



Patient Name
DOB
MRN
Physician
CSN

Treatment Parameters (continued)

	Interval	Duration
<input checked="" type="checkbox"/> ONC MONITORING AND HOLD PARAMETERS 14 Hold treatment and contact provider if creatinine clearance (CRCL) less than 60 mL/minute.	Once	1 treatment
<input checked="" type="checkbox"/> ONC MONITORING AND HOLD PARAMETERS 15 Hold treatment and contact provider if serum creatinine greater than 1.5 mg/dL.		
<input checked="" type="checkbox"/> ONC MONITORING AND HOLD PARAMETERS 3 May proceed with treatment if patient does not report any symptoms of jaw or dental pain.		

Nursing Orders

<input checked="" type="checkbox"/> 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).
<input checked="" type="checkbox"/> ONC NURSING COMMUNICATION 100 May Initiate IV Catheter Patency Adult Protocol

Medications

<input checked="" type="checkbox"/> 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

<input checked="" type="checkbox"/> 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).
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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.

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

EPIC VERSION DATE: 07-16-20