



Oregon Health & Science University
Hospital and Clinics Provider's Orders

PO7071



ADULT AMBULATORY INFUSION ORDER
Zoledronic Acid (RECLAST)

Page 1 of 2

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

Weight: _____ kg Height: _____ cm

Allergies: _____

Diagnosis Code: _____

Treatment Start Date: _____ Patient to follow up with provider on date: _____

****This plan will expire after 365 days at which time a new order will need to be placed****

GUIDELINES FOR ORDERING

1. Send **FACE SHEET and H&P or most recent chart note.**
2. This order should be used in patients with Paget's disease or osteoporosis. Do not use this order if patient is already being treated with zoledronic acid (ZOMETA).
3. Please confirm that patient has had recent dental evaluation prior to initiating therapy.
4. Hypocalcemia must be corrected before initiation of therapy. All patients should be prescribed daily calcium and vitamin D supplementation. In patients with Paget's disease, supplementation is especially important for the first 2 weeks after beginning zoledronic acid – calcium 1500 mg/day (in divided doses, 2-4 times/day) and vitamin D 800 IU/day.
5. CMP result required within 90 days of treatment (date drawn: _____) Test results must be included with order.

LABS:

- CMP, Routine, ONCE

PRE-HYDRATION: Have patient drink at least 2 glasses of fluid prior to infusion

MEDICATIONS:

- zoledronic acid (RECLAST), 5 mg, intravenous, ONCE, over 30 minutes

NURSING ORDERS:

1. Review previous serum creatinine (SCr) and previous serum Calcium, Magnesium, Phosphorus and Albumin. If no results in past 90 days, order STAT CMP to allow for calculation of CrCl and corrected calcium before dosing. Additionally, order Magnesium and Phosphorous to be reviewed at next visit.
2. TREATMENT PARAMETER – Hold and notify MD for serum creatinine greater than 1.5 or CrCl less than 35 mL/min. [Creatinine clearance is calculated using Cockcroft-Gault formula (Use actual weight unless patient is greater than 30% over ideal body weight, then use adjusted body weight). If serum creatinine is < 0.8 mg/dl, use 0.8 mg/dl to calculate creatinine clearance]
3. TREATMENT PARAMETER – Calcium must be corrected prior to administration. Hold and notify MD for corrected calcium less than 8.4 (use calcium and albumin from previous treatment for calculation)
4. Assess for jaw pain. Inform provider if positive findings or if patient is anticipating dental work.
5. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, declotting (alteplase), and/or dressing changes



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PROVIDER TO PHARMACIST COMMUNICATION:

1. If corrected calcium is between 8.4 and 8.8, pharmacist will review home medication list for calcium and vitamin D supplementation. If patient is not on these agents, provider will be notified.
2. Pharmacist to ensure provider has been contacted for CrCl < 35 mL/min. No dose adjustments are necessary for CrCl ≥ 35 mg/dL

By signing below, I represent the following:

I am responsible for the care of the patient (*who is identified at the top of this form*);

I hold an active, unrestricted license to practice medicine in: Oregon _____ (*check box that corresponds with state where you provide care to patient and where you are currently licensed. Specify state if not Oregon*);

My physician license Number is # _____ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION); and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

Provider signature: _____ Date/Time: _____
 Printed Name: _____ Phone: _____ Fax: _____

OLC Central Intake Nurse:

Phone: 971-262-9645 (providers only) Fax: 503-346-8058

Please check the appropriate box for the patient's preferred clinic location:

- | | |
|--|--|
| <input type="checkbox"/> Beaverton
OHSU Knight Cancer Institute
15700 SW Greystone Court
Beaverton, OR 97006
Phone number: 971-262-9000
Fax number: 503-346-8058 | <input type="checkbox"/> NW Portland
Legacy Good Samaritan campus
Medical Office Building 3, Suite 150
1130 NW 22nd Ave.
Portland, OR 97210
Phone number: 971-262-9600
Fax number: 503-346-8058 |
| <input type="checkbox"/> Gresham
Legacy Mount Hood campus
Medical Office Building 3, Suite 140
24988 SE Stark
Gresham, OR 97030
Phone number: 971-262-9500
Fax number: 503-346-8058 | <input type="checkbox"/> Tualatin
Legacy Meridian Park campus
Medical Office Building 2, Suite 140
19260 SW 65th Ave.
Tualatin, OR 97062
Phone number: 971-262-9700
Fax number: 503-346-8058 |

Infusion orders located at: www.ohsuknight.com/infusionorders