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| --- | --- | --- | --- | --- | --- |
| **Patient:**  **Reclast (zoledronic acid)** | | | | **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** | | | | | |
| **Reclast (zoledronic acid)** 5mg/100 mL IV x one infusion. | | | | | |
| **NO premedication**  Tylenol (acetaminophen) 650 mg PO | | | | | |
| **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 by facility:**  **NO LABS REQUIRED** | | | | | |
| **LAB** | | **FREQUENCY** | **LAB** | | **FREQUENCY** |
|  | |  |  | |  |
| **Provider Communication** | | | | | |
| **Reclast Dosing and Intervals:**   * Osteoporosis Treatment: 5 mg single infusion, once a year * Osteoporosis Prevention-Post Menopausal women: 5 mg single infusion every 2 years * Pagets Disease of bone: 5 mg single infusion (change interval to ONCE) Use Change Interval button to change the interval.   **Considerations**   * Concurrent administration of aminoglycosides or loop diuretics may cause hypoglycemia * Patients being treated with Zometa should NOT receive Reclast * Use Reclast with caution in ASA-sensitive asthma * Consider supplement for at least 2 weeks: Oral Calcium with Vitamin D or Oral Calcium supplement 1200 mg daily or multi-vitamin containing 800-1000 IU Vitamin D daily. | | | | | |
| **Nursing Communication/Orders** | | | | | |
| **Notify** **Provider if**:   1. Patient experiences hypersensitivity reaction 2. Nursing or pregnancy risk 3. Current treatment with any other bisphosphonate 4. Correct Calcium LESS than LLN 5. CrCl LESS than 35 mL/min 6. Creatinine: If baseline creatinine was NORMAL and has increased by GREATER than or EQUAL to 0.5 mg/dL prior to this treatment OR If baseline creatinine was ABNORMAL and has increased by GREATER THAN or EQUAL to 1.0 mg/dL prior to this treatment. 7. Concurrent administration of aminoglycosides or loop diuretics may cause hypocalcemia   **Orders:** Flush IV line with 10 mL NS flush following infusion, must be hydrated before treatment, do not mix with any calcium containing solution, stop if hypersensitivity occurs and notify ordering provider. | | | | | |