

RECLAST (Zoledronic Acid) Order Form

DEMOGRAPHICS

Patient Na	ame:	Date of Birth:	Gender:□F□M	
Home Ph	one:Cell:		Work:	
Address:_				
City:		State:	Zip:	
LegallyRe	esponsibleRepresentative:		Relationship to Patient:	
	oses: ☐ Post-menopausal/Senile Osteopor ☐ Paget's Disease of the Bone ☐ Other: ☐ Other: ☐ Daylor ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		ICD-10: M81.0 ICD-10: M81.0 ICD-10: M88.9 ICD-10:	_
Hydration:				
•	 Instruct patient to drink two 8-ounce glasses of fluid (non-caffeinated) prior to infusion and eight glasses of fluid daily for at least 2 days after infusion 			
Medication Orders:				
Zoledronic Acid (Reclast) 5mg/100ml IV over 30 minutes.				
ппппппппппппппппппппппппппппппппппппппп	Recommend OTC acetaminophen or ibuprofen for minor muscle/joint ache or headache. Call prescriber if severe pain, numbness, tingling, or muscle spasm. Recommend Calcium/Vitamin Dsupplementation: Osteoporosis: Calcium 1,200 mg daily and Vitamin D 2,000 units daily in divided doses. Paget's Disease: Calcium 1,500mg daily in divided doses for 2 weeks after receiving Reclast			
п	Flush line with 10ml 0.9% Naci defore and after intusion.			
Nursing Orders:				
 If no central IV access, RN to insert peripheral IV, rotate site every 72 to 120 hours or as needed. 				
Other:				
Pr	rescriberSignature		Date	
<u> </u>	ease Print Name		NPI	
PI	CASC FIIIL NAINE		INFI	