

PROCRITline™ call (800) 553-3851

Monday–Friday 9:00 AM–8:00 PM E. T. Fax: (800) 987-5572

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Introduction
Please see full Prescribing Information, including Boxed WARNINGS, for PROCRI [®] (Epoetin alfa)
Please see full Prescribing Information, including Boxed WARNINGS, for LEUSTATIN [®] (cladribine)
Reimbursement Overview
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Oncology Toolkit

Evaluation & Management Progress Note
• Printable Version
Chemotherapy Treatment Notes/Flow Sheet
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▼ RESOURCES

Oncology Toolkit

Evaluation & Management Progress Note

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EM PROGRESS NOTE/ Dictation Format (1995 EM Guidelines)		
Patient Name:		Date of Service:
Vital Signs: P = T = R = BP = Weight =		
Appearance:		
Chief Complaint(s) today:		
CC status: Stable Improving Unimproved Deteriorating		
Secondary Problems:		
History of Present Illness:		
Past History:	Family History:	Social History:
Review of Systems (History):		Physical Exam (Physical):
Constitutional:		Constitutional:
Eyes:		Eyes:
ENT:		ENT:
CV:		CV:
Respiratory:		Respiratory:
GI:		GI:
GU:		GU:
Musculoskeletal:		Musculoskeletal:
Integumentary:		Integumentary:

Neuro:	Neuro:
Psych:	Psych:
Endocrine:	Endocrine:
Hematologic/ Lymphatic:	Hematologic/ Lymphatic:
Allergy/ Immunological:	Allergy/ Immunological:
All Others Non-Contributory:	All Others Non-Contributory:
MEDICAL DECISION-MAKING	Body Areas:
Data Reviewed Today:	Head:
	Face:
	Neck:
Tests To Order:	Chest:
	Abdomen:
	Genitalia:
	Back:
Diagnoses, Drugs and/or Procedures Considered:	Extremities:
	Counseling:
Drugs and/or Procedures Ordered:	Reason:
	Time of Counseling:
	Total Visit Time:
	Nursing Supervision:

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Important Safety Information

WARNINGS: INCREASED MORTALITY, SERIOUS CARDIOVASCULAR and THROMBOEMBOLIC EVENTS, and INCREASED RISK OF TUMOR PROGRESSION OR RECURRENCE

Renal failure: Patients experienced greater risks for death and serious cardiovascular events when administered erythropoiesis-stimulating agents (ESAs) to target higher versus lower

hemoglobin levels (13.5 vs. 11.3 g/dL; 14 vs. 10 g/dL) in two clinical studies. Individualize dosing to achieve and maintain hemoglobin levels within the range of 10 to 12 g/dL.

Cancer:

- ESAs shortened overall survival and/or increased the risk of tumor progression or recurrence in some clinical studies in patients with breast, non-small cell lung, head and neck, lymphoid, and cervical cancers (see WARNINGS: Table 1).
- To decrease these risks, as well as the risk of serious cardio- and thrombovascular events, use the lowest dose needed to avoid red blood cell transfusion.
- Use ESAs only for treatment of anemia due to concomitant myelosuppressive chemotherapy.
- ESAs are not indicated for patients receiving myelosuppressive therapy when the anticipated outcome is cure.
- Discontinue following the completion of a chemotherapy course.

Perisurgery: PROCRT® (Epoetin alfa) increased the rate of deep venous thromboses in patients not receiving prophylactic anticoagulation. Consider deep venous thrombosis prophylaxis.

(See WARNINGS: Increased Mortality, Serious Cardiovascular and Thromboembolic Events, WARNINGS: Increased Mortality and/or Increased Risk of Tumor Progression or Recurrence, INDICATIONS AND USAGE, and DOSAGE AND ADMINISTRATION.)

Please see full Prescribing Information, including Boxed WARNINGS for PROCRT® (Epoetin alfa)

Medication Guide for PROCRT

Please read the Medication Guide for PROCRT and discuss with your doctor.

Patient Instructions for Use

Instructions if you or your caregiver has been trained to give PROCRT injections at home.

Boxed WARNINGS: LEUSTATIN® (cladribine) Injection

- LEUSTATIN (cladribine) Injection should be administered under the supervision of a qualified physician experienced in the use of antineoplastic therapy. Suppression of bone marrow function should be anticipated. This is usually reversible and appears to be dose dependent. Serious neurological toxicity (including irreversible paraparesis and quadraparesis) has been reported in patients who received LEUSTATIN Injection by continuous infusion at high doses (4 to 9 times the recommended dose for Hairy Cell Leukemia). Neurologic toxicity appears to demonstrate a dose relationship; however, severe neurological toxicity has been reported rarely following treatment with standard cladribine dosing regimens.
- Acute nephrotoxicity has been observed with high doses of LEUSTATIN (4 to 9 times the recommended dose for Hairy Cell Leukemia), especially when given concomitantly with other nephrotoxic agents/therapies.

Please see full Prescribing Information, including Boxed WARNINGS for LEUSTATIN® (cladribine)

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