

Patient Name \_\_\_\_\_  
 DOB \_\_\_\_\_  
 MRN \_\_\_\_\_  
 Physician \_\_\_\_\_  
 FIN \_\_\_\_\_

Defaults for orders not otherwise specified below:

Interval: Every 28 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+366, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Labs and infusion

**Provider Reminder**

ONC PROVIDER REMINDER

For symptoms of allergic reaction or anaphylaxis, order "Peds Hypersensitivity Reactions" Therapy Plan.

ONC PROVIDER REMINDER 2

Zoledronic acid is not recommended for patients with severe renal impairment. Longer infusions may reduce risk of nephrotoxicity.

**Safety Parameters and Special Instructions**

ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 1

Verify home medication list. Patient should receive Calcium Carbonate 15 mg/kg/dose of elemental Ca++ three times daily starting one week prior to zoledronic acid infusion.

**Treatment Parameters**

ONC MONITORING AND HOLD PARAMETERS 1

Do NOT initiate infusion until provider has reviewed lab results:

Endocrine Patients: Perfect Serve Pediatric Endocrinologist on call

All other patients: Notify patient's physician, NP, or PA-C

ONC MONITORING AND HOLD PARAMETERS 2

Do not give Zoledronic Acid if ionized calcium is less than 1.12 mmol/L or total calcium is less than 8.5 mg/dL.

ONC MONITORING AND HOLD PARAMETERS 3

May proceed with treatment if patient does not report any symptoms of jaw or dental pain.

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.

**CONTINUED ON PAGE 2 →**

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

**ZOLEDRONIC ACID  
 (ZOMETA) -  
 PEDIATRIC, OUTPATIENT,  
 INFUSION CENTER  
 (CONTINUED)  
 Page 2 to 3**

Patient Name \_\_\_\_\_  
 DOB \_\_\_\_\_  
 MRN \_\_\_\_\_  
 Physician \_\_\_\_\_  
 FIN \_\_\_\_\_

- Calcium Ionized, Blood Level  
 STAT, Starting S, For 1 Occurrences, Blood, Venous
- Renal Function Panel  
 STAT, Starting S, For 1 Occurrences, Blood, Venous
- Magnesium, Blood Level  
 STAT, Starting S, For 1 Occurrences, Blood, Venous
- Phosphorus, Blood Level  
 STAT, Starting S, For 1 Occurrences, Blood, Venous
- Vitamin D 25 Hydroxy  
 STAT, Starting S, For 1 Occurrences, Blood, Venous
- Complete Blood Count w/Differential  
 STAT, Starting S, For 1 Occurrences, Blood, Venous
- Comprehensive Metabolic Panel (CMP)  
 STAT, Starting S, For 1 Occurrences, Blood, Venous

**Additional Lab Orders**

- Labs: \_\_\_\_\_  Every \_\_\_ days  Until date: \_\_\_\_\_  
 Once  1 year  
 \_\_\_\_\_ # of Treatments

**Pre-Medications – SELECT DOSE FORM**

**Acetaminophen Premed - select suspension, tablet OR  
 chewable**

- acetaminophen (TYLENOL) 32 MG/ML suspension 15 mg/kg  
 (Treatment Plan)  
 15 mg/kg, Oral, Once, For 1 Doses  
 Give 30 to 60 minutes prior to infusion.  
 Recommended maximum single dose is 1000mg  
 No more than 5 doses from all sources in 24 hour period, not to exceed 4000mg/day
- acetaminophen (TYLENOL) tablet 15 mg/kg (Treatment Plan)  
 15 mg/kg, Oral, Once, Starting S, For 1 Doses  
 Give 30 to 60 minutes prior to infusion.  
 Recommended maximum single dose is 1000mg  
 No more than 5 doses from all sources in 24 hour period, not to exceed 4000mg/day
- acetaminophen (TYLENOL) dispersable / chewable tablet 15 mg/kg  
 (Treatment Plan)  
 15 mg/kg, Oral, Once, Starting S, For 1 Doses  
 Give 30 to 60 minutes prior to infusion.  
 Recommended maximum single dose is 1000mg  
 No more than 5 doses from all sources in 24 hour period, not to exceed 4000mg/day

**Ondansetron Premed - select injection OR ODT**

- ondansetron (ZOFTRAN) IV 0.15 mg/kg (Treatment Plan)  
 0.15 mg/kg, Intravenous, for 5 Minutes, Once PRN, Nausea, Starting S, For 1 Doses  
 Give 30 to 60 minutes prior to infusion.  
 Recommended maximum single dose is 16mg
- ondansetron (ZOFTRAN-ODT) disintegrating tab 0.15 mg/kg  
 (Treatment Plan)  
 0.15 mg/kg, Oral, Once PRN, Nausea, Starting S, For 1 Doses  
 Give 30 to 60 minutes prior to infusion.  
 Recommended maximum single dose is 16mg

**Additional Pre-Medications**

- Pre-medication with dose: \_\_\_\_\_
- Pre-medication with dose: \_\_\_\_\_

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**ZOLEDRONIC ACID  
 (ZOMETA) -  
 PEDIATRIC, OUTPATIENT,  
 INFUSION CENTER  
 (CONTINUED)  
 Page 3 to 3**

Patient Name \_\_\_\_\_  
 DOB \_\_\_\_\_  
 MRN \_\_\_\_\_  
 Physician \_\_\_\_\_  
 FIN \_\_\_\_\_

**Medications**

- zoledronic acid (ZOMETA) in sodium chloride 0.9 % IVPB  
 Intravenous, for 45 Minutes, Once, Starting S, For 1 Doses  
 Dose:
  - 0.0125 mg/kg
  - 0.025 mg/kg
  - 0.05 mg/kg
  - 4 mg

If infusion rate is less than 5 mL/hour, run additional 0.9% sodium chloride fluid at 5 mL/hour to keep line patent.

**Nursing Orders**

- ONC NURSING COMMUNICATION 1**
  - Place Intermittent Infusion Device if needed.
  - Do NOT initiate infusion until provider has reviewed labs and gives permission to start.
  - Obtain heart rate, respiratory rate, pulse oximetry and temperature. Assess for symptoms of anaphylaxis every 15 minutes through 30 minutes after drug completion.
  - Notify pediatric physician, NP or PA-C and stop drug infusion immediately if patient has itching, hives, swelling, fever, rigors, dyspnea, cough, bronchospasm or temperature > 101 F. Notify if greater than 20% decrease in systolic or diastolic blood pressure.
  - At the end of infusion, flush secondary line with 0.9% Sodium Chloride at a rate no faster than the Zoledronic Acid infusion rate.
  - Advise patient that flu-like symptoms may occur for at least 48 hours after infusion and to take acetaminophen as directed in discharge instructions.
  - Verify that patient has diphenhydramine / Epi-pen available (as appropriate) for immediate home use. Advise patient that severe hypersensitivity or anaphylactic reactions may occur during and after infusion. Inform patients of signs and symptoms of anaphylaxis and hypersensitivity reactions, and importance of seeking medical care.
  - Check temperature immediately prior to discharge. Call provider if febrile.

- ONC NURSING COMMUNICATION 2**
  - Instruct patient to continue acetaminophen PO every 6 hours around the clock for next 4 days.
  - Instruct patient to continue calcium carbonate PO three times daily for the next 7 days.
  - Instruct patient to call Pediatric Endocrinology physician on call (866-940-7073) if patient develops fever after discharge.

**Post-Infusion Labs**

- ONC NURSING COMMUNICATION 3**  
 Send stat Renal Panel with mag and ical. If Calcium, ionized calcium or phosphorus is low:
  - Endocrine Patients: Perfect Serve Pediatric Endocrinologist on call
  - All other patients: Notify pediatric physician, NP or PA-C
- Renal Function Panel**  
 STAT, Starting S, For 1 Occurrences, Blood, Venous
- Magnesium, Blood Level**  
 STAT, Starting S, For 1 Occurrences, Blood, Venous
- Calcium Ionized, Blood Level**  
 Once, Starting S, For 1 Occurrences  
 Reason for Exam: Draw 60 minutes post zoledronic acid infusion.  
 Blood, Venous

**Post-Infusion Additional Lab Orders**

- Labs: \_\_\_\_\_  Every \_\_\_ days  Until date: \_\_\_\_\_  
 Once  1 year  # of Treatments

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

EPIC VERSION DATE: 07/16/20

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