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| ADULT AMBULATORY INFUSION ORDER  **Zoledronic acid (RECLAST, ZOMETA) Infusion** | **NAME:**  **BIRTHDATE:**    *Affix Patient Identification Label Here* |
| **ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (**  **) TO BE ACTIVE.** | |

**Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_**

\***Please fax a copy of the** □Demographics □ Insurance Information □ Current Lab Results

**following patient information**: □ H & P Relevant to Diagnosis □ Last infusion note □ Current Medications

Provider Information

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Provider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Information

Weight: \_\_\_\_\_\_\_\_\_\_\_\_ lbs/kg Height: \_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NPI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

ICD-10: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Office Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Date of most recent dental exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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labs and Tests:

□ CMP □ Once □ every infusion □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nursing Orders (Treatment Parameters):

1. Nursing communication order: Encourage good hydration during and after infusion.
2. Nursing communication order: Remind patient to take calcium and vitamin D supplements. Paget's disease - calcium 1500 mg/day (in divided doses, 2-3 times/day) and vitamin D 800 IU/day - especially important for the first 2 weeks after receiving Reclast. Osteoporosis - calcium 1200 mg and vitamin D 800 IU daily.

MC2682 (04/22)

* **zoledronic acid (Reclast) IV DOSAGE:**

**Dose: 5 mg IVPB, ONCE, over 15 minutes**

**Frequency: Doses must be at least 366 days apart.**

**Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **zoledronic acid (ZOMETA)** **IV DOSAGE:**

**Dose: Zometa 4 mg in sodium chloride 0.9% 100 mls, IV, over 15 minutes**

**Frequency:**

**□ Once**

**□ Every \_\_\_ weeks x \_\_\_\_ doses (minimum of 7 days between doses for hypercalcemia)**

**Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**