



Fax your completed order to 877-734-1157

Patient Name: _____ DOB: ____/____/____

Date of Last Infusion: ____/____/____ Height _____ Weight _____

Infusion Location: (state and site) _____

Reclast® (zoledronic acid) Infusion Orders

Diagnosis (please provide ICD-10 code in space provided):	
_____ Postmenopausal Osteoporosis <small>(ICD-10)</small>	_____ Osteoporosis in Men <small>(ICD-10)</small>
_____ Paget's Disease <small>(ICD-10)</small>	_____ Glucocorticoid-induced Osteoporosis <small>(ICD-10)</small>

Nursing Order:

-Hold treatment and notify provider for:

- Planned/recent invasive dental procedures, jaw, thigh or groin pain
- A history of severe bone, muscle or joint pain following Reclast treatments
- Signs or symptoms of acute dehydration
- Abnormal labs as described below
 - Hypocalcemia
 - Creatinine clearance (calculated using Cockcroft-Gault equation) less than 35 mL/min

-If infusion-related reaction occurs, stop infusion, and follow Hypersensitivity Reaction Management Policy/Protocol as clinically indicated

Labs Required for Treatment:
<input type="checkbox"/> Obtain serum calcium level 7-14 days prior to infusion. (must be completed at external lab and faxed to infusion dept at _____)
<input type="checkbox"/> Must have renal function and creatinine clearance prior to start

Administer Zoledronic Acid 5 mg/100 ml intravenously over a period of 15 minutes. Must follow with 10ml NS flush to flush IV line
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Discharge education:

- Maintain adequate hydration (at least 2 extra glasses of water on the day of infusion)
- Administration of acetaminophen (Tylenol) following Reclast treatment may reduce the incidence of certain reactions such as chills, fever, joint pain, and bone pain. If these symptoms last more than 3 days, contact provider
- Continue with calcium and vitamin D supplements as instructed by provider

Additional Orders:

Provider Name (print): _____ Date: _____

Provider Signature: _____ Time: _____