



Patient Name  
DOB  
MRN  
Physician  
FIN

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

- |   |   |   |                                       |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Infectious Disease           | <input type="checkbox"/> OB/GYN         | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Cardiology         | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other          | <input type="checkbox"/> Surgery      |
| <input type="checkbox"/> Gastroenterology   | <input type="checkbox"/> Nephrology                   | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology      |
| <input type="checkbox"/> Genetics           | <input type="checkbox"/> Neurology                    | <input type="checkbox"/> Pulmonary      | <input type="checkbox"/> Wound Care   |
- Site of Service
- |  |  |                                       |   |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> SH Gerber           | <input type="checkbox"/> SH Lemmen Holton (GR) | <input type="checkbox"/> SH Pennock   | <input type="checkbox"/> SH United Memorial |
| <input type="checkbox"/> SH Helen DeVos (GR) | <input type="checkbox"/> SH Ludington          | <input type="checkbox"/> SH Reed City | <input type="checkbox"/> 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 →**

**NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.**



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**Labs**

	Interval	Duration
<input checked="" type="checkbox"/> Comprehensive Metabolic Panel (CMP) Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	<input type="checkbox"/> Every ___ days <input type="checkbox"/> Once	<input type="checkbox"/> 1 Treatment <input type="checkbox"/> ___ # of Treatments
<input checked="" type="checkbox"/> Magnesium, Blood Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	<input type="checkbox"/> Every ___ days <input type="checkbox"/> Once	<input type="checkbox"/> 1 Treatment <input type="checkbox"/> ___ # of Treatments
<input checked="" type="checkbox"/> Phosphorus, Blood Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	<input type="checkbox"/> Every ___ days <input type="checkbox"/> Once	<input type="checkbox"/> 1 Treatment <input type="checkbox"/> ___ # of Treatments
<input checked="" type="checkbox"/> Alkaline Phosphatase, Blood Level Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	<input type="checkbox"/> Every ___ days <input type="checkbox"/> Once	<input type="checkbox"/> 1 Treatment <input type="checkbox"/> ___ # of Treatments
<input checked="" type="checkbox"/> Vitamin D 25 Hydroxy Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	<input type="checkbox"/> Every ___ days <input type="checkbox"/> Once	<input type="checkbox"/> 1 Treatment <input type="checkbox"/> ___ # of Treatments
<input checked="" type="checkbox"/> Calcitriol (1,25 Dihydroxyvitamin D), Serum Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous	<input type="checkbox"/> Every ___ days <input type="checkbox"/> Once	<input type="checkbox"/> 1 Treatment <input type="checkbox"/> ___ # of Treatments
<input checked="" type="checkbox"/> Creatinine, Urine Random Status: Future, Expected: S, Expires: S+400, URGENT, Clinic Collect, Urine, Urine, clean catch	<input type="checkbox"/> Every ___ days <input type="checkbox"/> Once	<input type="checkbox"/> 1 Treatment <input type="checkbox"/> ___ # of Treatments
<input type="checkbox"/> Lab: _____	<input type="checkbox"/> Every ___ days <input type="checkbox"/> Once	<input type="checkbox"/> 1 treatment <input type="checkbox"/> ___ # of Treatments



**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 (ARELIA) 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 Doses

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**Spectrum  
Health**

**PAMIDRONATE (AREDIA) -  
ADULT, OUTPATIENT,  
INFUSION CENTER  
(CONTINUED)**  
Page 3 to 3

Patient Name

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**Medications (continued)**

**Post-Infusion Labs**



**Calcium, Blood Level, Total**

Status: Normal, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous



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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.

TRANSCRIBED:		VALIDATED:		ORDERED:		
TIME	DATE	TIME	DATE	TIME	DATE	Pager #
Sign		R.N. Sign		Physician Print		Physician

EPIC VERSION DATE: 07/16/20