

Anemia Management in Peritoneal Dialysis Patients

Patient Education

- Prioritize anemia management with peritoneal dialysis patients
- Begin teaching about anemia on the first day of training
- Discuss anemia in each visit and phone call

Education Plan

- Define anemia
- Stress the benefits of the NKF-K/DOQI target Hb (Hct) of 11 to 12 g/dL (33% to 36%)
- Relate potential improvement in Hb to symptoms the patient may be experiencing, ie: “Be able to be more independent, have more energy, remember things better,” etc.
- Explain how EPOGEN® (Epoetin alfa) works
- Differentiate EPOGEN® from vitamins and supplements
- Demonstrate how to give a subcutaneous administration, and rotate injection sites
- Stress the importance of taking EPOGEN®, oral iron, and vitamins, as prescribed
- Stress the importance of having lab tests drawn as ordered
- Discuss the risks, benefits, and side effects of EPOGEN® therapy
- Stress the importance of three-times-weekly dosing, and frequent Hb monitoring
- Explain that it will take several weeks to achieve a target Hb (Hct), but the perseverance will be worth it

Resources

- *EPOGEN® and You Patient Education Kit* (includes *EPOGEN® and You* booklet and fact sheet). Instructs patients about the benefits of *EPOGEN®* as well as self-administration guidelines. Click to open *EPOGEN® and You* ([English PDF version](#) or [Spanish PDF version](#))
- *Get the Most Out of Life!* patient education booklet: a patient—friendly resource defining anemia, the benefits of *EPOGEN®* and the value of good anemia outcomes. Click to open *Get the Most Out of Life!* ([English PDF version](#) or [Spanish PDF Version](#))

The EPOGEN (Epoetin alfa package insert recommends a target 1 lb (Net) range of 10 to 12 g cIL (3% to 36%).

Strategies for Increasing Patient Compliance with EPOGEN® (Epoetin alfa) Therapy

- Use the multidose vial (M10/M20) and TIW doses to decrease discomfort
- Use the smallest gauge needle possible
- Use a TB or Insulin Syringe to increase accuracy in preparing the injection
- Rotate injection sites
- Bring EPOGEN to room temperature prior to injection, to minimize stinging
- Provide frequent feedback on Hb trends via phone calls and in—clinic visits
- Stress how much better the patient will feel once his/her Hb is in the NKF—K/DOQI target range
- Ask the patient to return the empty EPOGEN vials
- Call patients regularly to remind them to take their EPOGEN

Strategies for Achieving, Monitoring, and Maintaining Outcomes

- Prioritize anemia management
- Calculate the starting dose of EPOGEN by **multiplying** the patient's dry weight 50-100u/Kg. (Doses should total 150-300u/Kg weekly.)
- Increase/decrease the dose based on individual patient response
- Monitor the Hb frequently until stable, then monthly
- If EPOGEN is temporarily held, recheck Hb weekly. Restart when appropriate, at a reduced dose.
- Monitor Hb trend analysis, preferably on a graph. Share the graph with the patient.
- Teach patients about conditions that can cause hyporesponse to EPOGEN. Encourage them to report signs and symptoms such as infection, inflammation, bleeding, etc.

The EPOGEN (Epoetin alfa) package insert recommends a target TIN (Hct) range of 10 to 12 g dl. (30~ to SG/).