

Erythropoetin Stimulating Agents for the treatment for Renal Anaemia Information for Primary Care

Information for Primary Care
Patient Details:
Dear Dr
Your patient has been prescribed an Erythropoetin Stimulating Agent, supplies of which will be provided by the Renal unit at Hull and East Yorkshire Hospitals NHS Trust. As per responsibilities detailed overleaf please see information below.
Specific product prescribed, dose and frequency
Arrangements for monitoring / reviewing patient and frequency.(including what tests are to be
performed by the GP). If you are unable to perform the requested phlebotomy please
contact the Renal Unit. (Contact details overleaf)
I have asked patient to arrange at your surgery (code as secondary care generated bloods
under local arrangements);
Monthly full blood count
Monthly Blood pressure Three monthly Ferritin
Three monthly Fernuir
I will monitor and review your patient's results monthly and adjust treatment as necessary. (Note patients results are reviewed via electronic records and patient contacted by telephone)
Information and instructions given to nations
Information and instructions given to patient:
Hand held patient documentation.
Patient information leaflet.
Other relevant clinical information / drug therapy.
Other relevant chilical information / drug therapy.
Name (Print)DateSignDate



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Management of renal anaemia is coordinated by the Anaemia Nurse Practitioner based at Hull and East Yorkshire Hospitals NHS Trust. Interpretation of blood tests and appropriate dose adjustments remains the responsibility of the renal unit. This document aims to clarify the responsibilities of the Primary and Secondary healthcare providers when patients are prescribed Erythropoietin Stimulating Agent (ESA) for renal anaemia. Patients are initiated on ESA by the hospital. Supply of ESA is co-ordinated by the hospital team. The Anaemia Nurse Practitioner provides information to the GP on frequency of monitoring required. The hospital team are responsible for interpretation of the relevant tests and adjust ESA doses accordingly.

Responsibilities

Hospital Team: (This may be either Renal Anaemia Nurse Practitioner or Renal Physician)

- Initiate and stabilise the patient's treatment with ESA.
- Provide GP with the following information:
 - Specific product prescribed, dose and frequency.
 - Arrangements for monitoring / reviewing patient and frequency.(Including what tests are to be performed by the GP).
 - Information and instructions given to patient, including how to administer subcutaneous injection
 - Other relevant clinical information / drug therapy.
- Check blood results of tests performed by GP and adjust ESA therapy accordingly in line with renal unit
 policy for management of anaemia.
- Correct and supervise the management of renal anaemia including functional iron deficiency.
- Give the GP advice where appropriate on antihypertensive therapy and management of any adverse drug reactions relating to ESA treatment.
- Provide the patient with information and support including a hand held record on which details of EPO therapy and blood pressure will be kept.
- Provide supplies of ESA.

Primary care:

- Perform tests requested by the hospital team relating to treatment with ESA, including:
 - Blood pressure (and adjust antihypertensive treatment as appropriate)
 - Full Blood count
 - Ferritin /transferrin saturation (TSAT)/percentage hypochromic red cells
- Where patient is unable to self-administer, arrange on-going administration via practice nurse or district nursing
- Inform the Anaemia Nurse Practitioner immediately if unable to perform monitoring requested
- Inform the hospital team in changes to the patients' condition and / or medication that may affect anaemia treatment.
- Make entries into patients hand held record where appropriate

Contact details:

Vikki Jubb, Renal Anaemia Nurse Practitioner

During Office hours: 01482 608754

Out of hours: Renal consultant on-call via switchboard 01482 875875

Primary Care information for Erythropoietin. Approved HERPC: May 2016 Updated: May 2019 Review: May 2022