

Jan. 20. 2016 9:42AM

No. 2280 P. 2

Risk Management/Board/August 2012

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(Signature of Physician/Physicianally Credentialed Practitioner Providing Explanation)

Date / Time

12/7/17 12:50pm

[Signature]

I have discussed the nature and purpose and the reasonably foreseeable risks and benefits of the treatment(s), the alternative(s) including not performing the treatment(s), as well as the risks and benefits of the alternative(s), and I am satisfied that the patient or the patient's legal representative who signed above understands them.

☐ Mark this box if telephone consent

☐ Mark this box if interpreter was involved.

(Witness Signature)

(Printed Name)

(Date)

(Time)

AM
PM

(Patient/Health Care Agent/Surrogate/Qualified Signatory)

(Printed Name)

(Relationship to Patient)

(Date)

(Time)

AM
PM

By signing below, I certify that I fully understand the information provided to me, my questions have been answered, and I give my consent to the treatment(s) specified above.

I give permission with full knowledge and understanding that I understand that medicine is not an exact science and that there is the possibility that the treatment may not have the benefits or results intended. I am also aware that there are always risks and dangers to life and health associated generally with the use of medication, and treatment which can cause adverse consequences not ordinarily anticipated in advance, but I give this permission with full aware understanding.

[Signature]
[Signature]
[Signature]

(Describe the treatment in both clinical and layman's terms. No Acronyms or Abbreviations)

(Patient's name)

HOSPITAL, 1234 5th Ave

treatment upon

I hereby give my consent and authorize Dr. *[Signature]* and those who believe may deal with as appropriate or maintain and Orange Regional Medical Center (Hospital) and its staff to perform the following



Informed Consent for Infusion
Center Treatment

PATIENT

Physician Orders/Outpatient Darbepoetin Order Form/Pharmacy/10-08

Print Last Name: <u>Ramasamy</u> Physician Signature: <u>[Signature]</u> Date: <u>12/11/17</u> Time: _____		Print Last Name: _____ Nurse Signature: _____ Date: _____ R/V INIT: _____ Time: _____ Faxed <input type="checkbox"/> Time Faxed: _____	
Drug	Dose (mg)	Route	Frequency
Darbepoetin (Aranesp®)	400mg	SubQ	Weekly
Date of last ESA agent: _____ Do not give Darbepoetin more frequently than once weekly			
Initial Hgb/Hct must be < 10 g/dl and < 30%. For all uses other than chemotherapy induced anemia therapeutic dose of darbepoetin to maintain a target Hgb of 10-12 g/dl and Hct of 30-36% by appropriate timed dose adjustment			
<input type="checkbox"/> Treatment of anemia of selected chronic diseases Rheumatoid arthritis, systemic lupus erythematosus, inflammatory bowel diseases, and hepatitis C undergoing treatment			
<input type="checkbox"/> Anemia related to myelodysplastic syndrome (MDS) excluding AML and CML Bone marrow biopsy < 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			
<input type="checkbox"/> HIV/AIDS anemia induced by zidovudine or other nucleoside reverse transcriptase inhibitors			
<input checked="" type="checkbox"/> Chronic Kidney Disease (CKD) not on dialysis For chronic kidney disease creatinine ≥ 3 and CrCl < 60 mL/min Monitor to ensure transferrin saturation > 20% and/or serum ferritin > 100 ng/mL			
<input type="checkbox"/> End Stage Renal Disease (ESRD) on dialysis On week 4 doses may be increased by 25% if Hgb/Hct rise is < 1g. Darbepoetin initial dose ≤ 2.25 mcg/kg/week Hemoglobin (Hgb) / Hematocrit (Hct) must be < 10 g/dl and < 30%			
<input type="checkbox"/> Chemotherapy induced anemia By week 8 discontinue treatment unless a rise of 1g is documented			
DIAGNOSIS (Check one):			
Initial Hemoglobin (Hgb)/Hematocrit (Hct) Date/level: _____ Current Hgb: _____ Hct: _____ Weight: _____ kg			
OUTPATIENT DARBEPOETIN (Aranesp®) Erythropoietic Stimulating Agent (ESA) Order Form			
DO NOT USE ABBREVIATIONS: U MS MSO MSO QD IU SC SQ SL SQD		Patient Label: _____ 208 11/17/1940 HOSDA G/HAN, YEGHCHKE	