RETACRIT

Orders

EPOETIN ALFA-EPBX

Email: intake@infuseoneohio.com
Fax: (614) 929-7199
Phone: (614) 929-3349

INFUSE ONE OHIO

Locations: ☐ Dublin, OH ☐ Lancaster, OH

PATIENT INFORMATION

Patient Name _____ **Date of Birth** _____ **Gender** ☐ M ☐ F

Patient Address / City / State / ZIP _____ **Phone** _____

DIAGNOSIS

PROVIDE ICD-10 CODE

☐ Anemia due to chronic kidney disease _____ ☐ Anemia due to zidovudine in HIV _____

☐ Anemia due to myelosuppressive chemotherapy _____ ☐ Elective noncardiac/nonvascular surgery _____

☐ Other _____

PRE-MEDICATIONS

NO ROUTINE PRE-MEDICATION REQUIRED

☑ None ☐ Acetaminophen _____ mg PO ☐ Diphenhydramine _____ mg PO/IV

☐ Other _____

RETACRIT ORDERS

SELECT REGIMEN AND COMPLETE PATIENT-SPECIFIC ORDER

LABELED STARTING REGIMENS

☐ CKD adult: 50-100 Units/kg IV or SC 3 times weekly

☐ CKD pediatric: 50 Units/kg IV or SC 3 times weekly

☐ Zidovudine-treated HIV: 100 Units/kg IV or SC 3 times weekly

☐ Chemotherapy adult: 40,000 Units SC weekly ☐ 150 Units/kg SC 3 times weekly

☐ Chemotherapy age 5-18: 600 Units/kg IV weekly

☐ Surgery: 300 Units/kg SC daily x 15 doses ☐ 600 Units/kg SC weekly x 4 doses

PATIENT-SPECIFIC ORDER

Dose _____ Units ☐ IV ☐ SC **Frequency** _____ **Patient Weight (kg)** _____ **Start Date** _____

Other / Additional Directions _____

REQUIRED MONITORING & SAFETY

Hemoglobin _____ **Hematocrit** _____ **Ferritin** _____ **TSAT** _____ **Blood Pressure** _____

☐ Iron status evaluated / maintain iron repletion ☐ Blood pressure controlled

Use the lowest dose sufficient to reduce RBC transfusions; follow current prescribing information for adjustment/withholding.

NOTES

ORDERING PROVIDER

Provider NPI _____ **Phone** _____ **Fax** _____

Provider Name _____

Provider Address _____

Prescriber Signature _____ **Date** _____