Defaults for orders not otherwise specified below:
- Interval: once
- Interval: daily times 3 doses (Paget's Disease)
- Interval: every _____ days

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+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Infusion

Provider Ordering Guidelines
☐ ONC PROVIDER REMINDER 12
PAMIDRONATE (AREDIA):

DO NOT REDUCE DOSE WHEN USING FOR HYPERCALCEMIA OF MALIGNANCY - EVEN IF PATIENT HAS RENAL INFUFFICIENCY

Infusion rate varies by indication. Longer infusion times (>2 hours) may reduce the risk for renal toxicity, especially in patients with preexisting renal insufficiency.

Infusion rates vary by diagnosis:
Hypercalcemia of malignancy: Infuse over 2 to 24 hours
Osteolytic bone lesions with metastatic breast cancer: Infuse over 2 hours
Paget's disease: Infuse over 4 hours
Osteolytic bone lesions with multiple myeloma: Infuse over 4 hours
ASCO guidelines for bisphosphonates use in multiple myeloma: Infuse over at least 2 hours
If therapy is withheld due to renal toxicity: Infuse over at least 4 hours upon reintroduction of treatment after renal recovery.

Single dose should not exceed 90 mg.
Frequency of therapy depends on indication and varies from a single dose to daily x 3 doses (Paget’s Disease; total dose 90 mg), every 3 to 4 weeks, monthly and every 2 to 3 months.

Nursing Orders
☐ ONC NURSING COMMUNICATION 100
May Initiate IV Catheter Patency Adult Protocol

CONTINUED ON PAGE 2 ➔
Labs

<table>
<thead>
<tr>
<th>Test</th>
<th>Interval</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Metabolic Panel (CMP)</td>
<td>Every ___ days</td>
<td>1 Treatment</td>
</tr>
<tr>
<td>Magnesium, Blood Level</td>
<td>Every ___ days</td>
<td>1 Treatment</td>
</tr>
<tr>
<td>Phosphorus, Blood Level</td>
<td>Every ___ days</td>
<td>1 Treatment</td>
</tr>
<tr>
<td>Alkaline Phosphatase, Blood Level</td>
<td>Every ___ days</td>
<td>1 Treatment</td>
</tr>
<tr>
<td>Vitamin D 25 Hydroxy</td>
<td>Every ___ days</td>
<td>1 Treatment</td>
</tr>
<tr>
<td>Creatinine, Urine Random</td>
<td>Every ___ days</td>
<td>1 Treatment</td>
</tr>
</tbody>
</table>


Treatment Parameters

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

Vitals

- **Vital Signs**
  
  Routine, PRN, Starting S For Until specified, Vitals before pamidronate infusion and at the end of the infusion, and as needed during infusion per patient condition. Notify provider and stop drug infusion immediately if patient has itching, hives, swelling, fever, rigors, dyspnea, cough or bronchospasm.

Medications

- **pamidronate (AREDIA) in sodium chloride 0.9 % 500 mL IVPB**

  **Dose:**
  - 30 mg
  - 60 mg
  - 90 mg

  **Base, Sodium Chloride 0.9%:**
  - 250 mL (Bone metastases of breast cancer)
  - 500 mL (Paget's disease and bone metastases of myeloma)
  - 1000 mL (hypercalcemia)

  **Administer over:**
  - 2 hours
  - 4 hours
  - ___ hours

  Intravenous, Once, Starting S, For 1 Dose
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.

Medications (continued)

Post-Infusion Labs

- Calcium, Blood Level, Total
  Status: Normal, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

Telephone order/Verbal order documented and read-back completed. Practitioner's initials ____________