

Prolia Injection 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 to desired location.

Required Lab Results: Prior to injections confirm serum creatinine and calcium levels have been drawn within 12 weeks. (If outside of Atrium, please fax with order. Required prior to scheduling.)

Injection Therapy:

Prolia (denosumab) 60 mg SC

Frequency: every 6 months

ICD 10 code: _____

Additional Orders:

Special Instructions:

- Notify physician if corrected calcium is $<8.4\text{mg/dL}$ or if creatinine clearance is less than 30 mL/min .
[Corrected Calcium = Serum calcium + $0.8(4 - \text{serum albumin})$]
- Follow Atrium Health Infusion Center protocol for hypersensitivity PRN.
- Assess if patient had recent or has upcoming dental extractions, implants, root canals, or other invasive dental work. If so, confirm with ordering physician regarding treatment.

Injection Monitoring:

- Obtain vital signs pre-injection and obtain post-injection PRN.
- Monitor patient for signs and symptoms of injection reaction for 30 minutes after injection is completed.
- Assess for possibility of pregnancy and explain risks of receiving if pregnant.

Provider Name: _____

Provider Signature: _____

Date: _____ (Order valid for 1 year)

Patient Name:

DOB:

MRN: