ONE CARE infusion pharmacy

RECLAST (Zoledronic Acid) Order Form

DEMOGRAPHICS

PatientName:_____ DateofBirth:_____ Gender:❑F❑M

Home Phone:_____ Cell:_____ Work:_____

Address:_____

City:_____ State:_____ Zip:_____

LegallyResponsibleRepresentative:_____ RelationshiptoPatient:_____

Diagnoses:

❑Osteoporosis	ICD-10: M81.0
❑ Post-menopausal/SenileOsteoporosis	ICD-10: M81.0
❑ Paget's Disease oftheBone	ICD-10: M88.9
❑ Other:_____	ICD-10:_____

Is the patient taking calcium/vitamin D? ❑No ❑Yes (specifydose):_____

Hydration:

- Instruct patient to drink two 8-ounce glasses of fluid (non-caffeinated) prior to infusion and eight glassesof fluid daily for at least 2 days afterinfusion

Medication Orders:

- ☐ Zoledronic Acid (Reclast) 5mg/100ml IV over at least 15minutes
- ☐ Recommend OTC acetaminophen or ibuprofen for minor muscle/joint ache or headache. Call prescriber if severe pain, numbness, tingling, or musclespasm.
- ☐ Recommend Calcium/Vitamin Dsupplementation:
  - Osteoporosis: Calcium 1,200 mg daily and Vitamin D 2,000 units daily in divideddoses.
  - Paget's Disease: Calcium 1,500mg daily in divided doses for 2 weeks after receivingReclast
- ☐ Lidocaine 1% - up to 0.2ml intradermally PRN (may buffer with sodium bicarbonate 8.4% in 10:1ratio).
- ☐ Alteplase 2mg IV to declot central IV access per Infusion Solutions protocol as needed forocclusion.
- ☐ Flush line with D5W, 0.9% NaCl and/or Heparin 10 u/ml or 100 u/ml per Infusion Solutionsprotocol.
- ☐ Infusion Reaction Management per Infusion Solutions Protocol asneeded.
- ❑ Other:_____

Nursing Orders:

- If no central IV access, RN to insert peripheral IV, rotate site every 72 to 120 hours or asneeded.
- ❑ Other:_____

Labs:

- Creatinine (within 30 days before administration – CrCl must be >35ml/min)
  -OR- if drawn in last30days: Date of lastserumcreatinine:_____ Result:_____mg/dL
- ❑ Calcium level (recommended if patient is not taking oralcalcium)
- ❑ Other:_____every_____

PrescriberSignature _____ *Date* _____

_____

Please Print Name *NPI*