

Home Dialysis Programs Standing Orders – Erythropoietin

Erythropoietin (EPO, epoetin alfa, Epogen™) (ICD9- 285.21)

1. **Goal:** Hgb 10-12 g/dl
2. **Maximum dose:** EPO dosage is not to exceed 30,000 units/week.
3. **Administration:**
 - a. EPO will be administered subcutaneously (SC) according to the appropriate treatment tier.
 - b. Do not exceed 1 cc in volume for any single SC administration.
4. **Conversion of Aranesp to EPO**
 - a. Convert patients currently receiving Aranesp to EPO using a conversion factor of 1 mic:220 units Aranesp:EPO.
 - b. Round the dose to the nearest treatment tier.
5. **Conversion of IV to SC EPO**

Existing patients on IV EPO, change to subcutaneous EPO using the formula: New weekly dose = (current per dialysis dose × frequency) × 0.8 (round to the nearest treatment tier.)

Continued IV administration requires **prior** approval from the Chief Medical Officer (CMO). If patient declines change to SC administration notify nephrologist for follow up with patient. If patient still declines, notify the CMO. If CMO approves IV administration for the patient, monitoring and dose adjustments will be the responsibility of the attending nephrologist.
6. **New patients and patients naïve to EPO:**
 - a. Weight = Dry Weight
 - b. Ensure iron repletion before starting EPO ($\geq 25\%$ saturation and ferritin > 400)
 - c. Hgb $> 11.9 \rightarrow$ No EPO
 - d. Hgb 11.0 -11.9 start 80 units/kg/week (round to the nearest treatment tier)
 - e. Hgb < 11 start 150 units/kg/week (round to the nearest treatment tier)

Patient Name _____

NKC# _____

Northwest Kidney Centers

Home Dialysis Programs Standing Orders - Erythropoietin

7. Labs:

- Monthly CBC with additional Hgb check as indicated
- When holding EPO, check Hgb every 2 weeks until Hgb is in the 10.5 – 12.0 range.
- If the patient remains on hold for > 4 weeks, return to monthly CBC draws only.
- When Hgb 12.1 – 12.5 g/dl and the patient is receiving EPO, check every two weeks and adjust until target range is achieved.
- When Hgb < 10 g/dl, check every 2 weeks and adjust until target range is achieved.

8. Dosage Adjustments:

- Do not make dose adjustments more frequently than every 4 weeks unless the Hgb > 12 or < 10 g/dl.
- If Hgb > 12 or < 10 g/dl, make dose adjustments every 2 weeks corresponding with Hgb checks.
- If Hgb drops > 2 g/dl, notify MD.
- If the patient is receiving EPO during the clinic visit, the total weekly dose may be given at the clinic visit.
- Make dose changes based on the Dose Change and Step/Tier tables below:

Dose Change Table		
	Hgb Change (g/dl)	EPO Dose Change
Hgb ≤ 10	↓ ≥ 1.5	↑ 2 steps
	↑ 0.9 - ↓ 1.4	↑ 1 step
	↑ 1.0 – ↑ 1.4	No Δ
	↑ ≥ 1.5	↓ 1 step
Hgb 10.1 – 10.5	↑0.4 - ↓ ≥ 1.5	↑ 1 step
	↑0.5 – ↑ 1.4	No Δ
	↑ ≥ 1.5	↓ 1 step
Hgb 10.6 – 11	↓ ≥ 1	↑ 1 step
	↑ 0.9 - ↓ 0.9	No Δ
	↑ ≥ 1	↓ 1 step

Patient Name _____

NKC# _____

Northwest Kidney Centers

Home Dialysis Programs Standing Orders - Erythropoietin

Hgb 11.1 – 12.0	↓ ≥ 1.5	↑ 1 step
	↓ 0.5 – ↓ 1.4	No Δ
	↑ 1.4 - ↓ 0.4	↓ 1 step
	↑ ≥ 1.5	↓ 2 steps

Hgb 12.1 – 12.5	↑ 0.4 - ↓ ≥ 0.4	↓ 1 step
	↑ 0.5 – ↑ 1.4	↓ 2 steps
	↑ ≥ 1.5	Hold ESA, resume dose when Hgb < 11.5 ↓ 2 steps

Hgb ≥ 12.6		Hold ESA, resume dose when Hgb < 11.5 ↓ 2 steps
------------	--	---

Step/Tiers Table				
Steps/ Tiers	Dosing		Total Monthly Dose	Average Weekly Dose
1	2,000 Q month		2000	500
2	2,000 Q 2 weeks		4000	1000
3	3,000 Q 2 weeks		6000	1500
4	2,000 Q week		8000	2000
5	5,000 Q 2 weeks		10000	2500
6	3,000 Q week		12000	3000
7	4,000 Q week		16000	4000
8	5,000 Q week		20000	5000
9	3,000 2x/week		24000	6000
10	4,000 2x/week		32000	8000
11	10,000 Q week		40000	10000
12	10,000 first dose of week;	2,000 second dose of week	48000	12000
13	10,000 first dose of week;	4,000 second dose of week	56000	14000
14	10,000 first dose of week;	6,000 second dose of week	64000	16000
15	10,000 first dose of week;	8,000 second dose of week	72000	18000
16	20,000 Q week		80000	20000

Patient Name _____

NKC# _____

Northwest Kidney Centers

Home Dialysis Programs Standing Orders - Erythropoietin

17	20,000 first dose of week;	2,000 second dose of week	88000	22000
18	20,000 first dose of week;	4,000 second dose of week	96000	24000
19	20,000 first dose of week;	6,000 second dose of week	104000	26000
20	20,000 first dose of week;	8,000 second dose of week	112000	28000
21	20,000 first dose of week;	10,000 second dose of week	120000	30,000

Physician Name (Please Print)

RN Name (Please Print)

Physician signature
(see referral sheet)

RN signature

Date

Patient Name _____

Revised 7/12/2011 -Brand refresh 12/28/2011

NKC# _____

Page 4 of 4