

# Physician's Orders

## ZOLEDRONIC ACID (RECLAST) - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER

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Defaults for orders not otherwise specified below:

☐ Interval: Once

Duration:

☐ 1 Treatment

☐ Until date: \_\_\_\_\_

☐ 1 year

Anticipated Infusion Date \_\_\_\_\_ ICD 10 Code with Description \_\_\_\_\_

Height \_\_\_\_\_ (cm) Weight \_\_\_\_\_ (kg) Allergies \_\_\_\_\_

### Site of Service

☐ CH Gerber

☐ CH Lemmen Holton (GR)

☐ CH Pennock

☐ CH Greenville

☐ CH Helen DeVos (GR)

☐ CH Ludington

☐ CH Reed City

☐ CH Zeeland

☐ CH Blodgett (GR)

### 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+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after Infusion and possible labs

## Safety Parameters and Special Instructions



### ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 1

Until discontinued Starting when released Until Specified

Renal function (serum creatinine) and serum calcium must be resulted within 3 months of administration.



### ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 4

Routine, Once Starting when released

ZOLEDRONIC ACID (RECLAST):

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.

## Labs



### Comprehensive Metabolic Panel (CMP)

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



### Magnesium, Blood Level

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



### Phosphorus, Blood Level

**CONTINUED ON PAGE 2 →**

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

# **ZOLEDRONIC ACID (RECLAST) - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER (CONTINUED)**

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## **Labs (continued)**

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

## **Treatment Parameters**

- ☒ **ONC MONITORING AND HOLD PARAMETERS 15**  
Routine, Once Starting when released  
Hold treatment and contact provider if serum creatinine greater than 2 mg/dL
- ☒ **ONC MONITORING AND HOLD PARAMETERS 14**  
Routine, Once Starting when released  
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.
- ☒ **ONC MONITORING AND HOLD PARAMETERS 3**  
Routine, Until discontinued Starting when released Until Specified  
May proceed with treatment if patient does not report any symptoms of jaw or dental pain.
- ☒ **ONC MONITORING AND HOLD PARAMETERS 2**  
Routine, Once Starting when released  
May proceed with treatment if calcium level is above the lower limit of normal.

## **Nursing Orders**

- ☒ **ONC NURSING COMMUNICATION 9**  
Routine, Until discontinued Starting when released Until Specified  
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.
- ☒ **ONC NURSING COMMUNICATION 200**  
Routine, Until discontinued Starting when released Until Specified  
May Initiate IV Catheter Patency Adult Protocol.
- ☒ **Hypersensitivity Reaction Adult Oncology Protocol**  
Routine, Until discontinued Starting when released Until Specified

## **Medications**

- ☒ **zoledronic acid (RECLAST) IVPB premix 5 mg**  
5 mg, Intravenous, Administer over: 30 Minutes, Once, Starting when released  
Flush IV line with 10 mL NS flush following infusion. Infuse in a line separate from other medications

## **Supportive Care**

- ☒ **acetaminophen (TYLENOL) tablet 650 mg**  
650 mg, Oral, Once PRN, Other, As needed to reduce the incidence of acute reaction, Starting when released, Until Discontinued  
Acetaminophen after the infusion may reduce the incidence of acute reaction (eg, arthralgia, fever, flu-like symptoms, myalgia).

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: 12/8/23

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