

Physician's Orders

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

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Defaults for orders not otherwise specified below:

- ☐ Interval: Every 21 days
- ☐ Interval: Every 28 days
- ☐ Interval: Every 3 months
- ☐ Interval: _____

Duration:

- ☐ 1 year
- ☐ Until date: _____
- ☐ _____ # of Treatments

Anticipated Infusion Date _____ ICD 10 Code with Description _____

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

Site of Service

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

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+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 4**
Routine, Once Starting when released
ZOLEDRONIC ACID (ZOMETA):

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.

Dose to be adjusted for estimated creatinine clearance between 30-60 mL/min.

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

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

ZOLEDRONIC ACID (ZOMETA) - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER (CONTINUED)

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Labs (continued)

- ☐ Phosphorus, Blood Level
URGENT, Clinic Collect, Status: Future, Expected: S, Expires: S+365

Treatment Parameters

- ☒ **ONC MONITORING AND HOLD PARAMETERS 15**
Hold treatment and contact provider if serum creatinine greater than 1.5 mg/dL
- ☒ **ONC MONITORING AND HOLD PARAMETERS 3**
May proceed with treatment if patient does not report any symptoms of jaw or dental pain.
- ☒ **ONC MONITORING AND HOLD PARAMETERS 1**
Labs must be drawn within 1 month prior to each dose.
- ☒ **ONC MONITORING AND HOLD PARAMETERS 2**
May proceed with treatment if calcium level is above the lower limit of normal.

Nursing Orders

- ☒ **ONC NURSING COMMUNICATION 10**
ZOLEDRONIC ACID (ZOMETA):
Infuse over at least 15 minutes. Flush IV line with 10 mL NS flush following infusion. Infuse in a line separate from other medications. Patients must be appropriately hydrated prior to treatment. Acetaminophen after administration may reduce the incidence of acute reaction (eg, arthralgia, fever, flu-like symptoms, myalgia).
- ☒ **ONC NURSING COMMUNICATION 100**
May Initiate IV Catheter Patency Adult Protocol
- ☒ **Hypersensitivity Reaction Adult Oncology Protocol**

Medications

- ☒ **zoledronic acid (ZOMETA) IVPB 4 mg**
4 mg, Intravenous, Administer over: 15 Minutes, Once, Starting when released
Flush IV line with 10 mL NS 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: 07-16-20