

**Physician's Orders**  
**DENOSUMAB (PROLIA) - ADULT,**  
**OUTPATIENT, COREWELL HEALTH INFUSION CENTER**  
**Page 1 to 3**

Defaults for orders not otherwise specified below:

- ☐ Interval: Every 181 days  
☐ Interval: \_\_\_\_\_

Duration:

- ☐ Until date: \_\_\_\_\_  
☐ 1 year  
☐ \_\_\_\_\_ # of Treatments

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

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

**Site of Service**

- |   |  |                                       |                                       |
|---|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> CH Blodgett (GR) | <input type="checkbox"/> CH Helen DeVos (GR)   | <input type="checkbox"/> CH Ludington | <input type="checkbox"/> CH Reed City |
| <input type="checkbox"/> CH Gerber        | <input type="checkbox"/> CH Lemmen Holton (GR) | <input type="checkbox"/> CH Pennock   | <input type="checkbox"/> CH Zeeland   |
| <input type="checkbox"/> CH Greenville    |  |                                       |                                       |

**Provider Specialty**

- |   |   |   |                                       |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Infectious Disease           | <input type="checkbox"/> OB/GYN         | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Cardiology         | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other          | <input type="checkbox"/> Surgery      |
| <input type="checkbox"/> Gastroenterology   | <input type="checkbox"/> Nephrology                   | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology      |
| <input type="checkbox"/> Genetics           | <input type="checkbox"/> Neurology                    | <input type="checkbox"/> Pulmonary      | <input type="checkbox"/> 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 1**

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

☒ **ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 5**

DENOSUMAB (PROLIA):

Ensure adequate calcium and vitamin D intake to prevent or treat hypocalcemia.

MEDICATION GUIDE: An FDA-approved patient medication guide, which is available with the product information and should be dispensed with this medication. [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2017/125320s181bl.pdf#page=27](https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/125320s181bl.pdf#page=27)

Monitor serum calcium levels regularly throughout treatment due to risk for hypocalcemia.

**CONTINUED ON PAGE 2 →**

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

# DENOSUMAB (PROLIA) - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER (CONTINUED)

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Patient Name

DOB

MRN

Physician

CSN

## Nursing Orders

### ☒ Hypersensitivity Reaction Adult Oncology Protocol

Interval

Duration

Until discontinued

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.

## Labs

### ☒ Comprehensive Metabolic Panel (CMP)

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

### ☒ Complete Blood Count w/Differential

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

### ☒ Magnesium, Blood Level

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

### ☒ Phosphorus, Blood Level

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

### ☐ Rule Based Evaluation For Monthly Pregnancy Test Before Chemotherapy Cycles

### ☒ ONC PROVIDER REMINDER 28

Pregnancy test required

\* Female, aged 12 to 60 years

\* Uterus is still intact

### ☐ Beta Human Chorionic Gonadotropin (hCG) Quantitative

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



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Patient Name

DOB

MRN

Physician

CSN

## Additional Lab Orders

	Interval	Duration
<input type="checkbox"/> Labs: _____	<input type="checkbox"/> Every ____ days <input type="checkbox"/> Once	<input type="checkbox"/> Until date: _____ <input type="checkbox"/> 1 year <input type="checkbox"/> ____ # of treatments

\_\_\_\_\_

☒ **ONC MONITORING AND HOLD PARAMETERS 3**  
May proceed with treatment if patient does not report any symptoms of jaw or dental pain.

## Medications

\_\_\_\_\_

☒ denosumab (PROLIA) injection 60 mg  
60 mg, Subcutaneous, Once, Starting S, For 1 Doses



**Confidentiality of this medical record** shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

+

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.

<b>TRANSCRIBED:</b>	<b>VALIDATED:</b>	<b>ORDERED:</b>	
<b>TIME                  DATE</b>	<b>TIME                  DATE</b>	<b>TIME                  DATE</b>	Pager #
<b>Sign</b>	<b>R.N. Sign</b>	<b>Physician Print</b>	<b>Physician Sign</b>

**EPIC VERSION DATE:** 12/8/23