

Erythropoietin increases the risk of thrombosis, stroke, and myocardial infarction. Minimize the risk of developing thrombosis by decreasing the dosage when hemoglobin levels near 12 gm/dL or when the hemoglobin levels increase more than 1gm/dL within 2 weeks.

Pelvic and Limb Pain

Pelvis and Limbs with Pain-bolt

Erythropoietin stimulates the bone marrow and may cause pelvic and limb pain. Inform the patient that the pain should subside within 12 hours. Administer a nonopioid analgesic (i.e. acetaminophen) if necessary.

Hypertension

Hiker-BP

Erythropoietin increases the production of red blood cells and results in increased levels of hemoglobin and hematocrit. Increased hematocrit leads to hypertension. It is important to monitor the patient's blood pressure and administer antihypertensive medications if necessary.

Considerations

Do Not Shake

Won't Shake-hands

Do not shake the vial of Erythropoietin because it may denature the glycoproteins and inactivate the medication. Do not administer Erythropoietin in conjunction with other drug solutions.

Monitor Hemoglobin (Hgb) Weekly

He-man-globe in Weekly-paper

Erythropoietin increases levels of hemoglobin within 2 weeks and reaches target levels by 3 months. Hemoglobin levels should be measured twice weekly until target dose is reached and maintained. The patient's complete blood count, BUN, and iron levels should also be routinely monitored.

May Accelerate Tumor Progression

Fast Tumor-guy Progressing

Erythropoietin promotes angiogenesis (blood vessel formation) and may accelerate tumor progression. Patients with leukemia or other myeloid malignancies should not take Erythropoietin because it may lead to cancer proliferation. Erythropoietin is contraindicated in cancer patients not receiving either radiation or chemotherapy because of the medication's acceleration of tumor progression.