

Anemia Management Protocol Fundamentals

Facility Management

- Identify one person who will coordinate anemia management
- Develop an anemia management plan/protocol
- Ensure entire care team is aware of protocol
- Evaluate patient anemia outcomes, and make changes to plan/protocol as necessary

EPOGEN® (Epoetin alfa) Administration⁹

- Select a target Hb (Hct)
- Base initial EPOGEN® dose on weight. (Start with 50 to 100 U/kg TIW.)
- Use moderate EPOGEN® dose adjustments (10% to 25%)
- Protocol should include instructions for starting, titrating (increasing/ decreasing), holding, and restarting EPOGEN® doses
- Define EPOGEN® dosing for initial vs maintenance phase of therapy
- Do not change dose more than every 4 weeks unless otherwise indicated
- If EPOGEN® dose is held, monitor Hb (Hct) weekly
- Identify a process for restarting EPOGEN® therapy when dose is held (eg, flag charts)
- If EPOGEN® is held, restart dose at 10% to 25% less as soon as Hb (Hct) has decreased within the facility's target range
- If Hb (Hct) <10 g/dL (30%), or is less than the facility's target range, assess for all conditions that cause hyporesponse to EPOGEN®
- NKF-K/DOQI recommends a target Hb (Hct) range of 11 to 12 g/dL, (33% to 36%)
- The EPOGEN® package insert recommends a target Hb (Hct) range of 10 to 12 g/dL (30% to 36%)

Iron Management⁹

- Define parameters for iron deficiency and iron overload
- Identify parameters for starting iron
- Develop procedure for managing adverse reactions
- Dose iron by amount required to replace losses
- Define ceiling levels for iron parameters beyond which iron therapy should be held

Ongoing Assessment

- Determine parameters (hemoglobin [hematocrit], ferritin, transferrin saturation, TIBC, etc) that require tracking
- Once a protocol is in place, monitor the protocol to ensure that it is being followed
- Monitor outcomes

Documentation

- Protocol signed by MD
- All dose changes signed by physician in MD orders
- Initial anemia assessment; progress note
- For patients with Hb (Hct) >12 g/dL (36%):
 - for the majority of patients, titration efforts (or held-dose, if necessary) are aimed at maintaining Hb (Hct) 11 to 12 g/dL (33% to 36%)
 - when dictated by patient need, medical justification by MD, to maintain a higher Hb range
- For patients with EPOGEN® (Epoetin alfa) dose >10,000 U or more per administration:
 - when dictated by patient need, medical justification by MD, to maintain a dose \geq 10,000 U per administration
- NKF—K/DOQI recommends a target Hb (Hct) range of 11 to 12 g/dL (33% to 36%)
- The EPOGEN® package insert recommends-a target Hb (Hct) range of 10 to 12 g/dL (30% to 36%)