Spectrum Physician's Orders Health IBANDRONATE (B **IBANDRONATE (BONIVA) -ADULT, OUTPATIENT, INFUSION CENTER**

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Patient Name
DOB
MRN
Physician
FIN

Defaults for orders not otherwise specified below: Interval: Every 84 days						
Duration: □ Until date: _ □ 1 year						
	Treatments					
Anticipated Infus	Anticipated Infusion Date ICD 10 Code with Description					
Height	Height(cm) Weight(kg) Allergies					
Provider Specials	-					
☐ Allergy/Immun			OB/GYN	☐ Rheumatology		
□ Cardiology□ Gastroenterology	☐ Internal Med/Family Pra		Other	☐ Surgery		
☐ Gastroenteroit	ogy □ Nephrology □ Neurology		∃ Otolaryngology ∃ Pulmonary	☐ Urology☐ Wound Care		
Site of Service	_ rearringy		1 annonary	- Wound Outo		
☐ SH Gerber	☐ SH Lemmen Holton (GF	R) □	∃ SH Pennock	☐ SH United Memorial		
☐ SH Helen De\	/os (GR) □ SH Ludington		SH Reed City	☐ SH Zeeland		
Annointment Beaut	nete					
Appointment Reque	3515					
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 6 IBANDRONATE (BONIVA):						
An FDA-approved patient medication guide, which is available with the product information and as follows, must be dispensed with this medication: https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/021858s022lbl.pdf Patient should review the guide before starting treatment and with each refill.						
If an IV dose is missed, it should be administered as soon as it can be rescheduled. Thereafter, it should be given every 3 months from the date of the last injection.						
Ensure ad	Ensure adequate calcium and vitamin D intake; if dietary intake is inadequate, dietary supplementation is recommended.					
Evaluate bone mineral density every 1 to 2 years after initiation of therapy.						
Labs						
Comprehensive Metabolic Panel (CMP) Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous						
Vitamin D 25 Hydroxy Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous						
Additional Lab Orders						
□ Labs:	□ Labs: □ Everydays □ Until date:					

of Treatments

Spectrum IBANDRONATE (BONIVA) - Health ADULT, OUTPATIENT **INFUSION CENTER** (CONTINUED) Page 2 to 2

Patient Name
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Nursing	Orders
~	ONC NURSING COMMUNICATION 100
	May Initiate IV Catheter Patency Adult Protocol
Treatme	nt Parameters
~	ONC MONITORING AND HOLD PARAMETERS 14
	May proceed with treatment if serum creatinine is less than 2.3 mg/mL AND if creatinine clearance greater than 30 mL/min.
Medicati	ons

ibandronate (BONIVA) injection 3 mg 3 mg, Intravenous, Once, Starting S, For 1 Doses

> Must only be administered intravenously. Infuse as rapid IV push over 15 to 30 seconds. Care must be taken not to administer injection intra-arterially or paravenously as this could lead to tissue damage. Must not be mixed with calcium-containing solutions or other intravenously administered drugs.

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.

TRANSCRIBED:				ORDERED:				
	TIME	DATE	TIME	DATE	TIME	DATE	Pager #	
		Sign		R.N. Sign		Physician Print		Physician

EPIC VERSION DATE: 07/16/20