

(ZOLEDRONIC ACID)

RECLAST Infusion Orders



NOVELLO INFUSION

Patient Name _____ DOB _____ Gender: M F

Phone _____

DIAGNOSIS: *Please provide IDC-10 Code*

PATIENT WEIGHT

_____ LBS

_____ KG

REQUIRED DOCUMENTATION:

Patient MUST have a calculated creatinine of at least 35 ml/min and a normal calcium & kidney function.

***** Please attach copies of labs DRAWN WITHIN THE LAST 30 DAYS (Creatinine and Calcium) *****

RECLAST (ZOLEDRONIC ACID) ORDERS:

Infuse Zoledronic Acid 5mg / 100ml intravenously over at least 15 minutes
May discharge patient after treatment complete

Emergency Orders and Treatment per Novello Infusion Anaphylaxis Policy

FREQUENCY:

ONCE

NOTES:

Nursing Orders

- Assess patient prior to each infusion
- Provide patient/caregiver education related to disease process, therapy, infection control, drug use, side effects and precautions, emergency plan
- Weigh patient every visit and record
- Monitor vital signs initially and throughout infusion per manufacturer recommendations
- Establish and maintain IV access / may use central venous access if appropriate and maintain per Novello policy
- Flush IV with 3ml-5ml of saline before and after every IV medication and PRN
- Administer infusion medication/injection as ordered
- If mild itching, slow down the infusion and monitor patient closely
- If anaphylactic reaction, stop infusion, implement emergency medications, and plan and call 911
- When infusion complete, flush IV with 3ml to 5ml saline flush or 50ml bag of saline and discontinue IV per INS Standards
- Evaluate effectiveness of infused therapy on disease process
- Lab work per physician when ordered

ORDERING PROVIDER:

Signature _____ Printed Name: _____ Date _____

Practice _____ Phone _____ Fax _____

NPI # _____

****** PLEASE FAX COMPLETED ORDER TO NOVELLO INFUSION 231-600-7058 ******