

Name: \_\_\_\_\_  
MRN: \_\_\_\_\_  
DOB: \_\_\_\_\_

Today's Date \_\_\_\_\_ Time \_\_\_\_\_

Diagnosis: \_\_\_\_\_  Other: \_\_\_\_\_

Age: \_\_\_\_\_ Height (cm): \_\_\_\_\_ Weight (kg): \_\_\_\_\_ BSA (m<sup>2</sup>): \_\_\_\_\_

**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 min Every 1 day x 10 treatments

Appointment Request – Injection, 60 min Every 7 days x 4 treatments

**Treatment Conditions (Administer Treatment If):**  Order will be done as per appointment frequency

For Cardiac/Vascular Surgery - Administer treatment if Hgb LESS THAN 13 g/dl (within 72 hours)

For Non-Cardiac/Non-Vascular Surgery - Administer treatment if Hgb LESS THAN 12 g/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:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> CBC | <input checked="" type="checkbox"/> Every 7 Days, <input type="checkbox"/> 2 <input type="checkbox"/> 4 Treatments |
| <input type="checkbox"/> Ferritin       | <input checked="" type="checkbox"/> Once   |
| <input type="checkbox"/> Iron and TIBC  | <input checked="" type="checkbox"/> Once   |
| <input type="checkbox"/> Vitamin B12    | <input checked="" type="checkbox"/> Once   |
| <input type="checkbox"/> Folate         | <input checked="" type="checkbox"/> Once   |
| <input type="checkbox"/> Reticulocytes  | <input checked="" type="checkbox"/> Once   |

**Medications (select one of epoetin and optional sucrose):**

- Epoetin alfa or biosimilar injection 300 Units/kg subcutaneous, Dose: \_\_\_\_\_ units Every 1 day X 10 doses starting 10 days before surgery
- Epoetin alfa or biosimilar injection 40,000 units Subcutaneous Every 7 days starting 21 days before surgery x 4 Treatments. Last dose (day 22) will be on day of surgery.
- Iron Sucrose, IV 200 mg (optional)  Order will be done as per appointment frequency  
IV iron should be used if ferritin < 50 ng/ml, %TS < 40 or patient is intolerant to oral iron

**Note: DVT prophylaxis is recommended for this indication**

**Emergency Medications**  Order will be done as per appointment frequency

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

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

**Licensed Medical Professional**

Print Name: \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Contact # \_\_\_\_\_

**Attending Physician**

Print Name: \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Contact # \_\_\_\_\_