

**INPATIENT  
ANEMIA STANDING ORDERS  
Blood Conservation Program**

Indications: For patients with Hgb less than 10gm/dL. Patients who refuse blood and/or have iron-deficiency anemia, patients with significant acute blood loss, patients who will benefit from accelerated RBC production in order to reduce or eliminate the need for blood transfusion.

**Labs:**

Draw baseline labs if not already done. Use minimum blood volume draws.

- Serum iron, Total Iron Binding Capacity (TIBC), TSAT%, and Ferritin
- CBC
- Reticulocyte count

**Medications:**

- Folic acid 1 mg by mouth daily
- Vitamin C 250 mg by mouth three times daily given with iron
- Vitamin B-12 (CYANOCOBALAMIN) 1000 micrograms deep subcutaneous injection for one dose
- Ferrous sulfate 325 mg by mouth three times daily
- Other \_\_\_\_\_

**Parenteral Iron Dosing:**

IV iron supplementation is necessary when lab values are: serum ferritin less than 200ng/ml and /or TSAT less than 25%.

- Iron Sucrose (Venofer®)**
  - 200mg IV in 250mL normal saline, administer over 2 hours for a total of \_\_\_\_\_ doses.  
Doses must be at least 48 hours apart

**Administration of Erythropoiesis Stimulating Agent—ESA**

For critically ill patients, acute blood loss or potential for acute blood loss, pre-surgical / postsurgical or transfusion refusal patients with Hgb of 10 g/dL or less.

- Darbepoetin (ARANESP)**  
100 mcg (56- 150 kg) subcutaneously once a week until date of surgery (maximum of 3 doses)
- Darbepoetin (ARANESP)**  
200mcg (greater than 150kg) subcutaneously once a week until date of surgery (maximum of 3 doses)

Other \_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date (required)

\_\_\_\_\_  
Time (required)



PT.  
MR.#/P.M.  
DR.