MUNSON HEALTHCARE

8453

## Bisphosphonate: Zoledronic acid (Reclast) Infusion Order

**AUTHORIZATION IS GRANTED TO DISPENSE AND ADMINISTER AN ALTERNATE DRUG PRODUCT ACCEPTABLE TO THE MEDICAL STAFF'S PHARMACY COMMITTEE UNLESS THE DRUG PRODUCT IS SPECIFICALLY CIRCLED**

| | | |
|---|---|---|
| Dose # _____. Every 12 months *(max of 1 dose per order)* | **Treatment Date:** | **Allergies/Reactions:** |
| **Diagnosis (Required):** | **ICD-10 Code (Required):** | |

| | | |
|---|---|---|
| **Height (cm):** | **Lab orders** (unless otherwise specified): CMP required within 30 days of treatment. All other labs per provider.<br>Consider ordering urine pregnancy test within 96 hours prior to treatment in women of child-bearing potential | |
| **Weight (kg):**<br>**BSA ($m^2$):** N/A | **HOLD treatment & notify physician if:**<br>• Corrected calcium < 8 mg/dL<br>*[Corrected calcium(mg/dL) = 0.8(4.0 – albumin) + calcium(mg/dL)]*<br>• Ionized calcium < 4 mg/dL<br>• CrCl < 35 mL/min | **Emetic Risk:** Minimal<br>**Monitor:**<br>• Renal function<br>• For hypocalcemia<br>• For arthralgias/myalgias<br>• Osteonecrosis of jaw |

| MEDICATION | DOSAGE | ADMINISTRATION INSTRUCTIONS | FREQUENCY |
|---|---|---|---|
| **Zoledronic acid (Reclast)** | **5 mg** | In 0.9% NaCl 100 mL IV over 15 minutes | x 1 dose, Yearly |

**IF PATIENT HAS A HYPERSENSITIVITY REACTION, BEGIN HYPERSENSITIVITY PROTOCOL**

HYDRATION ORDERS

ADDITIONAL ORDERS

☐ Patient taking calcium supplementation
(Recommendation: Calcium 1000 mg + Vitamin D 400 International Units per day and ≥ 50 years old: Calcium 1200-1500 mg + Vitamin D 800 International Units per day)

Discontinue IV upon completion of treatment, flush order per protocol.

Reference: LexiComp

Patient Name: _____

Date of Birth: _____/_____/_____

**The provider's full signature(s) is to follow the order**

**Signature** **Date** **Time**

**Printed Name:**