

**FAX TRANSMISSION**

<b>Date</b> 2/10/2020	<b>Time:</b>	<b>From:</b>
<b>Receiver's Name:</b> Infusion Inbound		<b>Department:</b> Ravi Ramaswamy
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<b>Inbound Fax:</b> 845-333-9400		

**Number of pages, including this coversheet:**  
**Information Transmitted:**

**Appointment Date Needed:** \_\_\_\_\_

**Name of Patient:** MIRAL, NAVIKAS

**DOB:** \_\_\_\_\_

**MRN #:** 214800 (If Applicable)

**Diagnosis written on Order:** Artery order

**Authorization Number:** \_\_\_\_\_

Thank you

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RECEIVED 02-07-'20 12:17 FROM-

TO-

P0002/0002

<b>ORANGE REGIONAL MEDICAL CENTER</b> <b>Physician Order Form</b>		<p style="font-size: 1.2em; margin: 0;">NAVIKAS, MUKAL</p> <p style="margin: 5px 0;"><del>02/1 DOR</del></p> <p style="margin: 0;">MRN 214800</p>													
<b>DO NOT USE ABBREVIATIONS:</b> <table style="width: 100%; border: none;"> <tr> <td>U</td><td>MS</td><td>MSO<sub>4</sub></td><td>MgSO<sub>4</sub></td><td>QD</td><td>µg</td></tr> <tr> <td>IU</td><td>SC</td><td>SQ</td><td>SL</td><td>QOD</td><td></td></tr> </table>		U	MS	MSO <sub>4</sub>	MgSO <sub>4</sub>	QD	µg	IU	SC	SQ	SL	QOD			
U	MS	MSO <sub>4</sub>	MgSO <sub>4</sub>	QD	µg										
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<b>OUTPATIENT DARBEPOETIN (Aranesp®) Erythropoietic Stimulating Agent (ESA) Order Form</b>															
Initial Hemoglobin (Hgb)/Hematocrit (Hct) Date/level: _____ Current Hgb: _____ Hct: _____		Wt: _____ kg													
<b>DIAGNOSIS (Check one):</b> <div style="margin-top: 5px;"> <input type="checkbox"/> Chemotherapy induced anemia                      Hemoglobin (Hgb) / Hematocrit (Hct) must be &lt; 10 g/dl and &lt; 30%                      Darbepoetin initial dose ≤ 2.25 mcg/kg/week                      On week 4 doses may be increased by 25% if Hgb/Hct rise is &lt; 1/3.                      By week 8 discontinue treatment unless a rise of 1/3 is documented                 </div> <div style="margin-top: 10px;"> <input type="checkbox"/> End Stage Renal Disease (ESRD) on dialysis                 </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Chronic Kidney Disease (CRD) not on dialysis                      For chronic kidney disease creatinine ≥ 3 and CrCl &lt; 60 mL/min                      Monitor to ensure transferrin saturation &gt; 20% and/or serum ferritin &gt; 100 ng/mL                 </div> <div style="margin-top: 10px;"> <input type="checkbox"/> HIV/AIDS anemia induced by zidovudine or other nucleoside reverse transcriptase inhibitors                 </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Anemia related to myelodysplastic syndrome (MDS) excluding AML and CML                      Bone marrow biopsy &lt; 5% blasts                      Erythropoietin level 100 or less                      After 2 months of treatment consider discontinuing if there is no significant increase in Hgb/Hct and/or decreased transfusions                 </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Treatment of anemia of selected chronic diseases                      Rheumatoid arthritis, systemic lupus erythematosus, inflammatory bowel diseases, and hepatitis C undergoing treatment                 </div> <div style="margin-top: 10px; font-size: 0.9em;">                     Initial Hgb/Hct must be &lt; 10 g/dl and &lt; 30%. For all uses other than chemotherapy induced anemia titrate dose of darbepoetin to maintain a target Hgb of 10-12 g/dl and Hct of 30-36% by appropriate timed dose adjustment.                 </div>															
Date of last ESA agent: _____ Do not give Darbepoetin more frequently than once weekly															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Drug</th> <th style="width: 20%;">Dose (mcg)</th> <th style="width: 15%;">Route</th> <th style="width: 15%;">Frequency</th> <th style="width: 15%;">RN/Time</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Darbepoetin (Aranesp®)</td> <td style="padding: 5px; text-align: center;">60 mcg</td> <td style="padding: 5px;"> <input checked="" type="checkbox"/> SubQ  <input type="checkbox"/> IV                 </td> <td style="padding: 5px; text-align: center;">every week</td> <td style="padding: 5px;"></td> </tr> </tbody> </table>				Drug	Dose (mcg)	Route	Frequency	RN/Time	Darbepoetin (Aranesp®)	60 mcg	<input checked="" type="checkbox"/> SubQ <input type="checkbox"/> IV	every week			
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Print Last Name: <u>Ramaswamy</u> Physician Signature: <u>[Signature]</u> Date: <u>2/10/2021</u> Time: _____		Print Last Name: _____ Nurse Signature: _____ Date: _____ RBV INIT _____ Time: _____ Faxed <input type="checkbox"/> Time Faxed _____													