Physician's Orders
ZOLEDRONIC ACID (RECLAST) - ADULT, OUTPATIENT, INFUSION CENTER
Page 1 to 2

Defaults for orders not otherwise specified below:
- Once
- Interval: Every 365 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
- ☐ Cardiology
- ☐ Gastroenterology
- ☐ Genetics
- ☐ Site of Service

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, 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
- Comprehensive Metabolic Panel (CMP)

- Calcium, Blood Level, Total

- Magnesium, Blood Level

- Phosphorus, Blood Level

- Lab: ___________________________ Every _____ days
  - Once
  - Until date: __________
  - 1 year
  - ______# of Treatments

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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 30 mL/minute

☑ 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 (eg, 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 Doses
   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 Doses
   Acetaminophen after the infusion may reduce the incidence of acute reaction (eg, arthralgia, fever, flu-like symptoms, myalgia).

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.

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