



Oregon Health & Science University  
Hospital and Clinics Provider's Orders

PO8031



ADULT AMBULATORY INFUSION ORDER  
**Zoledronic Acid (RECLAST) Infusion**

Page 1 of 2

ACCOUNT NO.  
MED. REC. NO.  
NAME  
BIRTHDATE

*Patient Identification*

**ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK ( ✓ ) TO BE ACTIVE.**

Weight: \_\_\_\_\_ kg      Height: \_\_\_\_\_ cm

Allergies: \_\_\_\_\_

Diagnosis Code: \_\_\_\_\_

Treatment Start Date: \_\_\_\_\_ Patient to follow up with provider on date: \_\_\_\_\_

**\*\*This plan will expire after 365 days at which time a new order will need to be placed\*\***

**GUIDELINES FOR ORDERING**

1. Send **FACE SHEET and H&P or most recent chart note.**
2. This order should be used in patients with Paget's disease or osteoporosis. Do not use this order if patient is already being treated with zoledronic acid (ZOMETA).
3. Hypocalcemia must be corrected before initiation of therapy. All patients should be prescribed daily calcium and vitamin D supplementation.
4. The corrected calcium level should be greater than or equal to 8.4 mg/dL.
5. Risk versus benefit regarding osteonecrosis of the jaw and hip fracture must be discussed prior to treatment.
6. In patients with high risk of hypocalcemia, mineral metabolism (hypoparathyroidism, thyroid surgery, parathyroid surgery; malabsorption syndromes, excision of small intestines) recommend clinical monitoring of magnesium and phosphorus levels prior to treatment.
7. A complete metabolic panel must be obtained within 60 days prior to each treatment.
8. PROVIDER TO PHARMACIST COMMUNICATION - Creatinine clearance is calculated using Cockcroft-Gault formula (Use actual weight unless patient is greater than 30% over ideal body weight, then use adjusted body weight). If serum creatinine below 0.7 mg/dL, use 0.7 mg/dL to calculate creatinine clearance. No dose adjustment required for CrCl greater than or equal to 35 mL/min.
9. For Adventist patients: Provider must calculate the creatinine clearance using the Cockcroft-Gault formula.
10. **Must complete and check the following box:**
  - Provider confirms that the patient has had a recent oral or dental evaluation and/or has no contraindications to therapy related to dental issues prior to initiating therapy.

**LABS:**

- CMP, Routine, ONCE

**NURSING ORDERS:**

1. TREATMENT PARAMETER – Pharmacist to calculate corrected calcium. Hold and contact provider for corrected calcium less than 8.4 mg/dL or creatinine clearance less than 35 mL/min.
2. If no results in past 60 days, order CMP.
3. Assess for new or unusual thigh, hip, groin, or jaw pain. Inform provider if positive findings or if patient is anticipating invasive dental work
4. Have patient drink at least 2 glasses of fluid prior to infusion. Remind patient to take calcium and vitamin D supplements as prescribed by provider.
5. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, declotting (alteplase), and/or dressing changes.



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**MEDICATIONS:**

- zoledronic acid (RECLAST), 5 mg, intravenous, ONCE, over 15 minutes

**By signing below, I represent the following:**

I am responsible for the care of the patient (*who is identified at the top of this form*);

I hold an active, unrestricted license to practice medicine in:  Oregon  \_\_\_\_\_ (*check box that corresponds with state where you provide care to patient and where you are currently licensed. Specify state if not Oregon*);

**My physician license Number is # \_\_\_\_\_ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION);** and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

**Provider signature:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Please check the appropriate box for the patient's preferred clinic location:**

**Hillsboro Medical Center**  
 Infusion Services  
 364 SE 8th Ave, Medical Plaza Suite 108B  
 Hillsboro, OR 97123  
 Phone number: (503) 681-4124  
 Fax number: (503) 681-4120

**Adventist Health Portland**  
 Infusion Services  
 10123 SE Market St  
 Portland, OR 97216  
 Phone number: (503) 261-6631  
 Fax number: (503) 261-6756

**Mid-Columbia Medical Center**  
 Celilo Cancer Center  
 1800 E 19th St  
 The Dalles, OR 97058  
 Phone number: (541) 296-7585  
 Fax number: (541) 296-7610