

## Aranesp (darbepoetin alfa) Order Form

Patient Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ DOB \_\_\_\_\_

Diagnosis \_\_\_\_\_ Diagnosis Code \_\_\_\_\_

Height (cm) \_\_\_\_\_ Actual Weight (kg) \_\_\_\_\_ Allergies \_\_\_\_\_

### INDICATION:

- Anemia due to chemotherapy  Anemia due to chronic kidney disease (not on dialysis)  
 Anemia due to chronic kidney disease (on dialysis)  Other: \_\_\_\_\_

Administer darbepoetin if Hgb is less than the following level: \* \_\_\_\_\_ gm/dL

### DOSE (PLEASE SELECT DOSE FROM OPTIONS BELOW):

- 40mcg  100mcg  300mcg  Other: \_\_\_\_\_  
 60mcg  200mcg  500mcg

### FREQUENCY (PLEASE SELECT FREQUENCY FROM OPTIONS BELOW):

- Every 7 days  Every 14 days  Every 21 days  Every 28 days Orders valid through: \_\_\_\_\_

In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.

_____ Provider Name		_____ Provider Signature	
_____ Date	_____ Phone	_____ Fax	_____ Pager