

UMC Health System ICU EPOETIN ALFA (PROCRIT) PLAN	Patient Label Here
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PHYSICIAN ORDERS

Diagnosis _____

Weight _____ **Allergies** _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Communication

INDICATION: Treatment of anemia (hemoglobin less than 7 g/dL) in critical care patients with anticipated length of stay greater than 7 days
 CONTRAINDICATIONS: Uncontrolled hypertension or known hypersensitivity to albumin (human) or mammalian cell derived products.
Notify Provider (Misc) (Notify Provider of Results)
 Reason: Hemoglobin less than 6 g/dL

Medication Management
 Start date T;N
 Discontinue epoetin alfa if hemoglobin increases to 12 g/dL or _____g/dL

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

Orders for epoetin alfa 40,000 units weekly will be therapeutically interchanged to 10,000 units three times weekly
epoetin alfa
 10,000 units, subcut, inj, Every M/W/F units, subcut, inj, Every M/W/F

Iron Supplements

If ferritin is less than 100 ng/mL or transferrin saturation is less than 20%, supplement with iron unless contraindicated.
ferrous sulfate
 325 mg, PO, tab, TID, [65 mg elemental Fe per tab].
 Administer with meals.

iron sucrose
 100 mg, IVPB, inj, Daily, x 5 days

Other Medications

folic acid
 1 mg, PO, tab, Daily 1 mg, IVPush, syringe, Daily

cyanocobalamin
 500 mcg, PO, tab, Daily, x 7 dose
 Give for 7 days (doses), then give weekly
 100 mcg, subcut, inj, Daily, x 7 dose
 Give for 7 days (doses), then give weekly

After the 7 day course of cyanocobalamin (vitamin B12) is completed, continue the same dose once weekly. Choose the weekly frequency that matches the current day of the week (i.e. "Every Monday")
cyanocobalamin
 500 mcg, PO, tab 100 mcg, subcut, inj

Laboratory

Total Iron Binding (TIBC)
 Every 2 weeks

TO Read Back Scanned Powerchart Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	Transferrin <input type="checkbox"/> Every 2 weeks
	Iron Level <input type="checkbox"/> Every 2 weeks
	Ferritin Level <input type="checkbox"/> Every 2 weeks
	Vitamin B12 Level <input type="checkbox"/> Every 2 weeks
	Folate Level <input type="checkbox"/> Every 2 weeks
	CBC <input type="checkbox"/> Every week

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

