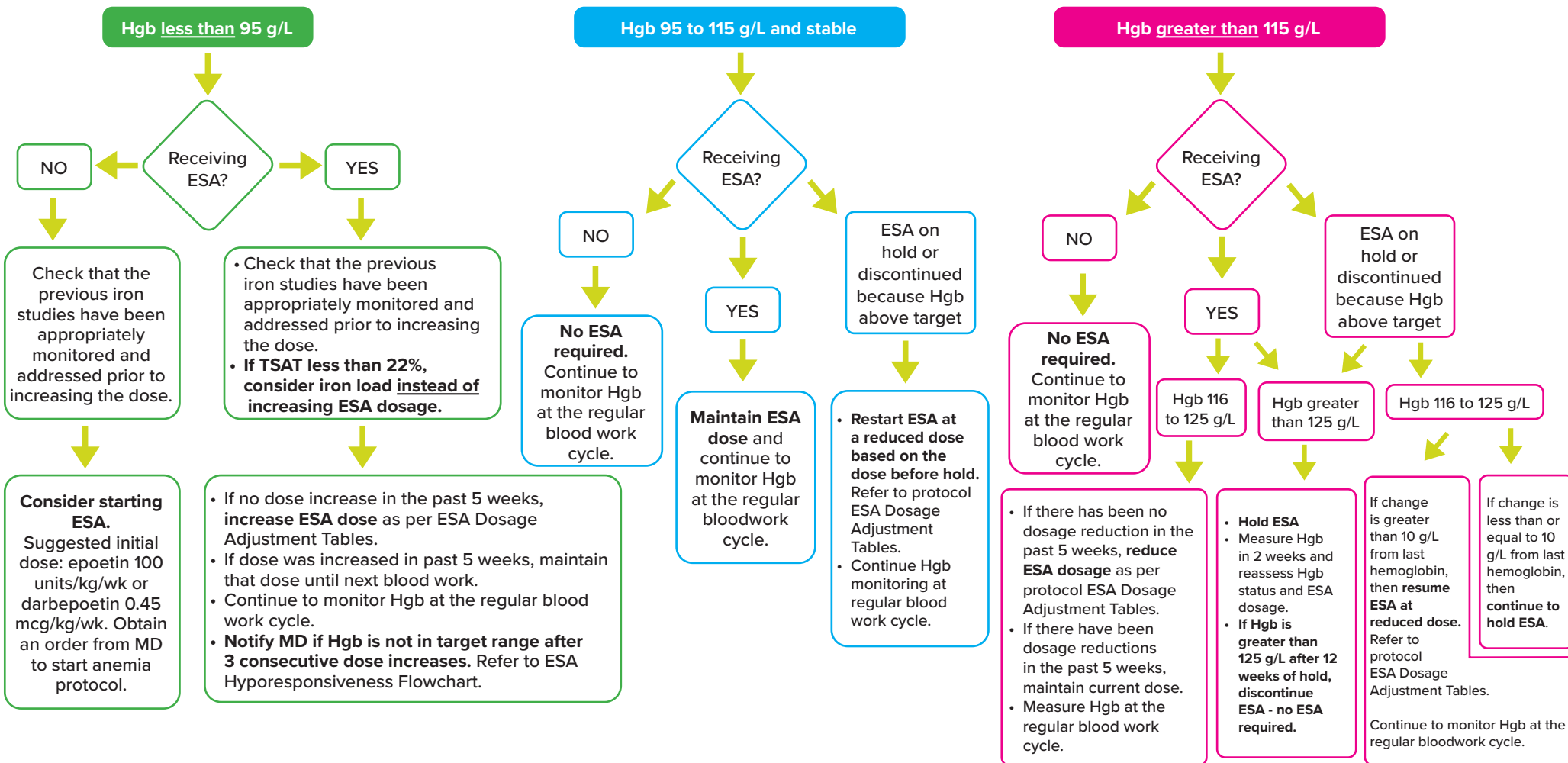


# Hemodialysis Anemia Management Protocol

The following protocol, on order of physician, transfers anemia management of hemodialysis patients to non-physician staff (i.e. RNs and renal pharmacists). **This protocol is intended to serve as a guide and cannot replace clinical judgment.** The recommendations included may be inappropriate for specific clinical situations (e.g. patients with hemochromatosis, thalassemia, PRCA, allergy to IV iron or an erythropoiesis stimulating agent (ESA), history of stroke, active malignancy, history of malignancy, etc.). The lowest ESA dosage to achieve acceptable Hgb range should be used. This algorithm is based on the assumption that the patient is compliant to medication and blood work. **Note: ESA refers to both epoetin alfa (Eprex®) and darbepoetin alfa (Aranesp®).**

**Any change in Hgb greater than or equal to 15 g/L, OR if Hgb is less than 85 g/L OR if Hgb is greater than 139 g/L AND on ESA (or ESA on hold) → Notify nephrologist**



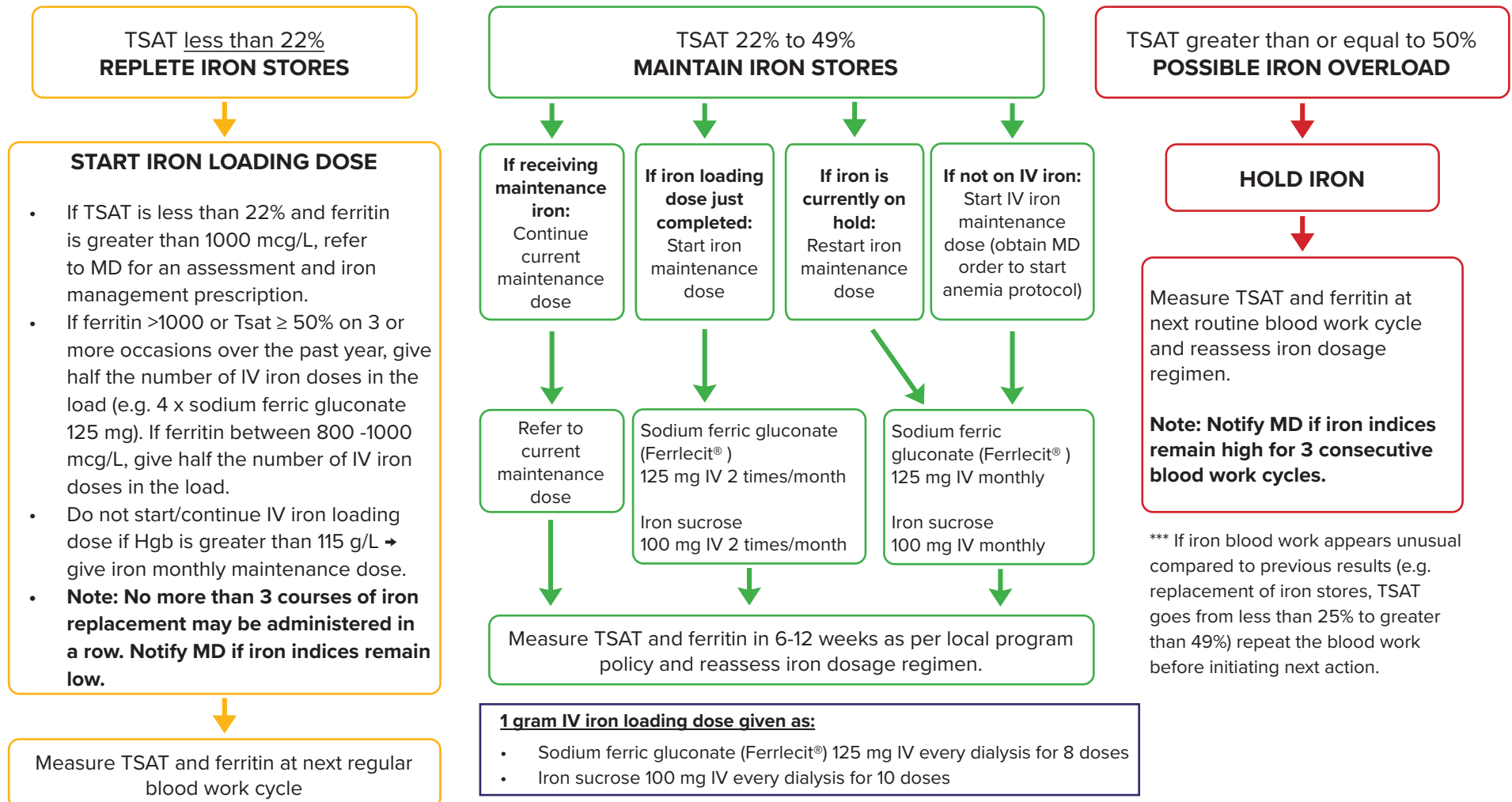
**AFTER Hgb STATUS ASSESSMENT ABOVE, ASSESS IRON STATUS. Refer to page 2 for ferrous fumarate or intravenous iron protocol.**

# Hemodialysis Anemia Management Protocol

## PAGE 2: ASSESS IRON STATUS (Standard Iron Parameters – TSAT & Ferritin)

If the patient has signs and symptoms of sepsis (e.g. temperature greater than 38°, chills, rigors, unexplained hypotension), notify the nephrologist to assess ongoing iron use. If the serum ferritin is above 1000mcg/L, hold intravenous iron.

**Notify nephrologist if ferritin less than 20 mcg/L**



# Hemodialysis Anemia Management Protocol: ESA Dosing Adjustment Table



The following tables provide guidance for most dosage adjustments. If a patient's Hgb cannot be maintained within the desired range with 3 consecutive dose modifications using the dosage schedule below, contact a nephrologist or renal pharmacist for advice. If a patient's erythropoiesis stimulating agent (ESA) dosage is not available in the tables below, please contact a nephrologist for ESA dosage modification. The lowest ESA dosage to maintain Hgb within acceptable range should be used.

## Darbepoetin Alfa (Aranesp®) Dosage Adjustment Table

Pre-filled syringes available include: 10 mcg, 20 mcg, 30 mcg, 40 mcg, 50 mcg, 60 mcg, 80 mcg, 100 mcg, 130 mcg and 150 mcg.

Current Dose	Increase Dose*	Decrease Dose*
10 mcg <u>every 2 weeks</u>	10 mcg every 1 week	D/C, check Hgb in 2 weeks
10 mcg every 1 week	20 mcg every 1 week	10 mcg <u>every 2 weeks</u>
20 mcg every 1 week	30 mcg every 1 week	10 mcg every 1 week
30 mcg every 1 week	40 mcg every 1 week	20 mcg every 1 week
40 mcg every 1 week	50 mcg every 1 week	30 mcg every 1 week
50 mcg every 1 week	60 mcg every 1 week	40 mcg every 1 week
60 mcg every 1 week	80 mcg every 1 week	50 mcg every 1 week
80 mcg every 1 week	100 mcg every 1 week	60 mcg every 1 week
100 mcg every 1 week	130 mcg every 1 week	80 mcg every 1 week
130 mcg every 1 week	150 mcg every 1 week	100 mcg every 1 week
150 mcg every 1 week	No further increase, check with nephrologist	130 mcg every 1 week

## Epoetin Alfa (Eprex®) Dosage Adjustment Table

Pre-filled syringes available include: 1000 units, 2000 units, 3000 units, 4000 units, 5000 units, 6000 units, 8000 units and 10,000 units.

Current Dose	Increase Dose*	Decrease Dose*
1,000 units <u>every 1 week</u>	2,000 units <u>every 1 week</u>	D/C, check Hgb in 2 weeks
2,000 units <u>every 1 week</u>	3,000 units <u>every 1 week</u>	1,000 units <u>every 1 week</u>
3,000 units <u>every 1 week</u>	2,000 units 2 times per week	2,000 units <u>every 1 week</u>
2,000 units 2 times per week	3,000 units 2 times per week	3,000 units <u>every 1 week</u>
3,000 units 2 times per week	4,000 units 2 times per week	2,000 units 2 times per week
4,000 units 2 times per week	5,000 units 2 times per week	3,000 units 2 times per week
5,000 units 2 times per week	6,000 units 2 times per week	4,000 units 2 times per week
6,000 units 2 times per week	8,000 units 2 times per week	5,000 units 2 times per week
8,000 units 2 times per week	10,000 units 2 times per week	6,000 units 2 times per week
10,000 units 2 times per week	8,000 units <u>3 times per week</u>	8,000 units 2 times per week
8,000 units <u>3 times per week</u>	10,000 units <u>3 times per week</u>	10,000 units 2 times per week
10,000 units <u>3 times per week</u>	No further increase, check with nephrologist	8000 units <u>3 times per week</u>