

*Generic Substitute Unless Checked <input type="checkbox"/>	
ORDERS ARE IN EFFECT UNLESS CROSSED OUT EXCEPTIONS: ORDERS PRECEDED BY A BOX (<input type="checkbox"/>) REQUIRE A ✓ TO INITIATE ORDER ORDERS WITH BLANKS INDICATE ADDITIONAL INFORMATION IS NEEDED	
* Patient Name	* Date of Birth
* Date	* Diagnosis
	Allergies
* Time	Code Status <input type="checkbox"/> Full Code <input type="checkbox"/> DNR <input type="checkbox"/> Medications Only <input type="checkbox"/> Other (SPECIFY)
	Draw serum creatinine and serum calcium up to 1 (one) week prior to infusion for calculations, or on day of infusion with IV start
	Vascular Access <input type="checkbox"/> Port <input type="checkbox"/> PICC <input type="checkbox"/> CVC <input type="checkbox"/> Start SL
	If blood work meets criteria, give Reclast 5 mg in 100 mL NS IV over 30 minutes - Serum Calcium must be 8.4 mg/dL, <i>if calcium less than 8.4, advise patient to take 600 mg calcium BID and recheck in 1 week</i> - Creatinine Clearance must be greater than 35 mL/min
	Educate patient about recommendation that Vitamin D intake should be 2000 IU daily, and to keep hydrated
	Additional Orders: _____ _____ _____
	<input type="checkbox"/> Discharge patient when complete if stable
	*Healthcare Provider's Signature: _____
	<i>For Use By Outpatient Therapy Services Nurse below this line</i>
	Ht: _____ in, _____ cm W: _____ lb, _____ kg Age _____ Gender: M F SCr: _____
	Calcium Level: _____ <i>If calcium less than 8.4, contact ordering physician, advise patient to take 600 mg Calcium BID and recheck in 1 week</i>
	Creatinine Clearance: _____ <i>(Calculate using Cockcroft-Gault formula –must be greater than 35 mL/min)</i>
	Cockcroft-Gault Formula:
	Males: CrCl (mL/min) = $\frac{(140 - \text{age}) \times (\text{weight in kg})}{72 \times \text{serum creatinine (mg/dl)}}$ = _____

	Females: CrCl (mL/min) = $\frac{(140 - \text{age}) \times (\text{weight in kg}) \times (0.85)}{72 \times \text{serum creatinine (mg/dl)}}$ = _____

• * Denotes field that must be completed by Healthcare worker

Fax to 503-815-7515

Tillamook Regional Medical Center – Adventist Health

Physician Order – Reclast Infusion

Outpatient Therapy Services



Physician Order Form

[Patient Label]