

Aranesp

(Darbepoetin Alfa) Infusion Order



Phone: 386-957-9600

Fax: 386-957-9400

PATIENT INFORMATION:

Patient Name: _____ ☐ Male ☐ Female

DOB: _____ Phone number: _____

Reason for treatment: ☐ oral iron intolerance ☐ lack of response to oral iron ☐ Other

Allergies: ☐ NKDA ☐ allergic to _____

DIAGNOSIS:

Fill in IDC-10 Code with diagnosis

☐ anemia in chronic kidney disease: _____ **AND** (select state of CKD below)

☐ stage 3 CKD ☐ stage 4 CKD ☐ stage 5 CKD

Is the patient on hemodialysis? ☐ Yes, patient cannot receive injection at Noble Infusion ☐ no

PREMEDICATION:

☐ acetaminophen 100 mg PO ☐ Diphenhydramine 25 mg PO ☐ Ceterizine 10 mg PO

☐ Solu Medrol 125 mg IVP ☐ Solu-Cortef 100 mg IVP ☐ Diphenhydramine 25 mg IVP

REQUIRED TESTING/LABS

☐ Clinical/progress notes, labs, tests supporting primary diagnosis attached

☐ recent labs: CBC, BMP, CMP w/o DIF, renal panel

ARANESP DOSING:

Aranesp (darbepoetin alfa) Subcutaneous Injection _____ mcg

FREQUENCY:

☐ weekly- 4 doses ☐ every other week- 2 doses ☐ monthly- 1 dose

Date of last dose if not at Noble Infusion ____/____/____

ORDERING PROVIDER:

Name: _____ NPI _____

Phone: _____ fax: _____

Practice Address: _____

City: _____ State: _____ Zip: _____

Provider Signature _____ Date: _____