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* _____