



Beaufort Memorial  
HOSPITAL

Blood Conservation Out-Patient Order Set  
Epoetin Alfa (Procrit)  
Perisurgery / Surgery

<b>Patient Name:</b>	<b>D.O.B.</b>
<b>Diagnosis /Diagnosis Code:</b>	
<b>Surgical Procedure:</b>	
<b>Date of Scheduled Surgery:</b>	
<b>Ordering Physician:</b>	
<b>Surgeon:</b>	
<b>Allergies:</b>	
<b><u>FAX PATIENT DEMOGRAPHICS AND COMPLETED ORDER SET TO BMH INFUSION CENTER, BC COORDINATOR, AND PCP</u></b>	
BMH INFUSION CENTER FAX # 843-524-0378    PHONE # 843-522-7680	
BLOOD CONSERVATION COORDINATOR FAX # 843-522-5494    PHONE # 843-522-5293	

**ESA THERAPY\*** Refer to Procrit black box warning.

**Recommended treatment indications for Perisurgery / Surgery:**

Anemic patients Hgb between 10-13 g/dL, at high risk for perioperative blood loss from elective, noncardiac, nonvascular surgery to reduce the need for allogeneic blood transfusions

**Guidelines for ESA therapy: Hgb 10 - 13 g/ dL**

- Correct any iron deficiency anemia prior to starting ESA therapy
- Adequate iron supplementation should be provided at initiation and during Procrit therapy in to support erythropoiesis and avoid depletion of iron stores.
- % TRF should be greater than or equal to 20 % and Ferritin should be greater than or equal to 100 ng/mL prior to start of ESA therapy

**EPOETIN ALFA: (PROCRIT)**  
**21 DAYS prior to date of SCHEDULED SURGERY**

40,000 units subcutaneous once weekly times 3 doses  
Monday - Friday

DATE of SCHEDULED SURGERY \_\_\_\_\_

**DATES for ADMINISTRATION: (M-F only)**

1<sup>ST</sup> DOSE (21 days Pre-surgery) \_\_\_\_\_

2<sup>ND</sup> DOSE (14 days Pre-surgery) \_\_\_\_\_

3<sup>RD</sup> DOSE (14 days Pre-surgery) \_\_\_\_\_

**EVALUATE RESPONSE TO TREATMENT:**

CBC with auto differential and Reticulocyte Count  
Before third dose of Epoetin Alpha (Procrit) \_\_\_\_\_ Date

CBC with auto differential Pre-op \_\_\_\_\_ Date  
(Recommendation: 1-3 days prior to surgery date)

**EPOETIN ALFA: (PROCRIT)**  
**10 DAYS prior to date of SCHEDULED SURGERY**

20,000 units subcutaneous once daily times 10 doses  
Monday - Friday

DATE of SCHEDULED SURGERY \_\_\_\_\_

**DATES for ADMINISTRATION: (M-F only)**

1<sup>ST</sup> DOSE \_\_\_\_\_                      6<sup>TH</sup> DOSE \_\_\_\_\_

2<sup>ND</sup> DOSE \_\_\_\_\_                      7<sup>TH</sup> DOSE \_\_\_\_\_

3<sup>RD</sup> DOSE \_\_\_\_\_                      8<sup>TH</sup> DOSE \_\_\_\_\_

4<sup>TH</sup> DOSE \_\_\_\_\_                      9<sup>TH</sup> DOSE \_\_\_\_\_

5<sup>TH</sup> DOSE \_\_\_\_\_                      10<sup>TH</sup> DOSE \_\_\_\_\_

**EVALUATE RESPONSE TO TREATMENT:**

CBC with auto differential and Reticulocyte Count  
before sixth dose of Epoetin Alpha (Procrit) \_\_\_\_\_ Date

CBC with auto differential Pre-op \_\_\_\_\_ Date  
(Recommendation: 1-3 days prior to surgery date)

<b>Physician's Signature:</b>	<b>Date/ Time:</b>
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