Physician's Orders
DENOSUMAB (PROLIA) -
ADULT, OUTPATIENT,
INFUSION CENTER
Page 1 to 2

Defaults for orders not otherwise specified below:
☐ Interval: Every 168 days
☐ Interval: _______________

Duration:
☐ Until date: ____________
☐ 1 year
☐ ______# of Treatments

Anticipated Infusion Date _____________ ICD 10 Code with Description ________________

Height ________(cm) Weight___________(kg) Allergies____________________________________

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

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

Appointment Requests
☑ Infusion Appointment Request
Status: Future, Expected: S, Expires: S+366, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Injection and possible labs

Safety Parameters and Special Instructions
☑ ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 5
DENOSUMAB (PROLIA):

Ensure adequate calcium and vitamin D intake to prevent or treat hypocalcemia.

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 risk for hypocalcemia.

Labs
☑ Comprehensive Metabolic Panel (CMP)

☑ Complete Blood Count w/Differential

☑ Magnesium, Blood Level

☑ Phosphorus, Blood Level

CONTINUED ON PAGE 2 ➔

NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.
DENOSUMAB (PROLIA) - 
ADULT, OUTPATIENT, 
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(CONTINUED)

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

Additional Lab Orders

Labs:
Interval: Every ___days
Duration: Until date: _______

Treatment Parameters

ONC MONITORING AND HOLD PARAMETERS 3
May proceed with treatment if patient does not report any symptoms of jaw or dental pain.

Medications

denosumab (PROLIA) injection 60 mg
60 mg, Subcutaneous, Once, Starting S, For 1 Doses

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.

EPIC VERSION DATE: 02/06/20