



Patient Name  
DOB  
MRN  
Physician  
FIN

Defaults for orders not otherwise specified below:

- Interval: Every 7 days
- Interval: Every 14 days
- Interval: Every 28 days
- Interval: Every \_\_\_ days

Duration:

- Until date: \_\_\_\_\_
- 1 year
- \_\_\_\_\_ # of Treatments

Anticipated Infusion Date \_\_\_\_\_ ICD 10 Code with Description \_\_\_\_\_

Height \_\_\_\_\_ (cm) Weight \_\_\_\_\_ (kg) Allergies \_\_\_\_\_

Provider Specialty

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Allergy/Immunology  | <input type="checkbox"/> Infectious Disease           | <input type="checkbox"/> OB/GYN         | <input type="checkbox"/> Rheumatology       |
| <input type="checkbox"/> Cardiology          | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other          | <input type="checkbox"/> Surgery            |
| <input type="checkbox"/> Gastroenterology    | <input type="checkbox"/> Nephrology                   | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology            |
| <input type="checkbox"/> Genetics            | <input type="checkbox"/> Neurology                    | <input type="checkbox"/> Pulmonary      | <input type="checkbox"/> Wound Care         |
| Site of Service                              |   |   |   |
| <input type="checkbox"/> SH Gerber           | <input type="checkbox"/> SH Lemmen Holton (GR)        | <input type="checkbox"/> SH Pennock     | <input type="checkbox"/> SH United Memorial |
| <input type="checkbox"/> SH Helen DeVos (GR) | <input type="checkbox"/> SH Ludington                 | <input type="checkbox"/> SH Reed City   | <input type="checkbox"/> SH Zeeland         |



**Appointment Requests**

- Infusion Appointment Request**  
Status: Future, Expected: S, Expires: S+366, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Injection and possible labs

**Provider Ordering Guidelines**

- ONC PROVIDER REMINDER 15**  
DARBEPOETIN (ARANESP):  
  
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.

**Nursing Orders**

- ONC NURSING COMMUNICATION 107**  
DARBEPOETIN (ARANESP):  
  
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](https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/103951s5375lbl.pdf#page=25), must be dispensed with this medication.



**CONTINUED ON PAGE 2 →**

**NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.**

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.



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**Labs**

- Hemoglobin + Hematocrit (H+H)  
Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous

**Labs - Monthly**

	Interval	Duration
<input checked="" type="checkbox"/> Ferritin, Blood Level Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous	Every 28 days	Until discontinued
<input checked="" type="checkbox"/> Transferrin, Blood Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	Every 28 days	Until discontinued
<input checked="" type="checkbox"/> Iron and Iron Binding Capacity Level Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous	Every 28 days	Until discontinued

**Treatment Parameters**

- ONC MONITORING AND HOLD PARAMETERS 2**  
Notify provider if Hemoglobin is greater than 11 g/dL OR Hematocrit is greater than 30%

**Medications**

- darbepoetin alfa (ARANESP) injection  
Subcutaneous, Once, Starting S, For 1 Doses  
Dose:
  - 25 mcg
  - 40 mcg
  - 60 mcg
  - 100 mcg
  - 200 mcg
  - 300 mcg
 Indications:
  - Anemia
  - ESRD on Dialysis
  - Chemotherapy-Induced Anemia
  - Radiation Therapy Toxicity
 Monitor blood pressure closely during therapy.



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Telephone order/Verbal order documented and read-back completed. Practitioner's initials \_\_\_\_\_

**NOTE:** Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.



TRANSCRIBED: TIME	DATE	VALIDATED: TIME	DATE	ORDERED: TIME	DATE	Pager #	
		Sign		R.N. Sign		Physician Print	Physician