

ANEMIA OF CKD
 Ferritin normal; TSAT low (< 22%)

HB MONITORING: CKD pts without anemia

- When clinically indicated
- CKD 3: annually
- CKD 4-5ND: biannually (2x/yr)
- CKD 5D: q3 months

PROTOCOLS PROVIDED ON EXAM

IRON SUPPLEMENTATION

CKD ND
 PO first, IV if not tolerated

100-200 mg elemental iron/d (qhs)
 Ferrous sulfate 60 mg elemental
 Ferrous gluconate 35 mg elemental
 Ferrous fumarate 100 mg elemental
 Heme-iron polypeptide 11 mg elemental
 Iron polysaccharide 150 mg elemental

Iron dextran: 500 mg IV over 3-4h
 Iron sucrose: 200 mg IV x 5 doses (over 14 days)

CKD PD
 PO or IV

Iron sucrose
 300 mg +
 300 mg +
 400 mg
 (each dose 14 days apart)

CKD HD
 IV (PO = placebo)

Loading dose of 1000 mg

Iron dextran or iron sucrose
 Loading: 100 mg qHD x 10 doses
 Maintenance: 100 mg 1-2x/month

Ferric gluconate
 Loading: 125 mg qHD x 8 doses
 Maintenance: 125 mg 1-2x/month

HB MONITORING:
 CKD pts with anemia NOT being treated with ESA

- When clinically indicated
- CKD 3-5ND: q3m
- CKD 5PD: q3m
- CKD 5HD: q1m

If after max PO or IV iron, Hb < 100 g/L
 (rule out other causes, pt-specific)

ERYTHROPOIESIS-STIMULATING AGENTS (ESAs)

<p>Epoietin alfa CKD ND: 50 units/kg SC qweekly CKD PD: 100 units/kg SC qweekly CKD HD: 100 units/kg/wk IV given 2-3x/wk</p>	<p>Darbopoeitin alfa CKD ND: 0.22 mcg/kg/week SC given q2weeks CKD PD: 0.9 mcg/kg SC q2weeks CKD HD: 0.45 mcg/kg/week IV</p>
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HB MONITORING:
 CKD pts with anemia NOT being treated with ESA

- When clinically indicated
- Initiation of ESA: monthly
- CKD ND: q3m
- CKD 5D: q1m

BLOOD TRANSFUSIONS