

Physician's Orders

IBANDRONATE (BONIVA) - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER

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Defaults for orders not otherwise specified below:

☐ Interval: Every 84 days

Duration:

☐ Until date: _____

☐ 1 year

☐ _____ # of Treatments

Anticipated Infusion Date _____ ICD 10 Code with Description _____

Height _____ (cm) Weight _____ (kg) Allergies _____

Site of Service

☐ CH Blodgett (GR)

☐ CH Helen DeVos (GR)

☐ CH Ludington

☐ CH Reed City

☐ CH Gerber

☐ CH Lemmen Holton (GR)

☐ CH Pennock

☐ CH Zeeland

☐ CH Greenville

Provider Specialty

☐ Allergy/Immunology

☐ Infectious Disease

☐ OB/GYN

☐ Rheumatology

☐ Cardiology

☐ Internal Med/Family Practice

☐ Other

☐ Surgery

☐ Gastroenterology

☐ Nephrology

☐ Otolaryngology

☐ Urology

☐ Genetics

☐ Neurology

☐ Pulmonary

☐ Wound Care

Appointment Requests

☒ Infusion Appointment Request

Status: Future, Expected: S, Expires: S+366, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Injection and possible labs

Safety Parameters and Special Instructions

☒ **ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 6**
IBANDRONATE (BONIVA):

An FDA-approved patient medication guide, which is available with the product information and as follows, must be dispensed with this medication: https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/021858s022lbl.pdf
Patient should review the guide before starting treatment and with each refill.

If an IV dose is missed, it should be administered as soon as it can be rescheduled. Thereafter, it should be given every 3 months from the date of the last injection.

Ensure adequate calcium and vitamin D intake; if dietary intake is inadequate, dietary supplementation is recommended.

Evaluate bone mineral density every 1 to 2 years after initiation of therapy.

Labs

☒ Comprehensive Metabolic Panel (CMP)

Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous

☒ Vitamin D 25 Hydroxy

Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous

Additional Lab Orders

☐ Labs:

☐ Every _____ days

☐ Until date: _____

☐ Once

☐ 1 year

☐ _____ # of Treatments

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NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.

IBANDRONATE (BONIVA) - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER (CONTINUED)

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Patient Name

DOB

MRN

Physician

CSN

Nursing Orders

☒ ONC NURSING COMMUNICATION 100

May Initiate IV Catheter Patency Adult Protocol

☒ Hypersensitivity Reaction Adult Oncology Protocol

Every 84 days

S

Until discont'd

Routine, Until discontinued Starting when released for 24 hours

HYPERSENSITIVITY REACTIONS:

Discontinue the medication infusion immediately.

Activate emergency response for severe or rapidly progressing symptoms. Where available consider calling RAP and have crash cart available. Call 911 or code team (if applicable) as needed for an absence of pulse and respirations. Refer to site specific emergency response policy.

Stay with patient until symptoms have resolved.

Initiate/Continue Oxygen to maintain SpO2 greater than 90% and discontinue Oxygen Therapy to maintain SpO2 above 90%

For severe or rapidly progressing hypersensitivity reaction symptoms, monitor vital signs and pulse oximeter readings every 2 to 5 minutes until the patient is stable and symptoms resolve.

Document medication infusing and approximate dose received at time of reaction in the patient medical record. Document allergy to medication attributed with causing reaction in patient medical record. Complete Adverse Drug Reaction form per Pharmacy Clinical Policy.

Treatment Parameters

☒ ONC MONITORING AND HOLD PARAMETERS 14

May proceed with treatment if serum creatinine is less than 2.3 mg/mL AND if creatinine clearance greater than 30 mL/min.

Medications

☒ ibandronate (BONIVA) injection 3 mg

3 mg, Intravenous, Once, Starting S, For 1 Doses

Must only be administered intravenously. Infuse as rapid IV push over 15 to 30 seconds. Care must be taken not to administer injection intra-arterially or paravenously as this could lead to tissue damage.

Must not be mixed with calcium-containing solutions or other intravenously administered drugs.

Telephone order/Verbal order documented and read-back completed. Practitioner's initials _____

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

TRANSCRIBED:		VALIDATED:		ORDERED:		Pager #
TIME	DATE	TIME	DATE	TIME	DATE	
	Sign		R.N. Sign		Physician Print	Physician Sign

EPIC VERSION DATE: 07/16/20