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 plan should be used in patients with bone lesions associated with multiple myeloma, bone metastases from solid tumors, and hypercalcemia of malignancy.
3. Hypocalcemia must be corrected before initiation of therapy. Patients with multiple myeloma and bone metastases of solid tumors should be prescribed daily calcium and vitamin D supplementation.
4. Risk versus benefit regarding osteonecrosis of the jaw and hip fracture must be discussed prior to treatment.
5. **Must complete and check the following box:**
   - Provider confirms that the patient has had a recent oral or dental evaluation and/or has no contraindications to therapy related to dental issues.

PROVIDER TO PHARMACIST COMMUNICATION:
1. Creatinine clearance is calculated using Cockroft-Gault formula (Use actual weight unless patient is greater than 30% over ideal body weight, then use adjusted body weight). If serum creatinine below 0.7 mg/dL, use 0.7 mg/dL to calculate creatinine clearance.

<table>
<thead>
<tr>
<th>Creatinine Clearance</th>
<th>Dose of zoledronic acid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater than 60 mL/min</td>
<td>4 mg</td>
</tr>
<tr>
<td>50 - 60 ml/min</td>
<td>3.5 mg</td>
</tr>
<tr>
<td>40 - 49 ml/min</td>
<td>3.3 mg</td>
</tr>
<tr>
<td>30 - 39 ml/min</td>
<td>3.0 mg</td>
</tr>
</tbody>
</table>

LABS:
- CMP, Routine, ONCE, every _____ (visit)(days)(weeks)(months) – Circle One
- Labs already drawn. Date: __________

NURSING ORDERS:
1. TREATMENT PARAMETER – Pharmacist to calculate corrected calcium. Hold and contact provider for corrected calcium less than 8.4 mg/dL.
2. If no results in past 28 days, order CMP.
3. Assess for new or unusual thigh, hip, groin, or jaw pain. Inform provider if positive findings or if patient is anticipating invasive dental work.
4. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, declotting (alteplase), and/or dressing changes

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

ONLINE 07/2022 [supersedes 10/2020]  PO-8088
MEDICATIONS:

- zoledronic acid (ZOMETA) 4 mg in sodium chloride 0.9%, 100 mL, intravenous, ONCE, over 30 minutes

Interval: *(must check one)*
- [ ] ONCE
- [ ] Every _____ weeks x ____ doses (minimum of 7 days between doses for hypercalcemia)

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: ____________________________

Please check the appropriate box for the patient’s preferred clinic location:
**Zoledronic Acid (ZOMETA) Infusion**

**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:

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Phone Number</th>
<th>Fax Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beaverton</td>
<td>OHSU Knight Cancer Institute 15700 SW Greystone Court, Beaverton, OR 97006</td>
<td>971-262-9000</td>
<td>503-346-8058</td>
</tr>
<tr>
<td>NW Portland</td>
<td>Legacy Good Samaritan campus 1130 NW 22nd Ave., Portland, OR 97210</td>
<td>971-262-9600</td>
<td>503-346-8058</td>
</tr>
<tr>
<td>Gresham</td>
<td>Legacy Mount Hood campus 24988 SE Stark, Gresham, OR 97030</td>
<td>971-262-9500</td>
<td>503-346-8058</td>
</tr>
<tr>
<td>Tualatin</td>
<td>Legacy Meridian Park campus 19260 SW 65th Ave., Tualatin, OR 97062</td>
<td>971-262-9700</td>
<td>503-346-8058</td>
</tr>
</tbody>
</table>

Infusion orders located at: [www.ohsuknight.com/infusionorders](http://www.ohsuknight.com/infusionorders)