



Change order details by crossing out unwanted information and writing in desired details/instructions.  
Place a line through the **x** to remove the pre-checked option.

## DARBEPOETIN (ARANESP) WEEKLY [11500357] Columbia Network Infusion Centers

Select Location: ☐ Southwest/Vancouver ☐ St John/Longview Start Date: \_\_\_\_\_

Diagnosis/Indication: \_\_\_\_\_

ICD-10 Code(s): \_\_\_\_\_ Authorization Number: \_\_\_\_\_

Patient Vitals: Height \_\_\_\_\_ Weight \_\_\_\_\_

### Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

- ☒ *I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.*

Labs	Interval
<input checked="" type="checkbox"/> Hemoglobin & Hematocrit	Every Visit
<input type="checkbox"/> Iron Deficiency Panel (clinic standing)	Frequency _____

Supportive Care	Interval
<input checked="" type="checkbox"/> DARBEPOETIN ALFA (ARANESP) INJ <i>For continuation Hgb must not exceed 11 g/dL. Round to nearest vial size.</i>	Route: SubQ Dose _____ Frequency _____

Nursing Orders	Interval
<input checked="" type="checkbox"/> Nursing Communication <i>Patients receiving concurrent treatment with Iron Sucrose (Venofer) and / or Vitamin B12 cannot receive erythropoiesis stimulating agent treatment on the same day.</i>	Every Visit
<input checked="" type="checkbox"/> Nursing Communication <i>Hold if Hemoglobin exceeds 11 g/dL.</i>	Every Visit
<input checked="" type="checkbox"/> Nursing Communication <i>Hold and contact Provider if BP&gt;160/90 mm HG.</i>	Every Visit

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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