



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 _____