Mass General Brigham
Cooley Dickinson Hospital

(Patient Sticker)

PHYSICIAN ORDER SET :
Epoetin Alfa (EPOGEN, PROCRIT, RETACRIT)

Patient: _____ DOB: _____ Gender:_____

Patient Phone #: _____ Height: _____ Weight: _____

Diagnosis: _____ ICD-10 Code: _____

Treatment Start Date: _____

Provider Facility Name: _____ Provider Facility Address:_____

Ordering Provider: _____ Date: _____

Signature: _____

What is the Erythropoiesis Stimulating Agent (ESA) being used to treat?

- ☐ Oncology
- ☐ Chronic Kidney Disease/End Stage Renal Disease
- ☐ Other, please specify what the ESA is being used to treat:_____

Criteria to Treat

		Interval	Defer Until	Duration
☐	**Criteria to Treat** Ensure Hgb or Hct has been resulted within last 72 hours. Prior to INITIATION of therapy verify: Hgb less than: 10 HCT less than: 30 Notify provider if Hgb or Hct criteria are not met. After initiation of therapy for: CKB patients on dialysis – Hgb less than: 11 CKD patients NOT on dialysis – Hgb less than: 10 If criteria not met, review provider documentation that it is okay to proceed with injection. If documentation not found, contact the provider.	1 time a week		1 treatment

Medications

		Interval	Defer Until	Duration
☐	**Epoetin alfa (EPOGEN, PROCRIT, RETACRIT) injection** Subcutaneous, Once, Starting at treatment time, For 1 dose. Do NOT shake. Refrigerate. DOSE: _____	1 time a week		Until discont'd

Labs

		Interval	Defer Until	Duration
☐	**CBC and differential** STAT, Once, Starting when released. Draw prior to epoetin alfa administration IF no Hgb or Hct resulted within last 72 hours	PRN		PRN

Emergency Medications

		Interval	Defer Until	Duration
☐	**Provider and Nurse Communication** Routine, Once, Starting when released. Treatment of SEVERE reaction (ANAPHYLAXIS): hypotension, throat swelling, wheezing, respiratory distress, or decreased oxygen saturation. Stop the infusion and treat with epinephrine FIRST. Notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering adjunct HYPERSENSITIVITY medications as clinically indicated.	PRN		PRN
☐	**EPINEPHrine (ADRENALIN) injection 0.3 mg** 0.3 mg, Intramuscular, As needed, anaphylaxis, Administer FIRST for anaphylaxis. May repeat times 1 dose, Starting when released For 2 doses. Pharmacy's Suggested Dose Instructions; Epinephrine 1:1000 equivalent to 1 mg/mL	PRN		PRN
☐	**sodium chloride 0.9% bolus 1,000 mL** 1,000 mL, Intravenous, Once as needed, Hypotension, Starting when released, For 1 dose	PRN		PRN
☐	**Oxygen Therapy – Non-Rebreather** Routine Select a Mode of Therapy: Non-Rebreather Titrate Oxygen and use the most appropriate device to maintain Target Oxygen saturation during Activity/Titration: Yes Min Sp02 (%): 94	PRN		PRN

Hypersensitivity

		Interval	Defer Until	Duration
☐	**Provider and Nurse Communication** Routine, Until discontinued, Starting when released. Until Specified. Treatment for mild-moderate infusion reaction: Stop the infusion, notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering medications as clinically indicated. If ANAPHYLAXIS reaction, refer to Emergency Medications section.	PRN		PRN
☐	**albuterol 2.5mg/3 mL nebulizer solution 2.5 mg** 2.5 mg, Nebulization, Once as needed, wheezing, shortness of breath, Starting when released, For 1 dose	PRN		PRN

☐	**acetaminophen (TYLENOL) tablet 975** 975 mg, Oral, Once as needed, fever, Starting at treatment start time, For 1 dose	PRN	PRN
☐	**diphenhydrAMINE (BENADRYL) injection 25 mg** 25 mg, Intravenous, As needed, itching, hives or adjunct treatment for mild-moderate, or SEVERE reaction, Starting when released, For 2 doses. Begin with 25 mg. If patient has continue reaction, administer additional 25 mg	PRN	PRN
☐	**methylprednisolone sodium succinate (PF) (SOLU-Medrol) injection 40 mg** 40 mg, Intravenous, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting when released, For 1 dose To be administered along with H1 antihistamine and famotidine	PRN	PRN
☐	**famotidine (PEPCID) injection 20 mg** 20 mg, Intravenous, Once as needed, Adjunct treatment for mild-moderate or SEVERE reaction, Starting when released, For 1 dose. To be administered along with H1 antihistamine and methylprednisolone. HOLD IF: given as premed. May be given undiluted IV push over 2 minutes.	PRN	PRN
☐	**ondansetron (PF) (ZOFRAN) Injection 4 mg** 4 mg, Intravenous, As needed, nausea, vomiting, may repeat x 1 dose, Starting when released, For 2 doses	PRN	PRN
☐	**cetirizine (ZyrTEC) tablet 10 mg** 10 mg, Oral Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting at treatment start time, For 1 dose. If patient unable to tolerate cetirizine, administer fexofenadine if available. HOLD IF: given fexofenadine	PRN	PRN
☐	**fexofenadine (ALLEGRA) tablet 180 mg** 180 mg, Oral, Once as needed, Adjunct treatment for mild-moderated, or SEVERE reaction, Starting at treatment start time, For 1 dose. Administer only if unable to tolerate cetirizine. HOLD IF: given cetirizine	PRN	PRN