase and maintain their Hgb

TSAT goal 20-50%

Ferritin goal 200-700 ng/ml

If TSAT <25%

AND ferritin <700, consider course of Venofer as below

AND ferritin \geq 700, no IV iron

If TSAT 25-50%

AND ferritin <200, consider course of Venofer as below

AND ferritin 200-700, no IV iron

AND ferritin >700, no iron at all (oral or IV)

If TSAT >50%

AND ferritin <200, repeat evaluation quarterly

AND ferritin \geq 200, no iron at all (oral or IV)

Is patient receiving oral iron supplement?

Yes

No

Orders for Venofer Infusion:

Check Vitals per standard protocol

Total dose Venofer 500mg IVPB, (not to exceed 5mg/min infusion rate), divided into 3 doses administered every week x _____ weeks.

1st Infusion: (If Venofer has not been successfully administered within the previous 24 months, give test dose with first dose)

- Test dose: Venofer 25 mg IVPB in 50 cc NS over 15 minutes
- If no reaction in 30 minutes, Venofer 75 mg IVPB in 100 cc NS over 20 minutes

2nd and 3rd Infusions

- Venofer 200 mg IVPB in 200 cc NS over 40 minutes

Additional Orders:

Physician Signature _____ Date: _____

R.N. Signature _____ Date: _____