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| --- | --- |
| **Patient:****Evenity****(romosozumab-aqqg)** | **DOB:**  |
| \*\*check appropriate box\*\***\*\*All orders with ☒ will be placed unless otherwise noted\*\*** |
| **Required lab results and/or tests prior to scheduling:**A calcium level must be completed within 3 months of the first injection and repeated prior to the 2nd injection. Creatinine within 3 months of each treatment |
| **ICD 10/Primary Diagnosis:**  | **ICD10/Secondary Diagnosis:** |
| **Height:** | **Weight:** | **Allergies:** |
| **Infusion Therapy**  |
| [x]  **Evenity (romosozumab-aqqg)** 210mg SQ every 4 weeks x 12 doses.  |
| **PRN EMERGENCY MEDS:**[x]  Per Facility protocol[ ]  Provider requested Emergency Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Labs** |
| [ ]  **Labs drawn prior to scheduling infusion (results provided) -** A calcium level must be completed within 3 months of the first injection and repeated prior to the 2nd injection. Creatinine within 3 months of each treatment **Labs to be drawn over treatment course by facility:**  |
| **LAB** | **FREQUENCY** | **LAB** | **FREQUENCY** |
| [ ]  Calcium | Monthly  | [ ]  Creatinine  | Every 3 months |
|  |  |  |  |
| **Nursing Communication/Orders** |
| * Calcium level within 3 months prior to the 1st injection and 1 week prior to the 2nd injection. If the level is low, check with the ordering provider prior to administering Evenity.
* Confirm patient has not had a stroke or cardiac event in the past year or during treatment with Evenity.
* Confirm root canals, implants, or invasive dental work recently.
* Notify provider if Creatinine Clearance less than 30mL/min
* Obtain vital signs pre-injection and post-injection.
* Monitor for signs of reaction for 30 mins after completion of 1st injection and subsequent injections PRN if previous signs of reaction observed.
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