

Protocol Types

Infusion Treatment 1, Infusion Treatment 2, Infusion Treatment 3, Infusion Treatment 4

Patient name: _____ DOB: _____

Please include: ☐ Patient face sheet ☐ Insurance authorization (if other than Medicaid or non-Advantage Medicare)

Diagnosis: _____

Review: Every 358 days

Orders

	Interval	Defer Until	Duration
Provider Communication			
☒ Provider communication	Every 180 days		Until discontinued
Until discontinued Starting when released Until Specified HYPOcalcemia must be corrected prior to initiating treatment. Adequately supplement calcium and vitamin D during treatment. Patients with advanced CKD (eGFR <30 mL/min/1.73m ²) or dialysis have increased risk for severe hypocalcemia. Ensure appropriate evaluation and monitoring prior to treatment.			
Patients discontinuing Prolia should be transitioned to another antiresorptive therapy when clinically appropriate to minimize risk of rapid bone loss and vertebral fractures.			
☒ Provider communication	Every 180 days		Until discontinued
Until discontinued Starting when released Until Specified Osteonecrosis of the jaw (ONJ) has been reported, especially with long-term treatment or concurrent use of drugs associated with ONJ. Baseline oral assessment should be performed in all patients, consider preventative dentistry measures in at-risk patients (eg, invasive dental procedures, cancer, radiation therapy, concomitant chemotherapy or steroid treatment, anemia, coagulopathy, poor oral hygiene, baseline dental disease or infection).			
Labs			
☒ hCG, serum, qualitative	Every 180 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine Inclusion conditions: Patient could become pregnant			
☒ Comprehensive metabolic panel	Every 180 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☒ Magnesium	Every 180 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☒ Phosphorus	Every 180 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☒ Vitamin D 25 hydroxy	Every 180 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood			
Nursing Orders			
☒ Treatment conditions	Every 180 days		Until discontinued

	Interval	Defer Until	Duration
Until discontinued Starting when released Until Specified Hold treatment and notify provider if: Corrected calcium LESS THAN lower limit normal			
Therapeutic Medications			
☒ denosumab (Prolia) injection 60 mg 60 mg, subcutaneous, Once, Starting when released Administer subcutaneously into upper arm, upper thigh, or abdomen. Prior to administration, bring to room temperature for 15-30 minutes (then must be used within 14 days)	Every 180 days		Until discontinued
Emergency Medications			
☒ Nursing communication STAT, Until discontinued Starting when released Until Specified If hypersensitivity reaction occurs, stop infusion IMMEDIATELY and CALL provider.	PRN		Until discontinued
☒ Vital Signs STAT, Every 15 min Starting when released If a hypersensitivity reaction occurs, perform vital signs every 15 minutes for one hour, then every 30 minutes for 2 hours.	PRN		Until discontinued
☒ Nursing communication Once Starting when released If hypersensitivity reaction occurs: - Elevate head of bed 30 degrees and place patient's head at 30 degree angle if possible - Start 2 liters oxygen per nasal cannula and maintain airway - Change and maintain IV line with 1000 mL 0.9% Normal Saline	PRN		Until discontinued
☒ sodium chloride 0.9 % infusion 30 mL/hr, intravenous, Continuous PRN, KVO, Starting when released, for 1 day	PRN		Until discontinued
☒ albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg 2.5 mg, nebulization, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day	PRN		Until discontinued
☒ albuterol HFA 90 mcg/act inhaler 2 puff 2 puff, inhalation, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day SHAKE WELL	PRN		Until discontinued
☒ acetaminophen (Tylenol) tablet 650 mg 650 mg, oral, Once as needed, fever, GREATER THAN or EQUAL TO 38 C, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus	PRN		Until discontinued
☒ diphenhydrAMINE (BENADryl) injection 25 mg 25 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus	PRN		Until discontinued
☒ diphenhydrAMINE (BENADryl) injection 50 mg 50 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)	PRN		Until discontinued
☒ hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg 100 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus - OR - For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)	PRN		Until discontinued
☒ EPINEPHrine (EpiPen;Adrenalin) injection solution 0.3 mg 0.3 mg, intramuscular, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)	PRN		Until discontinued

	Interval	Defer Until	Duration
Appointment Requests			
☒ Infusion Appointment Request	Every 180 days		Until discontinued
Status: Once, Expected: S, Sched. Duration: 30 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after			

*Provider signature	Provider printed name	*Date	Time
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*Provider phone#

***Denotes field that must be completed by healthcare worker**