Corewell Health™

Reset Form

PREFERRED CLINIC: --Select--

Physician's Orders – Darbepoetin Alfa Subcutaneous, Adult

PATIENT INFORMATION

Name: Date of Birth: Phone:

Address: Height: (cm) Weight: (kg)

Anticipated Infusion Date: Allergies:

CLINICAL INFORMATION

Diagnosis code & description (required) ICD-10 Code: ICD-10 Description:

LABS

	Frequency/Duration		Frequency/Duration
☐ Hemoglobin + Hematocrit	_____	☐ Transferrin, Blood level	_____
☐ Ferritin, Blood level	_____	☐ Iron & Iron Binding Capacity level	_____

MEDICATION – DARBEPOETIN ALFA SUBCUTANEOUS

Dose		Frequency		Duration
☐ 25 mcg	☐ 200 mcg	☐ Once	☐ Every 28 days	☐ # of treatments _____
☐ 40 mcg	☐ 300 mcg	☐ Every 7 days	☐ Every _____ days	☐ 1 year
☐ 60 mcg	☐ _____ mcg	☐ Every 14 days		☐ Until date: _____
☐ 100 mcg				

SUPPLEMENTAL ORDERS

☒ Evaluate iron status in all patients before and during treatment. The manufacturer recommends supplemental iron be administered if serum ferritin is less than 100 ng/mL or serum transferrin saturation (TSAT) is less than 20%. Most patients with CKD will require iron supplementation.

Erythropoiesis-stimulating agents (ESAs) increased the risk of serious cardiovascular events, myocardial infarction, stroke, venous thromboembolism, vascular access thrombosis, and mortality in clinical studies when administered to target hemoglobin levels greater than 11 g/dL (and provide no additional benefit); a rapid rise in hemoglobin (greater than 1 g/dL over 2 weeks) may also contribute to these risks. To decrease these risks, and risk of cardio- and thrombovascular events, use the lowest dose needed to avoid red blood cell transfusions. Blood pressure should be monitored closely during therapy.

☒ An FDA-approved patient medication guide, which is available with the product information and at https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/103951s5375lbl.pdf#page=25, must be dispensed with this medication.

☒ Hypersensitivity Reaction Adult Oncology Protocol - RN may initiate treatment in the event of a drug related hypersensitivity reaction

☒ For CKD patients not on dialysis and oncology patients (oncology indications), administer only if Hgb within previous 48 hours is less than 10 g/dL. If Hgb is 10g/dL or greater, hold dose and notify provider.

☒ For CKD patients on dialysis, administer only if Hgb within previous 48 hours is less than 11 g/dL. If Hgb is 11g/dL or greater, hold dose and notify provider.

RECOMMENDED DOCUMENTATION: ☐ Insurance Card / Information ☐ Progress Notes & Labs Supporting Diagnosis

PROVIDER INFORMATION

Referring Physician: Phone: Fax:

Address: City: State: Zip Code:

Direct line for urgent questions about patient: Weekend on call phone (if applicable):

_____ **Provider Signature**

_____ **Date**

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