PATIENT :_____

Anemia Tracking Sheet

MONTH:

Goal: _____**% Patients HGB 10-12 g/dL**

Plan:

- **Maintain Iron Stores as Indicated**:
  T-Sat ≥ 20 _____
  Ferritin ≥ 200 _____

- **Determine if causative factors for ESA hypo-response**:
  1. Iron Deficiency
  2. Infectious, inflammatory or malignant process
  3. Occult blood loss
  4. Hematologic Disease
  5. Vitamin deficiency
  6. Hemolysis
  7. Aluminum toxicity
  8. Osteitis fibrosa cystic
  9. Pure red cell aplasia or anti-erythrpoietin antibody assoc. anemia
  10. Refusal of ESA
  11. Other

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- **Action Plan: Hemoglobin < 10**

DATE	HGB	TSAT	FERRITN	ESA Dose	Iron Dose	Hypo-response Identified **#** (select 1-11 above, or describe other)	Other Action Taken