

Aredia (Pamidronate) Pediatric 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: N/A

Infusion Therapy:

Aredia (pamidronate) _____ mg (1mg/kg) IV over 4 hours **ICD 10:** _____

Frequency: every **28** days

Pre-Meds: Administer 30 minutes prior to Aredia

- Acetaminophen _____ mg (15mg/kg; max 650mg) PO x 1
- Benadryl _____ mg (0.5mg/kg; max 50mg) PO x 1
- SoluMedrol _____ mg (1mg/kg) IV x 1 over 15mins

PRN Medications:

Zofran _____ mg (0.15mg/kg; max 8mg) PO x 1 PRN nausea

Anaphylaxis Medications: PRN moderate signs of anaphylaxis (rash, flushing, hives, or welts)

- Acetaminophen _____ mg (15mg/kg; max 650mg) PO x 1
- Benadryl _____ mg (0.5mg/kg; max 50mg) IVP x 1
- SoluMedrol _____ mg (1mg/kg) IVP x 1
- Epinephrine 1:1000 _____ mg (0.01mg/kg) SQ/IM every 5 minutes x 2.

Additional Orders:

Special Instructions:

- Follow Atrium Health Infusion Center protocol for hypersensitivity PRN.
- Contact provider if patient experiences an infusion reaction.
- Contact provider if patient has a fever prior to the start of infusion.

Infusion Monitoring:

- Patients are to be under constant visual observation during all dose increases and for 30 minutes after infusion completed.
- Obtain vital signs pre- and post-infusion. Obtain vital signs PRN during infusion.

Provider Name: _____

Provider Signature: _____

Date: _____ (Order valid for 1 year)

Patient Name:

DOB:

MRN:

Atrium Health Infusion Centers
Phone: 704-468-3400 Fax: 704-468-3401

Provider Name: _____

Provider Signature: _____

Date: _____ (Order valid for 1 year)

Patient Name:
DOB:
MRN: