

(ZOLEDRONIC ACID)

# RECLAST Infusion Orders



Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender:  M  F

Phone \_\_\_\_\_

**DIAGNOSIS:** *Please provide IDC-10 Code*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PATIENT WEIGHT

\_\_\_\_\_ LBS

\_\_\_\_\_ KG

### REQUIRED DOCUMENTATION:

***Patient MUST have a calculated creatinine of at least 35 ml/min and a normal calcium & kidney function.***

***\*\*\* Please attach copies of labs DRAWN WITHIN THE LAST 30 DAYS (Creatinine and Calcium) \*\*\****

### RECLAST (ZOLEDRONIC ACID) ORDERS:

Infuse Zoledronic Acid 5mg / 100ml intravenously over at least 15 minutes  
May discharge patient after treatment complete

***Emergency Orders and Treatment per Specialty Infusion Center Anaphylaxis Policy***

### FREQUENCY:

ONCE

### NOTES:

### Nursing Orders

- Assess patient prior to each infusion
- Provide patient/caregiver education related to disease process, therapy, infection control, drug use, side effects and precautions, emergency plan
- Weigh patient every visit and record
- Monitor vital signs initially and throughout infusion per manufacturer recommendations
- Establish and maintain IV access / may use central venous access if appropriate and maintain per Specialty Infusion Center policy
- Flush IV with 3ml-5ml of saline before and after every IV medication and PRN
- Administer infusion medication/injection as ordered
- If mild itching, slow down the infusion and monitor patient closely
- If anaphylactic reaction, stop infusion, implement emergency medications, and plan and call 911
- When infusion complete, flush IV with 3ml to 5ml saline flush or 50ml bag of saline and discontinue IV per INS Standards
- Evaluate effectiveness of infused therapy on disease process
- Lab work per physician when ordered

### ORDERING PROVIDER:

Signature \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date \_\_\_\_\_

Practice \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

NPI # \_\_\_\_\_

**\*\*\* PLEASE FAX COMPLETED ORDER TO SPECIALTY INFUSION CENTER 231-600-7058 \*\*\***