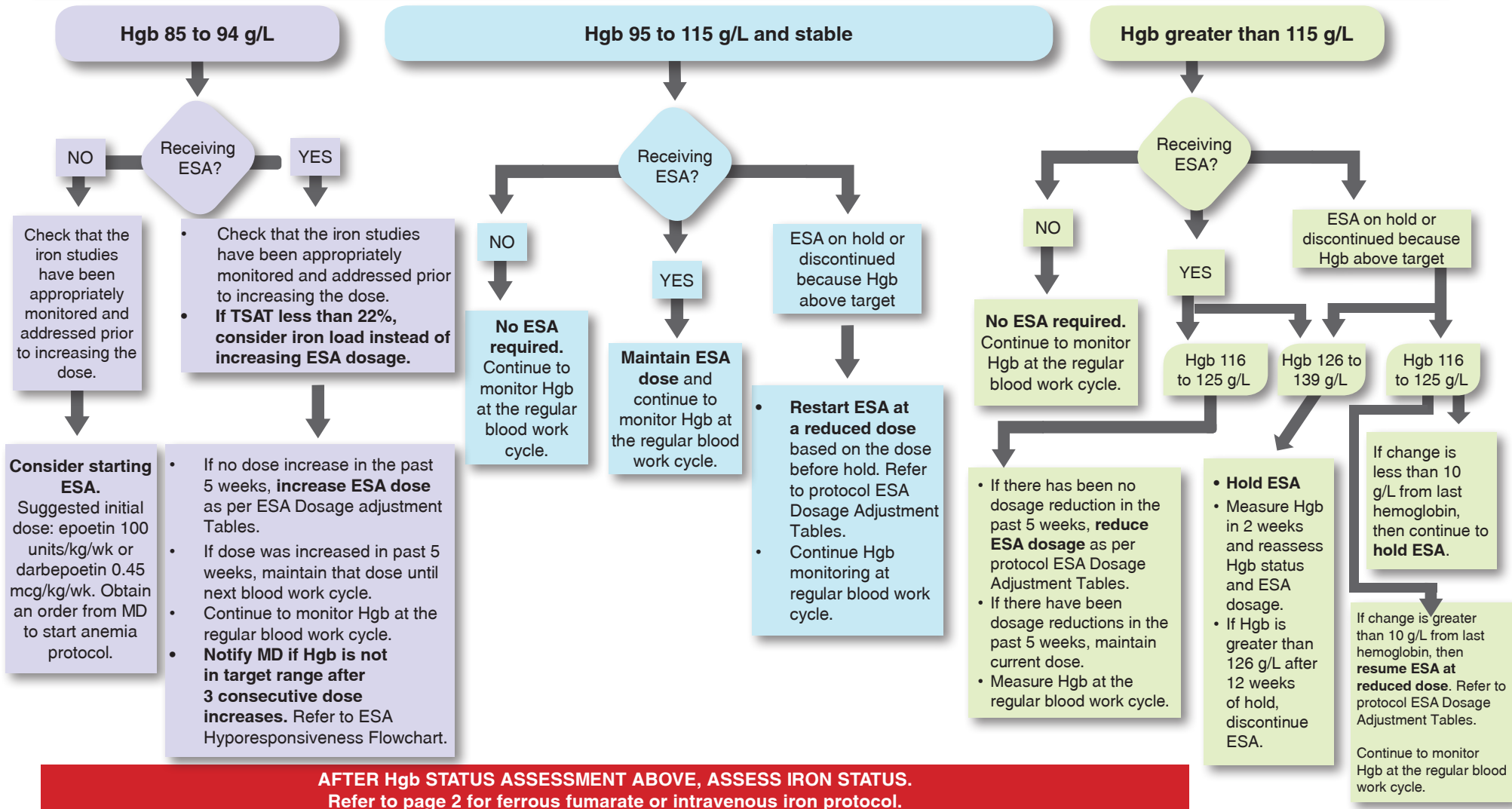


# BCPRA Hemodialysis Anemia Management Protocol

The following protocol, on order of physician, transfers anemia management of hemodialysis patients to nonphysician staff (i.e. RNs and renal pharmacists). **The following 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), hx of stroke, active malignancy, hx of malignancy, etc.). The lowest ESA dosage to achieve acceptable Hgb range should be used. **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 MD**

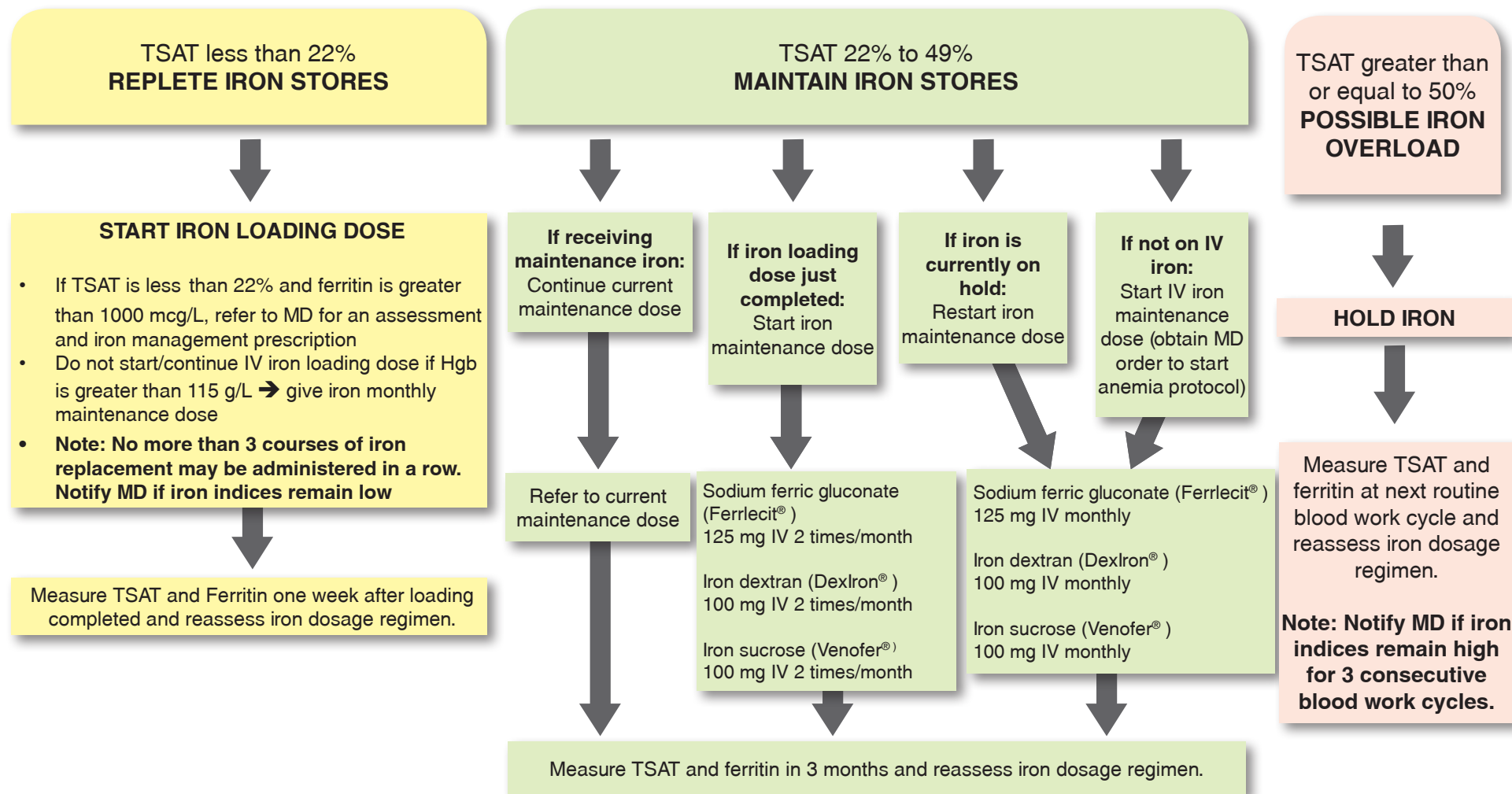


# BCPRA Hemodialysis Anemia Management Protocol

## PAGE 2: ASSESS IRON STATUS (Standard Iron Parameters — TSAT & Ferritin)



- If at anytime the serum ferritin is above 1000 mcg/L, or the patient is on IV antibiotics or has signs and symptoms of sepsis (e.g. temperature greater than 38°, chills, rigors, unexplained hypotension), notify the MD to assess ongoing iron.



**1 gram IV iron loading dose given as:**  
 Sodium ferric gluconate (Ferrlecit®) 125 mg IV every dialysis for 8 doses  
 Iron dextran (DexIron®) 100 mg IV every dialysis for 10 doses  
 Iron sucrose (Venofer®) 100 mg IV every dialysis for 10 doses

\*\*\*If iron blood work appears unusual compared to previous results (e.g. replacement of iron stores, TSAT goes from less than 25% to greater than 49%) repeat the blood work before initiating next action.

# HEMODIALYSIS ANEMIA MANAGEMENT PROTOCOL: ESA DOSING ADJUSTMENT TABLES

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 for CKD patients include: 10 mcg, 20 mcg, 30 mcg, 40 mcg, 50 mcg, 60 mcg, 80 mcg, 100 mcg, 130mcg and 150 mcg.

Current Dose	Increase Dose	Decrease Dose
10 mcg <u>every 2 weeks</u>	10 mcg every 1 week	D/C, check Hgb in 2 weeks
10 mcg every 1 week	20 mcg every 1 week	10 mcg <u>every 2 weeks</u>
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 increase, check with nephrologist	130 mcg every 1 week

## Epoetin Alfa (Eprex®) Dosage Adjustment Table

Prefilled syringes available for CKD patients 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
1000 units <u>every 1 week</u>	2000 units <u>every 1 week</u>	D/C, check Hgb in 2 weeks
2000 units <u>every 1 week</u>	3000 units <u>every 1 week</u>	1000 units <u>every 1 week</u>
3000 units <u>every 1 week</u>	2000 units 2 times per week	2000 units <u>every 1 week</u>
2000 units 2 times per week	3000 units 2 times per week	3000 units <u>every 1 week</u>
3000 units 2 times per week	4000 units 2 times per week	2000 units 2 times per week
4000 units 2 times per week	5000 units 2 times per week	3000 units 2 times per week
5000 units 2 times per week	6000 units 2 times per week	4000 units 2 times per week
6000 units 2 times per week	8000 units 2 times per week	5000 units 2 times per week
8000 units 2 times per week	10,000 units 2 times per week	6000 units 2 times per week
10,000 units 2 times per week	8000 units <u>3 times per week</u>	8000 units 2 times per week
8000 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	8000 units <u>3 times per week</u>