

Dec. 5. 2017 8:51AM

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No. 2421 P. 185886

ORANGE REGIONAL MEDICAL CENTER Physician Order Form		Hosdaghian, Yeghiche DOB 11/17/1940	
DO NOT USE ABBREVIATIONS: U MS MSO ₂ MgSO ₄ QD μ g IU SC SQ SL QOD		Patient Label	
OUTPATIENT DARBEPOETIN (Aranesp®) Erythropoietic Stimulating Agent (ESA) Order Form			
Initial Hemoglobin (Hgb)/Hematocrit (Hct) Date/level: _____ Current Hgb: _____ Hct: _____		Wt: _____ kg	
DIAGNOSIS (Check one): <input type="checkbox"/> Chemotherapy induced anemia Hemoglobin (Hgb) / Hematocrit (Hct) must be < 10 g/dl and < 30% Darbepoetin initial dose \leq 2.25 mcg/kg/week On week 4 doses may be increased by 25% if Hgb/Hct rise is < 1/3. By week 8 discontinue treatment unless a rise of 1/3 is documented <input type="checkbox"/> End Stage Renal Disease (ESRD) on dialysis <input checked="" type="checkbox"/> Chronic Kidney Disease (CKD) not on dialysis For chronic kidney disease creatinine \geq 3 and CrCl < 60 mL/min Monitor to ensure transferrin saturation > 20% and/or serum ferritin > 100 ng/mL <input type="checkbox"/> HIV/AIDS anemia induced by zidovudine or other nucleoside reverse transcriptase inhibitors <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"/> Treatment of anemia of selected chronic diseases Rheumatoid arthritis, systemic lupus erythematosus, inflammatory bowel diseases, and hepatitis C undergoing treatment			
Initial Hgb/Hct must be < 10 g/dl and < 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.			
Date of last ESA agent: _____ Do not give Darbepoetin more frequently than once weekly			
Drug	Dose (mcg)	Route	Frequency
Darbepoetin (Aranesp®)	40 mcg	<input checked="" type="checkbox"/> SubQ <input type="checkbox"/> IV	every week
Print Last Name <u>RAMASWAMY</u> Physician Signature <u>[Signature]</u> Date <u>12/5/17</u> Time: <u>5:00 PM</u>		Print Last Name: _____ Nurse Signature: _____ Date: _____ RBV INIT _____ Time: _____ Faxed <input type="checkbox"/> Time Faxed _____	

85886



Informed Consent for Infusion
Center Treatment

PATIENT

HOSDAGHIAN

YEGHICHE
DOB 11/12/1946

I hereby give my consent and authorize: Dr. Ramaswamy and those who he/she may designate as associates or assistants and Orange Regional Medical Center (Hospital) and its staff to perform the following

treatment upon: Hosdaghian, Yeghiche
(Patient's name):

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

Lab draw - Arterial blood

I give permission with full knowledge and understanding thereof. 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 treatments which can cause adverse consequences not ordinarily anticipated in advance, but I give this permission with full assent nevertheless.

By signing below, I confirm 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.

(Patient/Health Care Agent/Surrogate/Guardian Signature)

(Printed Name)

(Relationship to Patient)

1/1 AM
(Date) (Time) PM

(Witness Signature)

(Printed Name)

1/1 AM
(Date) (Time) PM

☐ Mark this box if telephone consent

☐ Mark this box if interpreter was involved.

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

(Signature of Physician/Appropriately Credentialed Practitioner Providing Explanation)

6/15/18 / 5:00 pm
Date / Time