**ASSESS REASONS FOR ESA HYPORESPONSIVENESS**

**Physician must assess; information listed is for education only**

- Consider blood loss
- Ensure adequacy of dialysis
- Consider possible infectious or inflammatory causes
- Consider hyperparathyroidism and/or osteitis fibrosa
  - Consider other causes, e.g. ACE-I therapy, malnutrition, hemoglobinopathies, B12 & folate deficiencies, hemolysis, myeloma, dysplastic bone marrow, post renal transplant, malignancy and pregnancy
- Consider aluminum toxicity

**Response to ESA may be reduced during an acute infection or inflammation.**

- Investigate possible causes of blood loss, including occult blood in stool. Check reticulocyte count.
- Assess Kt/V and PRU.
- Assess PTH levels. Assess vitamin D therapy. Consider radiological work-up.
- Assess reticulocyte count, serum B12 or RBC folate levels. Consider drug causes. Consider additional investigations to rule out other causes.
  - Assess serum Al level. If high and receiving an aluminum containing phosphate binder, discontinue therapy.
  - Discontinue therapy with ESA. Do NOT switch to another ESA. Refer to a hematologist. Consider testing for anti-erythropoietic antibodies and bone marrow examination.