



LOWER UMPQUA HOSPITAL
OUTPATIENT NURSING DEPARTMENT
600 Ranch Road, Reedsport, OR 97467
Phone: (541) 271-2163 | Fax: (541) 271-4058

Zoledronic Acid (RECLAST) – Non-Oncology Uses

Patient Name _____ DOB _____

Patient Phone # _____ Patient Weight (Kg) _____ Patient Height (cm): _____

Patient Allergies _____

Provider _____ NPI# _____

ICD-10 Code (REQUIRED) _____ J Code _____

Primary Diagnosis _____

Secondary Diagnosis _____

Duration (or # of treatments): _____ Anticipated Infusion Date _____

INSTRUCTIONS TO PROVIDER:

- **Allow 2 business days** for request to be processed.
- **Please ensure insurance authorization has been initiated.**
- **This plan will expire after 365 days**, at which time new orders will need to be placed.

ORDERING GUIDELINES:

- ☒ Send **FACE SHEET and H&P or most recent chart note**
 - PRIOR TO INITIATION, confirm patient has had a recent oral and/or dental exam AND no invasive dental procedures are planned for 6 to 8 weeks.
 - PRIOR TO INITIATION hypocalcemia **MUST** be corrected and ensure adequate CALCIUM and VITAMIN D supplementation; at least Calcium 1,000 mg/day and Vitamin D 400 units/day.
 - CMP (with calcium, albumin and serum creatinine) **MUST BE OBTAINED** within 60 days prior to EACH dose.
- ☒ Provider to Pharmacist Communication: Calculate Creatinine Clearance (CrCl) using Cockcroft-Gault formula.
 - Use is contraindicated for CrCl **less than** 35 mL/minute

PRE-TREATMENT MEDICATIONS:

- ☒ **acetaminophen (TYLENOL)** 650 mg PO x 1 dose 30 minutes prior to infusion, if not already taken

TREATMENT MEDICATIONS:

- ☒ **zoledronic acid (RECLAST)** 5 mg/100 mL IV administer over 15 minutes x 1 dose.
Doses **MUST** be at least 365 days apart.

TREATMENT PARAMETERS:

- ☒ **HOLD DOSE and NOTIFY PROVIDER IF:**
 - Serum calcium is **less than** 8.4;
 - Serum creatinine (SCr) is **greater than** 1.5
 - CrCl **less than** 35 mL/minute
 - there is new or unusual thigh, hip, groin, or jaw pain;
 - patient is anticipating (or completed in last 2 months) invasive dental work.

Continued on next page →

Date _____ Time _____ Provider Signature _____

"Statement of Responsibility of Parties: referring Prescriber agrees that in referring patients to Lower Umpqua Hospital Outpatient Nursing Department, the responsibility for the care related to these Outpatient Nursing Therapy Plan orders, as well as administration of any 340B drugs, remains with Lower Umpqua Hospital."



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Patient Name _____ **DOB** _____

NURSING ORDERS:

- ☒ Review serum creatinine (SCr) and serum calcium (levels must be within last 60 days).
 - Stress importance of good oral hygiene and the importance of taking a daily calcium and vitamin D supplement.
 - Verify patient was instructed to hold diuretics the morning of the appointment and is well-hydrated. Encourage good hydration during and after infusion.
 - Instruct patient to take **acetaminophen** 650 mg every 6 hours for post-infusion flu-like symptoms 2 to 3 days following infusion as needed.

HYDRATION:

- ☒ **0.9% sodium chloride** 25 mL/hour IV once PRN flush/hydration/main bag/TKO

LINE CARE MAINTENANCE:

- ☒ Insert peripheral IV **or** access Port-a-cath
- ☒ **alteplase** (CATHFLO ACTIVASE) injection 2 mg/2 mL intra-catheter once PRN de-clotting for 2 doses
- ☒ **heparin, porcine – Preservative Free (PF)** 100 units/mL IV syringe, 500 units, intra-catheter, once PRN line care
- ☒ **0.9% sodium chloride** 10 mL IVP flush, PRN flush maintenance
- ☒ IF applicable, may remove PICC line at the completion of course of therapy

EMERGENCY MEDICATIONS FOR HYPERSENSITIVITY / INFUSION REACTION:

- ☒ If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider immediately.
- ☒ **0.9% sodium chloride** IV 200 mL/hour continuous PRN hypersensitivity/infusion reaction
- ☒ **acetaminophen** (TYLENOL) 650 mg PO Q4 hours PRN hypersensitivity/infusion reaction
- ☒ Oxygen Therapy, low-flow, nasal cannula at 2 L/minute; may wean flow to discontinuation.
SpO2 Goal – **greater than/equal to 92%**, PRN hypersensitivity/infusion reaction
- ☒ **diphenhydramine** (BENADRYL) 25 mg IV PRN hypersensitivity/infusion reaction. **{Maximum of 3 doses}**
- ☒ **famotidine** (PEPCID) 20 mg IV push over at least 2 minutes x 1 dose PRN hypersensitivity/infusion reaction
- ☒ **hydrocortisone** (SOLU-Medrol) 125 mg IV x 1 dose PRN hypersensitivity/infusion reaction
- ☒ **albuterol** (PROVENTIL) nebulizer solution 2.5 mg/3 mL nebulization once PRN wheezing, hypersensitivity / infusion reaction
- ☒ **epinephrine** (ADRENOLIN) 0.3 mg/0.3 mL IM once PRN anaphylaxis, hypersensitivity/infusion reaction

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