Healt	(ZOMETA)	NIC ACID) - JTPATIENT,	Patient Nan DOB MRN Physician CSN	le
 Interval: Eve Interval: Eve Interval: Eve 	ery 28 days	w:		
Duration: 1 year Until date:# of	Treatments			
Anticipated Infusion	Date ICD 10	0 Code with Description		
leight	(cm) Weight	(kg) Allergies		
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	gy 🛛 Infectious Disease	□ OB/GY	N	□ Rheumatology
□ Cardiology	□ Internal Med/Family Pr			
□ Gastroenterology		□ Otolary		□ Urology
Genetics		Pulmon	ary	□ Wound Care
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NOTE: Fnic Treat

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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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	Spectrum Health
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ZOLEDRONIC ACID (ZOMETA) -ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED) Page 2 of 2

Patient Name
DOB
MRN
Physician
CSN

Treatment Parameters (continued) Interval Duration **ONC MONITORING AND HOLD PARAMETERS 14** 1 treatment Once \checkmark Hold treatment and contact provider if creatinine clearance (CRCL) less than 60 mL/minute. **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** \checkmark 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). \checkmark ONC NURSING COMMUNICATION 100 May Initiate IV Catheter Patency Adult Protocol Medications zoledronic acid (ZOMETA) 4 mg in sodium chloride 0.9 % 105 \checkmark 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 \checkmark 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:			
TIME	DATE	TIME	DATE	TIME	DATE	Pager #	
	Sign		R.N. Sign		Physician Print	Physiciar	ſ

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