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| --- | --- | --- | --- | --- | --- | --- |
| **Patient:**  **Prolia (denosumab)** | | | | **DOB:** | | |
| \*\*check appropriate box\*\*  **\*\*All orders with ☒ will be placed unless otherwise noted\*\*** | | | | | | |
| **Required lab results and/or tests prior to scheduling:**  Comprehensive Metabolic Panel | | | | | | |
| **ICD 10/Primary Diagnosis:** | | | **ICD10/Secondary Diagnosis:** | | | |
| **Height:** | **Weight:** | | **Allergies:** | | | |
| **Infusion Therapy** | | | **Frequency** | | **Requested Due Date** | |
| denosumab (PROLIA) syringe 60 mg SQ | | | Every 182 days  Once | | Due now  Due after \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **PRN EMERGENCY MEDS:**  Per Facility protocol  Provider requested Emergency Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Labs/Imaging** | | | | | | |
| **Last DEXA Scan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (results provided)**  **Labs drawn prior to scheduling infusion (results provided) -**  Comprehensive Metabolic Panel  **Labs to be drawn over treatment course by facility:**   **NO LABS REQUIRED** | | | | | | |
| **LAB** | | **FREQUENCY** | **LAB** | | | **FREQUENCY** |
|  | |  |  | | |  |
| **Provider Communication** | | | | | | |
| 1. Please provide documentation of any tried and failed therapies. 2. A routine oral exam should be performed by the prescriber prior to initiation of Prolia treatment. A dental examination with appropriate preventive dentistry is recommended prior to treatment with Prolia in patients with risk factors for ONJ such as invasive dental procedures.    1. For patients requiring invasive dental procedures, clinical judgment of the treating physician and/or oral surgeon should guide the management plan of each patient based on individual benefit-risk assessment. 3. Osteoporosis: Serial bone mineral density (BMD) should be evaluated at baseline and every 1 to 2 years 4. Pre-existing hypocalcemia must be corrected prior to initiating therapy with Prolia®    1. Instruct patients to take calcium 1000 mg daily and at least 400 IU vitamin D daily. 5. Multiple vertebral fractures have been reported following Prolia® discontinuation 6. During Prolia treatment, patients should be advised to report new or unusual thigh, hip, or groin pain 7. Patients with severe renal impairment (CrCl < 30 mL/min) are at increased risk for hypocalcemia    1. Clinical monitoring of calcium, phosphorus, and magnesium is highly recommended in patients with severe renal impairment. | | | | | | |
| **Nursing Communication/Orders** | | | | | | |
| If refrigerated, remove from refrigerator and warm to room temperature for 15 - 30 minutes.  **Patient instructions:**  Report any adverse reactions, including unrelieved nausea, signs of hypocalcemia (numbness or tingling in skin, muscle stiffness, twitching, spasms, or cramps), shortness of breath, fatigue or weakness, any new thigh or groin pain, or any tooth or mouth pain. Increase fluid intake, notify healthcare team of any new medications, notify provider of upcoming dental procedures and/or extractions. Patient should be encouraged to take calcium supplements with or without Vitamin D.  **Notify Provider when:**   * Corrected Calcium is LESS THAN the Lower Limit of Normal, CrCl is LESS THAN 30 mL/min, pregnancy risk or nursing, current treatment with any other bisphosphonate and hypersensitivity reaction | | | | | | |