

## **Spectrum** Physician's Orders **Health** DENOSUMAB (PROLIA) -ADULT, OUTPATIENT, **INFUSION CENTER**

	Patient Name
	DOB
	MRN
	Physician
	FIN
,	

Po	age i to z								
Defaults for orders not otherw  Interval: Every 168 day  Interval:	/S								
Duration:  Until date:  1 year  freatment	_								
Anticipated Infusion Date	ICD 10 Code with De	scription							
	) Weight(kg) Allergies_								
Provider Specialty									
☐ Allergy/Immunology	☐ Infectious Disease	□ OB/GYN	☐ Rheumatology						
☐ Cardiology	☐ Internal Med/Family Practice	☐ Other	☐ Surgery						
☐ Gastroenterology	□ Nephrology	□ Otolaryngology							
☐ Genetics	□ Neurology	☐ Pulmonary	☐ Wound Care						
Site of Service	3,	,							
☐ SH Gerber	☐ SH Lemmen Holton (GR)	☐ SH Pennock	☐ SH United Memorial						
☐ SH Helen DeVos (GR)	☐ SH Ludington	☐ SH Reed City	☐ SH Zeeland						
Appointment Requests									
4,000									
Injection and possible	ed: S, Expires: S+366, Sched. Tolerance: Sche labs	edule appointment at most 3 days	s before or at most 3 days after,						
Safety Parameters and Spec	ial Instructions								
ONC SAFETY PAR INSTRUCTIONS 5 DENOSUMAB (PROL									
Ensure adequate calci	um and vitamin D intake to prevent or treat hyp	ocalcemia.							
MEDICATION GUIDE: An FDA-approved patient medication guide, which is available with the product information and should be dispensed with this medication. Https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/125320s181lbl.pdf#page=27									
Monitor serum calcium	levels regularly throughout treatment due to ris	sk for hypocalcemia.							
_abs									
· ·	e Metabolic Panel (CMP) pected: S, Expires: S+184, URGENT, Clinic Co	ollect, Blood, Blood, Venous							
·	d Count w/Differential pected: S, Expires: S+184, URGENT, Clinic Co	ollect, Blood, Blood, Venous							
Magnesium, Blood Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous									
Phosphorus, Bl Status: Future, Ex	ood Level pected: S, Expires: S+365, URGENT, Clinic Co	ollect, Blood, Blood, Venous							

## Spectrum DENOSUMAB (PROLIA) - Health ADULT, OUTPATIENT, **INFUSION CENTER** (CONTINUED)

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	Rule Based Evaluation For Monthly Pregnancy Test Before Chemotherapy Cycles					
	ONC PROVIDER REMINDER 28					
	Pregnancy test required * Female, aged 12 to 60 years * Uterus is still intact					
	Beta Human Chorionic Gonadotropin (hCG)  Quantitative  Status: Future, Expected: S, Expires: S+365, URGENT,	Clinic Collec	ct, Blood, Blood, Venou	IS		
dditional L	ab Orders		Interval		Duration	
	_abs:		Everydays		Until date:	
reatment P	Parameters		Once		1 year # of Trea	tments
	DNC MONITORING AND HOLD PARAMETERS 3 May proceed with treatment if patient does not report any syn		v or dental pain.			
	lenosumab (PROLIA) injection 60 mg					
	60 mg, Subcutaneous, Once, Starting S, For 1 Doses					

ORDERED:

DATE

**Physician Print** 

Pager #

Physician

TIME

R.N. Sign

**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.

TRANSCRIBED:

TIME

DATE

VALIDATED:

DATE

TIME

Sign