

Reclast 5 mg IV every 12 months for 3 years

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 365 days

Orders

	Interval	Defer Until	Duration
Provider Communication			
☒ Provider communication Until discontinued Starting when released Until Specified Correct hypocalcemia before initiating treatment. Adequately supplement patients with calcium and vitamin D. Monitor serum calcium as clinically indicated.	Every 365 days		3 treatments
Prescribe acetaminophen and/or ibuprofen beginning 4 hours after zoledronic acid infusion if clinically appropriate.			
☒ Provider communication 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).	Every 365 days		3 treatments
Labs			
☒ hCG, serum, qualitative Status: Future, Expected: S, Expires: S+365, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine Inclusion conditions: Patient could become pregnant	Every 365 days		3 treatments
☒ Comprehensive metabolic panel Status: Future, Expected: S, Expires: S+365, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine	Every 365 days		3 treatments
☒ Magnesium Status: Future, Expected: S, Expires: S+365, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine	Every 365 days		3 treatments
☒ Phosphorus Status: Future, Expected: S, Expires: S+365, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine	Every 365 days		3 treatments
☒ Vitamin D 25 hydroxy Status: Future, Expected: S, Expires: S+365, Clinic Collect, Blood, Venous, Blood	Every 365 days		3 treatments

	Interval	Defer Until	Duration
Nursing Orders			
☒ Treatment conditions Until discontinued Starting when released Until Specified Hold treatment and notify provider if: Calcium LESS THAN lower limit of normal (Use corrected calcium if albumin LESS THAN 4 g/dL) Creatinine clearance LESS THAN 35 ml/min	Every 365 days		3 treatments
Therapeutic Medications			
☒ zoledronic acid (Reclast) IV infusion 5 mg 5 mg, intravenous, Administer over: 30 Minutes, Once, Starting when released	Every 365 days		3 treatments
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	PRN		Until discontinued

	Interval	Defer Until	Duration
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)			

Appointment Requests

☒	Infusion Appointment Request	Every 365 days	3 treatments
Status: Future, Expected: S, Expires: S+365, Sched. Duration: 60 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after			

*Provider signature

Provider printed name

*Date

Time

*Provider phone#

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