EMORY HEALTHCARE

PHYSICIAN'S ORDERS

Therapy: Darbepoetin for Hematologic Malignancy patients

[Place patient sticker here]

Name: _____
MRN: _____
DOB: _____

Today's Date _____ Time _____

Diagnosis: ☐ Anemia secondary to CKD ☐ Other: _____

Age: _____ Height (cm): _____ Weight (kg): _____ BSA (m^2): _____

ALLERGIES/Sensitivities: ☐ NKDA or ☐ _____

Start Date (at least 1 wk from today)**:** _____ ☐ **Urgent (Call Infusion Center)**

Treatment Department: ☒ EHW OP Infusion

Appointment Requests: *Tolerance:* ☒ *Use default, for chronic treatments order valid for 1 year*

☒ Appointment Request – Injection, 60 minutes

☐ Once
☐ Every ☐ 1 ☐ 2 ☐ 4 Week(s)

Treatment Conditions: ☐ Once on Day 1

Administer Treatment if:

☐ Hemoglobin < 10 gm/dL (within 72 hours)
☐ Systolic Blood Pressure LESS THAN 170 mmHg (within 8 hours)
☐ Diastolic Blood Pressure LESS THAN 100 mmHg (within 8 hours)
☐ Okay to treat. Include details here: _____

Labs: *Lab (if selected) will be done as per appointment frequency selected above (unless specified)*

CBC and Baseline Iron Labs:

☒ CBC	☐ Once on Day 1
☐ Iron + TIBC	☐ Once on Day 1
☐ Transferrin Saturation	☐ Once on Day 1
☐ B12	☐ Once on Day 1
☐ Folate	☐ Once on Day 1
☐ Ferritin (serum)	☐ Once on Day 1

Nursing Communication:

☒ Nursing Communication ☒ *Order will be done as per appointment frequency*

Nursing may "Skip" day if Hemoglobin is not less than 10 gm/dL.
If Hgb increases by more than 1 g/dL in the past two weeks, notify MD.
If after 6 weeks of therapy, Hgb does not increase by 1 g/dL notify MD
If there is no response as measured by Hgb levels or if transfusions are still required after 12 weeks of therapy, consider discontinuation of darbepoetin.

All information provided on this form & calculations have been independently confirmed & recalculated as indicated by signature(s) below

Licensed Medical Professional		**Attending Physician**	
Print Name:		Print Name:	
Signature		Signature	
Date		Date	
Contact #		Contact #	

[Place patient sticker here]

Name: _____
MRN: _____
DOB: _____

Medications: ☒ *Order will be done as per appointment frequency*

☒ Darbepoetin, SubQ

☐ 0.34 mcg ☐ 0.45 mcg ☐ 0.56 mcg ☐ 25 mcg ☐ 40 mcg
☐ 60 mcg ☐ 100 mcg ☐ 200 mcg ☐ 300 mcg ☐ 500 mcg
☐ 0.75 mcg/kg (_____mcg) ☐ 2.25 mcg/kg (_____mcg) ☐ 4.5 mcg/kg (_____mcg)

Indications: ☒ *Order will be done as per appointment frequency*

☐ Chemotherapy-induced anemia
☐ Myelosuppressive chemotherapy
☐ Radiation therapy
☐ Anemia due to myelodysplastic syndrome
☐ Anemia in chronic kidney disease
☐ Anemia in hemodialysis-dependent chronic kidney disease
☐ Other: _____

Emergency Medications

☒ Hypersensitivity reaction protocol
Protocol Document: https://emory.ellucid.com/documents/view/15307/15641

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Licensed Medical Professional		**Attending Physician**	
Print Name:		Print Name:	
Signature		Signature	
Date		Date	
Contact #		Contact #	