

ASSESS REASONS FOR ESA HYPORESPONSIVENESS

Physician must assess; information listed is for education only



Consider blood loss



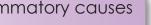
Investigate possible causes of blood loss, including occult blood in stool. Check reticulocyte count.

Ensure adequacy of dialysis

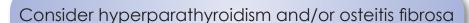


Assess Kt/V and PRU.

Consider possible infectious or inflammatory causes

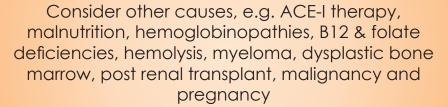


Response to ESA may be reduced during an acute infection or inflammation.





Assess PTH levels. Assess vitamin D therapy. Consider radiological work-up.





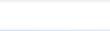
Assess reticulocyte count, serum B12 or RBC folate levels. Consider drug causes. Consider additional investigations to rule out other causes.



Consider aluminum toxicity



Assess serum Al level. If high and receiving an aluminum containing phosphate binder, discontinue therapy.



If no cause for hyporesponseness can be identified and pure red cell aplasia suspected



Discontinue therapy with ESA. Do NOT switch to another ESA. Refer to a hematologist. Consider testing for antierythropoietic antibodies and bone marrow examination.