



Aultman Infusion Services 2600 Sixth St. SW Canton, OH 44714
Ph 330-363-1410 Fax 330-363-2380

Infusion Order – Epoetin Alfa (Retacrit)

Name: _____ DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
Allergies: _____

Please check the appropriate diagnosis:

- D63.1 – Anemia in Chronic Kidney Disease
- N18.____ - Chronic Kidney Disease (CKD) stage _____
- Other _____

Lab work

- Prior to each dose:** Obtain blood pressure
 - Hold treatment and contact prescriber if blood pressure greater than 180/100 mmHg
- New Start:** CBC and Glomerular Filtration Rate (GFR) at weeks 0 and 2, then monthly
- Monthly:** CBC and Glomerular Filtration Rate (GFR)
- Every 2 months:** Iron studies and ferritin
- Lab work as needed for therapy holds or complications:** CBC and Glomerular Filtration Rate (GFR), Iron studies and ferritin
- Other lab work:** _____

Treatment parameters

- Hemoglobin 10.9g/dL or less and GFR less than 60mL/min:** Continue current dose and dosing interval
- Hemoglobin 11g/dL or greater and GFR 60mL/min or greater:** Hold dose and contact prescriber for possible new dose or dosing interval
- Contact prescriber if TSAT is less than 20% or ferritin is less than 100mg/dL for possible iron replacement

Treatment regimen (please enter both a dose and a frequency)

- _____ units subcutaneously every _____ weeks

Duration of Order: 1 year (unless otherwise specified: _____)

For Anaphylactic reactions, check which therapies to be included (patients >40kg):

- **Epinephrine** 1:1000, 0.3mg (0.3mL) IM x 1, may repeat every 5-15 minutes x 2 doses (or sooner if clinically indicated) if the patient does not respond.
- **Diphenhydramine** 50mg IV Push x 1 over 2 minutes
- **Sodium Chloride 0.9% 250mL** IV x 1 at 250mL/hour

Additional orders: _____

Physician Signature: _____ **Print:** _____

Date: _____ **Phone:** _____ **Fax:** _____