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.

Defaults for orders not otherwise specified below:

- **Once**
- Interval: **Every 365 days**

**Duration:**
- **1 Treatment**
- Until date: __________
- **1 year**

**Anticipated Infusion Date** __________

- **ICD 10 Code with Description** ____________________________________________

**Height** (cm) **Weight** (kg) **Allergies**

<table>
<thead>
<tr>
<th>Site of Service</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
<th>Option 4</th>
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<tbody>
<tr>
<td>SH Gerber</td>
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<tr>
<td>SH Helen DeVos (GR)</td>
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<th>Provider Specialty</th>
<th>Option 1</th>
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<tr>
<td>Allergy/Immunology</td>
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<td>Genetics</td>
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**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 and possible labs

**Safety Parameters and Special Instructions**

- ☑ ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 4 ZOLEDRONIC ACID :

  - Acetaminophen after the infusion may reduce symptoms of acute-phase reactions.
  - Patients with osteoporosis should receive calcium and vitamin D supplementation if dietary intake is inadequate.
  - Prior to each dose, obtain serum creatinine and calculate the creatinine clearance using the Cockcroft-Gault formula.
  - Zoledronic acid is not recommended for patients with severe renal impairment. Longer infusions may reduce risk of nephrotoxicity.

**Labs**

<table>
<thead>
<tr>
<th>Lab</th>
<th>Interval</th>
<th>Duration</th>
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</thead>
<tbody>
<tr>
<td>Comprehensive Metabolic Panel (CMP)</td>
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<tr>
<td>Calcium, Blood Level, Total</td>
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<tr>
<td>Magnesium, Blood Level</td>
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<tr>
<td>Phosphorus, Blood Level</td>
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</tbody>
</table>

- ☐ Lab: ___________________________ Every ___days Once Until date: _______

  - ☐ 1 year
  - _____# of Treatments

**CONTINUED ON PAGE 2 ➔**

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

- **ONC MONITORING AND HOLD PARAMETERS 15**
  - Hold treatment and contact provider if serum creatinine greater than 2 mg/dL

- **ONC MONITORING AND HOLD PARAMETERS 14**
  - Hold treatment and contact provider if creatinine clearance (CRCL) less than 35 mL/minute. Zoledronic acid (RECLAST) is contraindicated in patients with creatinine clearance less than 35 mL/min and in those with evidence of acute renal impairment.

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

### Nursing Orders

- **ONC NURSING COMMUNICATION 10**
  - ZOLEDRONIC ACID:
    - Infuse over at least 15 minutes. Flush IV line with 10 mL NS flush following infusion. Infuse in a line separate from other medications.
    - Patients must be appropriately hydrated prior to treatment. Acetaminophen after administration may reduce the incidence of acute reaction (e.g., arthralgia, fever, flu-like symptoms, myalgia).

- **ONC NURSING COMMUNICATION 100**
  - May Initiate IV Catheter Patency Adult Protocol

### Medications

- **zoledronic acid (RECLAST) IVPB premix 5 mg**
  - 5 mg, Intravenous, Administer over 30 Minutes, Once, Starting S, For 1 Dose
  - Flush IV line with 10 mL NS flush following infusion. Infuse in a line separate from other medications.

### Supportive Care

- **acetaminophen (TYLENOL) tablet 650 mg**
  - 650 mg, Oral, Once PRN, Other, As needed to reduce the incidence of acute reaction, Starting S, For 1 Dose
  - Acetaminophen after the infusion may reduce the incidence of acute reaction (e.g., arthralgia, fever, flu-like symptoms, myalgia).