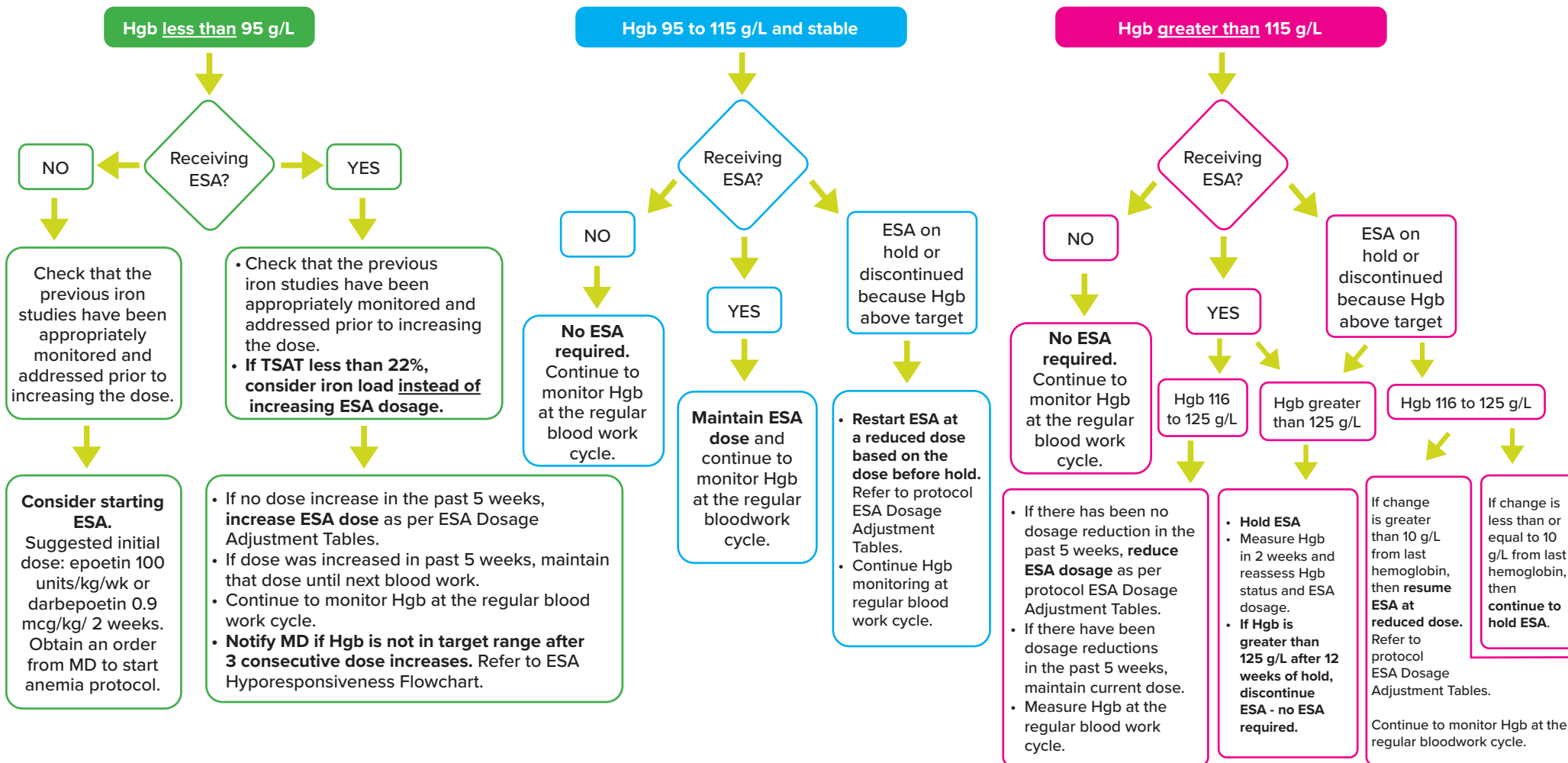


# Peritoneal Dialysis Anemia Management Protocol

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**



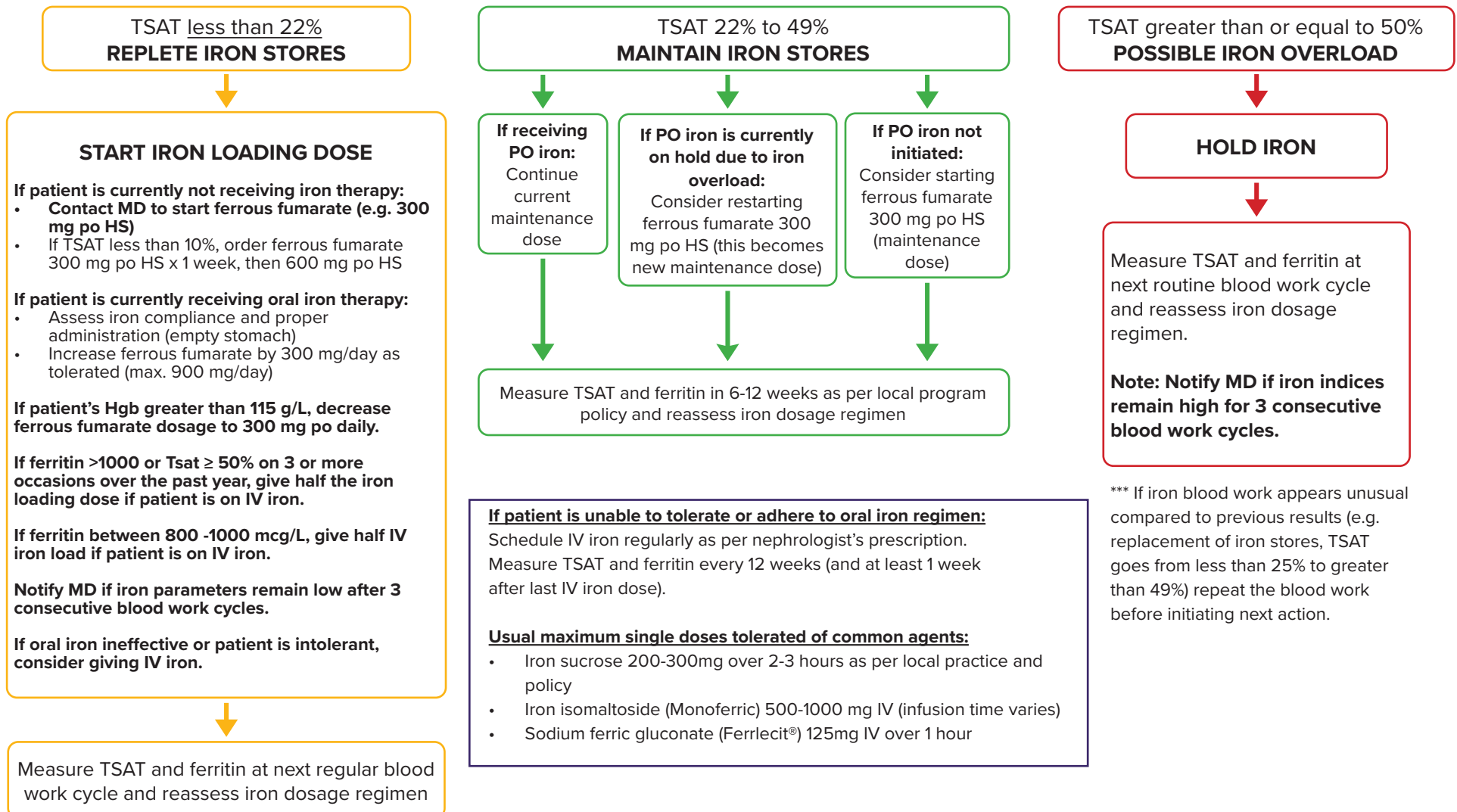
**AFTER Hgb STATUS ASSESSMENT ABOVE, ASSESS IRON STATUS. Refer to page 2 for ferrous fumarate or intravenous iron protocol.**

# Peritoneal Dialysis 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**



# Peritoneal Dialysis 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 every 2 weeks	20 mcg every 2 weeks	D/C, check Hgb in 2 weeks
20 mcg every 2 weeks	30 mcg every 2 weeks	10 mcg every 2 weeks
30 mcg every 2 weeks	40 mcg every 2 weeks	20 mcg every 2 weeks
40 mcg every 2 weeks	50 mcg every 2 weeks	30 mcg every 2 weeks
50 mcg every 2 weeks	60 mcg every 2 weeks	40 mcg every 2 weeks
60 mcg every 2 weeks	80 mcg every 2 weeks	50 mcg every 2 weeks
80 mcg every 2 weeks	100 mcg every 2 weeks	60 mcg every 2 weeks
100 mcg every 2 weeks	130 mcg every 2 weeks	80 mcg every 2 weeks
130 mcg every 2 weeks	150 mcg every 2 weeks	100 mcg every 2 weeks
150 mcg every 2 weeks	100 mcg <u>every 1 week</u>	130 mcg every 2 weeks
100 mcg <u>every 1 week</u>	130 mcg <u>every 1 week</u>	150 mcg every 2 weeks
130 mcg <u>every 1 week</u>	150 mcg <u>every 1 week</u>	100 mcg <u>every 1 week</u>
150 mcg <u>every 1 week</u>	No further increase, check with nephrologist	130 mcg <u>every 1 week</u>

\*For dosage increase or decrease, change interval to use up current syringes before starting new dosage. Refer to ESA Dosing Interval Adjustment Table.

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

\*For dosage increase or decrease, change interval to use up current syringes before starting new dosage. Refer to ESA Dosing Interval Adjustment Table.

# Peritoneal Dialysis Anemia Management Protocol: ESA Dosing Adjustment Table

## DARBEPOETIN ALFA (ARANESP®) DOSING INTERVAL ADJUSTMENT TABLE (to use up current supplies at home)

CURRENT DOSE	INCREASED DOSE	DECREASED DOSE
	CHANGE INTERVAL TO	CHANGE INTERVAL TO
10 mcg every 2 weeks	Every 10 days	HOLD
20 mcg every 2 weeks		Every 21 days
30 mcg every 2 weeks		
40 mcg every 2 weeks		
50 mcg every 2 weeks		
60 mcg every 2 weeks		
80 mcg every 2 weeks		
100 mcg every 2 weeks		
130 mcg every 2 weeks		
150 mcg every 2 weeks		
100 mcg every 1 week	Every 5 days	
130 mcg every 1 week		
150 mcg every 1 week	Check with MD	

## EPOETIN ALFA (EPREX®) DOSING INTERVAL ADJUSTMENT TABLE (to use up current supplies at home)

CURRENT DOSE	INCREASED DOSE	DECREASED DOSE
	CHANGE INTERVAL TO	CHANGE INTERVAL TO
1,000 units every 1 week	Every 5 days	HOLD
2,000 units every 1 week		Every 10 days
3,000 units every 1 week		
4,000 units every 1 week		
5,000 units every 1 week		
6,000 units every 1 week		
8,000 units every 1 week		
10,000 units every 1 week		
6,000 units twice per week	Every 3 days	
8,000 units twice per week		
10,000 units twice per week		
8,000 units three times per week	Every 2 days	Every 3 days
10,000 units three times per week	Check with MD	