Corewell Health™

Reset Form

PREFERRED CLINIC: --Select--

Physician's Orders – Osteoporosis Zoledronic Acid 5 mg Every 12 Months, Adult

PATIENT INFORMATION

Name: Date of Birth: Phone:

Address: Height: (cm) Weight: (kg)

Anticipated Infusion Date: Allergies:

CLINICAL INFORMATION

Common ICD-10 codes: ☐ M81.0 Age-related osteoporosis without current pathological fracture ☐ M81.8 Other osteoporosis without current pathological fracture

Other (Code & description required) ICD-10 Code: ICD-10 Description:

LABS

	Frequency/Duration		Frequency/Duration
☐ CMP	_____	☐ Magnesium, Blood level	_____
☐ Phosphorus, Blood level	_____	☐ _____	_____

MEDICATION – ZOLEDRONIC ACID IV

Dose
☐ 5 mg

Frequency
☐ Once

Duration
☐ 1 year ☐ Until date: _____

Administer over 30 minutes. Flush IV line with 10 mL NS flush following infusion. Infuse in a line separate from other medications.

SUPPORTIVE CARE

☐ Acetaminophen 650 mg, Oral Once.
Acetaminophen after the infusion may reduce the incidence of acute reaction (eg, arthralgia, fever, flu-like symptoms, myalgia).

SUPPLEMENTAL ORDERS

☒ Renal function (serum creatinine) and serum calcium must be resulted within 3 months of administration.
☒ Acetaminophen after the infusion may reduce symptoms of acute-phase reactions. Patients with osteoporosis should receive calcium and vitamin D supplementation if dietary intake is inadequate. Prior to each dose, obtain serum creatinine and calculate the creatinine clearance using the Cockcroft-Gault formula. Zoledronic acid is not recommended for patients with severe renal impairment. Longer infusions may reduce risk of nephrotoxicity.
☒ Hold treatment and contact provider if serum creatinine greater than 2 mg/dL
☒ Hold treatment and contact provider if creatinine clearance (CRCL) less than 35 mL/minute. Zoledronic acid (RECLAST) is contraindicated in patients with creatinine clearance less than 35 mL/min and in those with evidence of acute renal impairment.
☒ May proceed with treatment if patient does not report any symptoms of jaw or dental pain.
☒ May proceed with treatment if calcium level is above the lower limit of normal.
☒ Check that labs indicated for THIS Treatment Cycle have been drawn within the last 3 months or draw them in clinic prior to beginning treatment.
☒ May Initiate IV Catheter Patency Adult Protocol.
☒ Hypersensitivity Reaction Adult Oncology Protocol - RN may initiate treatment in the event of a drug related hypersensitivity reaction

RECOMMENDED DOCUMENTATION: ☐ Insurance Card / Information ☐ Progress Notes & Labs Supporting Diagnosis

PROVIDER INFORMATION

Referring Physician: Phone: Fax:

Address: City: State: Zip Code:

Direct line for urgent questions about patient: Weekend on call phone (if applicable):

_____ **Provider Signature**

_____ **Date**

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