

Patient Name

DOB

MRN

Physician

CSN

Physician's Orders

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

Page 1 of 2

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

- CH Gerber
- CH Helen DeVos (GR)
- CH Blodgett (GR)
- CH Lemmen Holton (GR)
- CH Ludington
- CH Pennock
- CH Reed City
- Greenville
- CH Zeeland

Provider Specialty

- Allergy/Immunology
- Cardiology
- Gastroenterology
- Genetics
- Infectious Disease
- Internal Med/Family Practice
- Nephrology
- Neurology
- OB/GYN
- Other
- Otolaryngology
- Pulmonary
- Rheumatology
- Surgery
- Urology
- Wound Care

Appointment Requests

- 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**
ZOLEDRONIC ACID (Zometa) :

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)
Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous
- Calcium, Blood Level, Total
Status: Future, Expected: S, Expires: S+365, STAT, Clinic Collect, Blood, Blood, Venous
- Magnesium, Blood Level
- Phosphorus, Blood Level
Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous

CONTINUED ON PAGE 2 →

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

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.

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

Page 2 of 2

Treatment Parameters

- ONC MONITORING AND HOLD PARAMETERS 15**
Hold treatment and contact provider if serum creatinine greater than 1.5 mg/dL

- Hold treatment and contact provider if creatinine clearance (CRCL) less than 60 mL/minute.

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

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** 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.

- zoledronic acid (ZOMETA) 4 mg in sodium chloride 0.9 % 105 mL IVPB**
4 mg, Intravenous, Infuse over 15 Minutes, Once, Starting S, For 1 Dose
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 S, For 1 Dose
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	
			R.N. Sign		Physician Print	Physician Sign

EPIC VERSION DATE: 07-16-20

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