

Physician's Orders

ROMOSUZUMAB (EVENITY) - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER

Page 1 to 2

Defaults for orders not otherwise specified below:

☐ Interval: Every 28 days

Duration:

☐ Until date: _____

☐ 1 year

☐ 12 Treatments

☐ _____ # of Treatments

Anticipated Infusion Date _____ ICD 10 Code with Description _____

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

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

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

Appointment Requests

☒ Infusion Appointment Request

Status: Future, Expected: S, Expires: S+365, 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 4

ROMOSUZUMAB (EVENITY):

Limitations of use: The anabolic effect of romosozumab wanes after 12 monthly doses of therapy. Therefore, the duration of romosozumab use should be limited to 12 monthly doses. If osteoporosis therapy remains warranted, continued therapy with an anti-resorptive agent should be considered.

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

Romosozumab may increase the risk of MI, stroke, and cardiovascular death and should not be initiated in patients who have had an MI or stroke within the previous year.

Romosozumab is not indicated for use in females of reproductive potential.

Nursing Orders

☒ HYPERSENSITIVITY REACTION ADULT ONCOLOGY PROTOCOL

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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.

CONTINUED ON PAGE 2 →

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



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CSN

Additional Lab Orders

Medications

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

X25276 (8/24) – Page 2 of 2 © Corewell Health