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(iron sucrose)

PROCRIT injection orders

Patient Name _____ DOB _____

Phone _____ M F

DIAGNOSIS Please provide ICD-10 code

- _____ CKD, stage 3
- _____ CKD, stage 4
- _____ CKD, stage 5
- _____ Anemia in CKD

PRE-MEDICATION

- Tylenol 1000mg PO
- Diphenhydramine 25mg PO
- Cetirizine 10mg PO
- _____ (other)
- Solu-Medrol 125mg IVP
- Solu-Cortef 100mg IVP
- Diphenhydramine 25mg IVP
- _____ (other)

PROCRIT ORDERS

<p>DOSAGE</p> <p><input checked="" type="radio"/> _____ units SQ</p> <p>FREQUENCY</p> <p><input type="radio"/> _____</p> <p><input type="radio"/> _____</p>	<p>PATIENT WEIGHT</p> <p>_____ lbs.</p> <p>_____ kg</p>
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NOTES

ORDERING PROVIDER

Signature **X** _____ Date _____