

Spectrum Physician's Orders Health ZOLEDRONIC ACID (RECLAST) ADULT, OUTPATIENT, INFUSION CENTER Page 1 to 2

Patient Name	
DOB	
MRN	
Physician	
CSN	

Defaults for orders not othe	erwise specified below:			
Duration: □ 1 Treatment □ Until date: □ 1 year	-			
Anticipated Infusion Date_	ICD 10 Code with Des	scription		
) Weight(kg) Allergies			
Site of Service				
☐ SH Gerber	☐ SH Lemmen Holton (GR)	☐ SH Pennock	☐ SH United Memorial	
☐ SH Helen DeVos (GR)	☐ SH Ludington	☐ SH Reed City	☐ SH Zeeland	
Provider Specialty				
□ Allergy/Immunology	☐ Infectious Disease	□ OB/GYN	□ Rheumatology	
☐ Cardiology	☐ Internal Med/Family Practice	☐ Other	☐ Surgery	
☐ Gastroenterology	□ Nephrology	☐ Otolaryngology	□ Urology	
☐ Genetics	□ Neurology	☐ Pulmonary	☐ Wound Care	
ppointment Requests				
ppolittillerit Requests				
Infusion Appointme Status: Future, Expecte Infusion and possible la	ed: S, Expires: S+365, Sched. Tolerance: Sch abs	edule appointment at most 3 day	/s before or at most 3 days after,	
ONC SAFETY PAF ZOLEDRONIC ACID :	RAMETERS AND SPECIAL INSTRUC	CTIONS 4		
 Acetaminophen 	after the infusion may reduce symptoms of ac	cute-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. Zoledronic acid is not recommended for patients with severe renal impairment. Longer infusions may reduce risk of nephrotoxicity. 				
abs		Interval	Duration	
	etabolic Panel (CMP) ed: S, Expires: S+184, URGENT, Clinic Collec		Bulation	
Calcium, Blood Lev Status: Future, Expecte	rel, Total ed: S, Expires: S+365, STAT, Clinic Collect, B	ood, Blood, Venous		
Magnesium, Blood Status: Future, Expecte	Level ed: S, Expires: S+365, URGENT, Clinic Collec	t, Blood, Blood, Venous		
·	Phosphorus, Blood Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous			
Lab:				

of Treatments

Spectrum ZOLEDRONIC ACID
Health (RECLAST) ADULT, OUTPATIENT,
INFUSION CENTER
(CONTINUED)

Patient Name
DOB
MRN
Physician
CSN

Treat	ment	Para	meters

✓	ONC MONITORING AND HOLD PARAMETERS 15

Page 2 to 2

Hold treatment and contact provider if serum creatinine greater than 2 mg/dL

ONC MONITORING AND HOLD PARAMETERS 14

Hold treatment and contact provider if creatinine clearance (CRCL) less than 35 mL/minute. Zoledronic acid (RECLAST) is contraindicated in patients with creatinine clearance less than 35 mL/min and in those with evidence of acute renal impairment.

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:

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

Medications

(+)

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.

5 mg, Intravenous, Administer over 15 Minutes, Once, Starting S, For 1 Dose

Flush IV line with 10 mL NS flush 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 actue 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		Physician

EPIC VERSION DATE: 07/16/20