Defaults for orders not otherwise specified below:

- Interval: Every 7 days
- Interval: Every 14 days
- Interval: Every 28 days
- Interval: Every ___ days

Duration:
- Until date: __________
- 1 year
- _____# of Treatments

Anticipated Infusion Date __________ ICD 10 Code with Description ______________________________

Height_________________(cm) Weight__________(kg) Allergies______________________________

Provider Specialty
- ☐ Allergy/Immunology
- ☐ Cardiology
- ☐ Gastroenterology
- ☐ Genetics
- Site of Service
- ☐ SH Gerber
- ☐ SH Helen DeVos (GR)
- ☐ SH Lemmen Holton (GR)
- ☐ SH Ludington
- ☐ SH Pennock
- ☐ SH Reed City
- ☐ SH United Memorial
- ☐ SH Zeeland

Appointment Requests
- ☑ Infusion Appointment Request
  Status: Future, Expected: S, Expires: S+366, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after,
  Injection and possible labs

Provider Ordering Guidelines
- ☑ ONC PROVIDER REMINDER 15
  DARBEPOETIN (ARANESP):

  Evaluate iron status in all patients before and during treatment. The manufacturer recommends supplemental iron be administered if
  serum ferritin is less than 100 ng/mL or serum transferrin saturation (TSAT) is less than 20%. Most patients with CKD will require iron
  supplementation.

  Erythropoiesis-stimulating agents (ESAs) increased the risk of serious cardiovascular events, myocardial infarction, stroke, venous
  thromboembolism, vascular access thrombosis, and mortality in clinical studies when administered to target hemoglobin levels greater
  than 11 g/dL (and provide no additional benefit); a rapid rise in hemoglobin (greater than 1 g/dL over 2 weeks) may also contribute to
  these risks. To decrease these risks, and risk of cardio- and thrombovascular events, use the lowest dose needed to avoid red blood
  cell transfusions.

  Blood pressure should be monitored closely during therapy.

Nursing Orders
- ☑ ONC NURSING COMMUNICATION 107
  DARBEPOETIN (ARANESP):

An FDA-approved patient medication guide, which is available with the product information and at
https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/103951s5375lbl.pdf#page=25, must be dispensed with this medication.

CONTINUED ON PAGE 2 ➔

NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.
DARBEPOETIN (ARANESP) - ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

Labs

- Hemoglobin + Hematocrit (H+H)

Labs - Monthly

- Ferritin, Blood Level

- Transferrin, Blood Level

- Iron and Iron Binding Capacity Level

Treatment Parameters

- ONC MONITORING AND HOLD PARAMETERS 2
  Notify provider if Hemoglobin is greater than 11 g/dL OR Hematocrit is greater than 30%

Medications

- darbepoetin alfa (ARANESP) injection
  Subcutaneous, Once, Starting S, For 1 Doses
  Dose:
  - 25 mcg
  - 40 mcg
  - 60 mcg
  - 100 mcg
  - 200 mcg
  - 300 mcg
  Indications:
  - Anemia
  - ESRD on Dialysis
  - Chemotherapy-Induced Anemia
  - Radiation Therapy Toxicity
  Monitor blood pressure closely during therapy.

Telephone order/Verbal order documented and read-back completed. Practitioner’s initials __________________

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

<table>
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<th>TRANSCRIBED:</th>
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<th>ORDERED:</th>
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EPIC VERSION DATE: 07/16/20