

Date: _____
Patient Name: _____ DOB: _____
Diagnosis: _____ Diagnosis Code: _____ Height: _____
Allergies: _____ Weight: _____

Pre-appointment Documentation:

Please fax most recent office visit note documenting the patient's diagnosis, a copy of the laboratory results requested below, as well as a copy of the patient's demographic information along with this order form.

Pre-appointment Lab Results:

The following laboratory tests must be ordered, completed within 30 days prior to initiation of darbepoetin. Please fax results with order form. Any of the following not previously done, will be drawn at the start of treatment. **Abnormal results may result in the patient being referred back to the prescriber to address other potential causes of anemia prior to initiating darbepoetin.**

- Hemoglobin & hematocrit
- Ferritin
- Vitamin B12
- Transferrin saturation
- Folate
- Serum erythropoietin (MDS only)

*** Darbepoetin will not be initiated less than four weeks after IV iron administration if applicable and until Hgb is < 10g/dL. ***

Does the patient have uncontrolled hypertension? No Yes

The prescriber must ensure that the patient's blood pressure is adequately controlled before initiation of therapy and closely monitored and controlled during therapy.

Medication Orders:

- Anemia of chronic kidney disease, not on dialysis** target hemoglobin: 10-11g/dL Other: _____
Initial dose based on patient weight:
 - Darbepoetin 25mcg subQ every 4 weeks (weight 40-60kg)
 - Darbepoetin 40mcg subQ every 4 weeks (weight 61-90kg)
 - Darbepoetin 60mcg subQ every 4 weeks (weight ≥91kg)

SUBSEQUENT DOSES (all indications):

- Pharmacy will modify doses based on Hgb/Hct trends based on Lifebridge Health Erythropoetin Stimulating Agents (ESAs) Dosing Policy
- Dose modifications will be done using prefilled syringes. In general, dose reductions will be to the next lower syringe and dose escalations will be to the next higher syringe.
- Lifebridge Health Erythropoetin Stimulating Agents (ESAs) Dosing Policy will be made available to prescriber at request.

Lab Orders:

- CBC before each dose
- Iron, TIBC, % saturation, ferritin every 3 months during treatment and per Pharmacy as needed
Serum ferritin should be between 30-500ng/mL and %sat between 20-50%. Pharmacy will order iron study as needed and contact prescriber for IV iron order if indicated.

Nursing Orders:

- Vitals before each dose
- Notify prescriber for SBP >160mmHg
- Hypersensitivity/Anaphylaxis Medications (PRN):** Follow Adult Hypersensitivity Protocol as needed per Nursing Protocol for the treatment of allergic/hypersensitivity reaction.

Physician's Name (Print): _____ Signature: _____ Date: _____

Contact Number: _____ Fax Number: _____

SINAI HOSPITAL
FAX TO: 410-601-4452
410-601-9311
PHONE: 410-601-4779

NORTHWEST HOSPITAL
FAX TO: 410-521-7385
410-521-8889
PHONE: 410-521-8393

Wm. E. KAHLERT CANCER CENTER
(CARROLL HOSPITAL)
FAX TO: 410-871-6521
PHONE: 410-871-6400