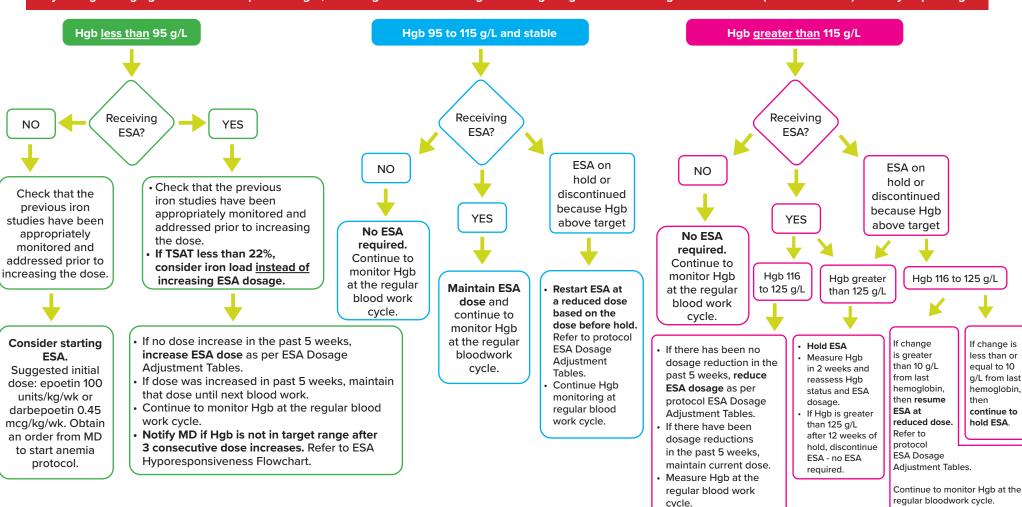
## Home Hemodialysis Anemia Management Protocol

BCRenal Provincial Health Services Authority

The following protocol, on order of physician, transfers anemia management of home 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

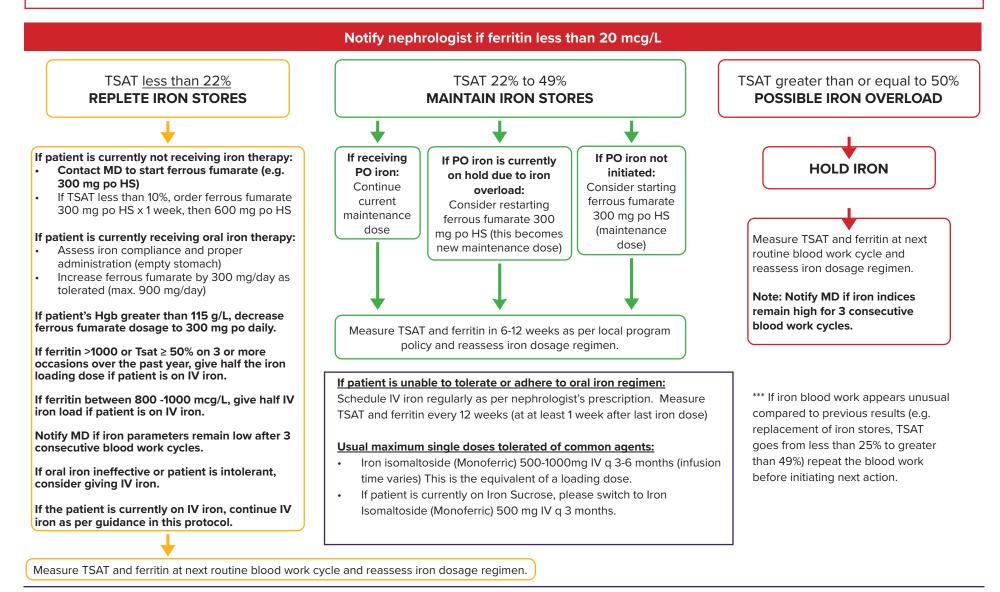
AFTER Hgb STATUS ASSESSMENT ABOVE, ASSESS IRON STATUS. Refer to page 2 for ferrous fumarate or intravenous iron protocol.

## Home 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.



## Home 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	every 2 weeks	10 mcg	every 1 week	D/C, chec	ck Hgb in 2 weeks
10 mcg	every 1 week	20 mcg	every 1 week	10 mcg	every 2 weeks
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 in	ncrease, check with nephrologist	130 mcg	every 1 week
*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 H	gb 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	2,000 units	2 times per week	2,000 units	every 1 week
2,000 units	2 times per week	3,000 units	2 times per week	3,000 units	every 1 week
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		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.

### Home Hemodialysis Anemia Management Protocol: ESA Dosing Adjustment Table



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

	INCREASED DOSE	DECREASED DOSE
CURRENT DOSE	CHANGE INTERVAL TO	CHANGE INTERVAL TO
10 mcg every 1 week		HOLD
20 mcg every 1 week		
30 mcg every 1 week		
40 mcg every 1 week		
50 mcg every 1 week	Every 5 days	
60 mcg every 1 week		Every 10 days
80 mcg every 1 week		
100 mcg every 1 week		
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 DO		INCREASED DOSE	DECREASED DOSE
CORRENT DO	JSE	CHANGE INTERVAL TO	CHANGE INTERVAL TO
1,000 units	every 1 week		HOLD
2,000 units	every 1 week	Every 5 days	Every 10 deve
3,000 units	every 1 week		Every 10 days
2,000 units	twice per week		
3,000 units	twice per week		
4,000 units	twice per week		
5,000 units	twice per week	Every 3 days	Every 5 days
6,000 units	twice per week		
8,000 units	twice per week		
10,000 units	twice per week		
8,000 units	three times per week	Every 2 days	Even 2 deve
10,000 units	three times per week	Check with MD	Every 3 days