

Boniva Infusion Order (Revised 4/3/21)

Instructions to Provider: All orders with will be placed unless otherwise noted. Please fax completed order, along with referral form.

Required Lab Results: Calcium and Creatinine within 3 months of infusion (If outside of Atrium, please fax with order. Required prior to scheduling.)

Infusion Therapy:

Boniva (ibandronate sodium) 3 mg IVP over 15-30 seconds followed by 20mL NS flush

Frequency: every 3 months

ICD 10 code: _____

Pre-Meds:

Acetaminophen 1000 mg PO x 1 (unless taken at home)

PRN Meds:

Zofran 4mg IV every 3 hours PRN nausea/vomiting

Ibuprofen 800mg PO every 8 hours PRN pain

Additional Orders:

Special Instructions:

- No recent implants, root canals, or invasive dental work 6 months before or after Boniva infusion.
- Follow Atrium Health Infusion Center protocol for hypersensitivity reaction PRN.

Infusion Monitoring:

- Obtain vital signs pre-infusion. Obtain vital signs post-infusion PRN.
- Monitor for any signs of reaction for 30 minutes after 1st infusion and subsequent infusions PRN if previous signs of reaction observed.

Physician Name: _____

Physician Signature: _____

Date: _____ (Order valid for 1 year)

Patient Name:

DOB:

MRN: