

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.31.05	Page 1 of 3
	Original Effective Date: 01/10/13	New Effective Date: 01/10/13
	Supersedes: N/A	Dated: N/A
	Administrator's Approval: Jim Schwochert, Administrator	
	Last Reviewed, No Changes: 11/22/16	
Required Posting or Restricted:		
<input type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Epoetin Alfa Administration in Dialysis		

POLICY

All DAI dialysis facilities shall administer Epoetin Alfa according to recommendations of the End-Stage Renal Disease (ESRD) Network 11 Medical Review Committee (MRC) Treatment Goals, the manufacturer of Epoetin Alfa, and per the order of the Nephrology Provider.

REFERENCES

ESRD Network 11 Medical Review Committee Recommended Treatment Goals, 2012 Procrit Package Insert, Centocor Ortho Biotech Products, L.P., Revised 06/2011

DEFINITIONS, ACRONYMS AND FORMS

ESRD – End-Stage Renal Disease

gm/dL – Gram per deciliter

Hgb – Hemoglobin

MRC – Medical Review Committee

PROCEDURE

- I. The dialysis goal is to maintain the patient Hgb concentration at a level that minimizes the need for blood transfusions and promotes quality of life.
 - A. Hgb target shall be between 10 -11 gm/dL.
 - B. Evaluate and treat for any causes of anemia other than ESRD.
- II. Iron stores shall be monitored routinely per standing orders. Supplemental iron shall be provided according to the Iron Protocol.
- III. The Nephrology Provider shall determine initial orders. Epoetin Alfa orders have an expiration date of one year.
- IV. Titration Management for Epoetin Alfa therapy shall:
 - A. Follow Epoetin Dose Titration Standards table below.
 - B. Be given intravenously at the end of dialysis via the venous line.
 - C. Be given with each dialysis treatment, unless otherwise specified by Nephrology Provider. Epoetin shall not be given with extra dialysis treatments unless specifically ordered by the Nephrology Provider.

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- D. No dose less than 1000 units, unless otherwise specified by Nephrology Provider.
 - E. Increases in dosage shall not occur more frequently than every 4 weeks without a Nephrology Provider order.
 - F. Decreases in dosage may occur more frequently.
 - G. The response time of Hgb to Epoetin Alfa dose increases can be 2-6 weeks. Frequent dose adjustments shall be avoided.
 - H. Round newly calculated Epoetin Alfa dose down to the nearest 200 units.
 - I. An order from the Nephrology Provider is required for doses above 400,000 units/month or 28,000 units/treatment.
 - J. Patient shall be evaluated for any causes of hypo-response, such as infection, inflammation, dental disease, blood loss, iron deficiency, malignancy, dialysis adequacy, protein malnutrition, and vitamin deficiency.
- V. Dialysis nurse shall consult Nephrology Provider if clinical assessment requires further evaluation.

EPOETIN DOSE TITRATION STANDARD		
Hemoglobin	Dose Titration	Hgb Frequency
>= 11.5	<ul style="list-style-type: none"> ▪ Hold Epoetin Alfa. Resume Epoetin Alfa at 25% decrease in doses when Hgb <11.5gm/dL. 	Weekly
11.1-11.4	<ul style="list-style-type: none"> ▪ Decrease dose by 25% of the previous dose. If Nephrology Provider requests to maintain patient on current dose of Epoetin Alfa, document justification in the Progress Notes. 	Twice a month
10-11	<ul style="list-style-type: none"> ▪ This is target range. Continue present dose. 	Twice a month
<10	<ul style="list-style-type: none"> ▪ If Hgb is <10, and has not increased by 1g/dL after four weeks of Epoetin Alfa therapy, increase dosage by approximately 25%. ▪ If Hgb decreases below 10 g/dL from a higher level, the dose of Epoetin Alfa should be increased by approximately by 25% 	Weekly
<9	<ul style="list-style-type: none"> ▪ Contact Nephrology Provider 	Weekly

Bureau of Health Services: _____ **Date Signed:** _____

James Greer, Director

_____ **Date Signed:** _____

Ryan Holzmacher, MD, Medical Director

_____ **Date Signed:** _____

Mary Muse, Nursing Director

Administrator's Approval: _____ **Date Signed:** _____

Jim Schwochert, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 500.31.05	Page 3 of 3
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Epoetin Alfa Administration in Dialysis		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS, AND FORMS

FACILITY PROCEDURE

- I.
 - A.
 - B.
 - 1.
 - 2.
 - a.
 - b.
 - c.
 - 3.
 - C.

II.

III.

RESPONSIBILITY

I. Staff

II. Inmate

III. Other