

ESA Resistance Worksheet

Patient Name _____ NKC# _____ Date _____

ESA dose _____ Iron Dose _____ Kt/V _____

Comorbidities:

Myeloma/MDS Autoimmune Disease
 Active Malignancy Hemoglobinopathy

Active Bleeding:

Stool Guaiac positive negative

Active Infection:

Site _____ Antibiotic _____

Missed or Held Doses: Date _____

Labs:

	Date	Value
Ferritin		
% Saturation		
Hgb		
WBC		
Platelet		
Retic Count		
MCV		
B12		
RBC folate		
CRP		
PTH		
Albumin		

Medications:

ACEI/ARB
 Immunosuppressives _____
 MVI
 ASA
 Anticoagulants

Access:

AVF AVG Catheter