CommonSpirit

Infusion Therapy Order

Patient Name:_____ Date of Birth:_____

Address:_____ Height: _____ Weight: _____

Phone:_____ Allergies: _____

Primary Diagnosis:_____ ICD-10 Code:_____

Requested Infusion Start Date:_____ Frequency:_____

Infusion Location:_____Duration:_____

Insurance Authorization: _____

Prescriber Information:

Prescriber Name:_____ NPI: _____

Address: _____

Phone: _____ Fax: _____

Prescriber Signature:_____

******Please use a single line and mark through any orders you do not want if it is pre-checked…The Appointment request is required, but make edits to the Interval and Duration as needed…Please add any additional orders on the last page******

SJH BONE MODIFYING AGENT ZOLEDRONIC ACID (RECLAST, ZOMETA)

version 9/26/2022

Appointment Request

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (60 MIN)**			
☑	Infusion Appointment Request			

Appointment Request (continued)

	Interval	Defer Until	Duration

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 60 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after

Nursing Communication

		Interval	Defer Until	Duration
☑	**SJH ONCBCN NURSING COMMUNICATION ZOLEDRONIC ACID**			
☑	Nursing Communication	Every visit	S	Until discont'd

Zoledronic acid dose based on creatinine and calculated creatinine clearance within the past 7 days. If no serum creatinine within the past 7 days, please draw iSTAT BMP.
Nursing to verify if serum creatinine has been drawn.
Pharmacy to release appropriate order based on the following parameters:
Contact physician for creatinine clearance less than 30 mL/min.
Zoledronic acid 3mg if creatinine clearance 30-39 ml/min.
Zoledronic acid 3.3mg if creatinine clearance 40-49 ml/min.
Zoledronic acid 3.5mg if creatinine clearance 50-59 ml/min.
Zoldronic acid 4mg if creatinine clearance greater than or equal to 60 ml/min.

		Interval	Defer Until	Duration
☑	**SJH ONCBCN NURSING COMMUNICATION ACETAMINOPHEN**			
☑	Nursing Communication	Every visit	S	Until discont'd

Educate the patient to take acetaminophen 650 mg every six hours for three days following the first zoledronic acid infusion to prevent flu-like symptoms from the infusion.

Pharmacist Communication

		Interval	Defer Until	Duration
☑	**SJH ONCBCN PHARMACIST COMMUNICATION ZOLEDROIC ACID**			
☑	Pharmacist Communication	PRN	S	Until discont'd

Pharmacy to release appropriate order based on the following parameters:
Contact physician for creatinine clearance less than 30 mL/min.
Zoledronic acid 3mg if creatinine clearance 30-39 ml/min.
Zoledronic acid 3.3mg if creatinine clearance 40-49 ml/min.
Zoledronic acid 3.5mg if creatinine clearance 50-59 ml/min.
Zoldronic acid 4mg if creatinine clearance greater than or equal to 60 ml/min.

Labs

Labs (continued)

		Interval	Defer Until	Duration
☑	**SJH ONCBCN LAB CBC AUTO DIFFERENTIAL (OR CBC 3 PART) LOCATION SPECIFIC RULE**			
	☐ CBC with Automated Diff			
	No details available for preview Selection Condition: Lab location - SJH Oncology - Not London or Corbin			
	☐ CBC Auto Diff 3 Parts			
	No details available for preview Selection Condition: Lab location - SJH Oncology - Corbin			
☑	**SJH ONCBCN LAB CMP OR (BMP, HF) LOCATION SPECIFIC RULE**			
	☐ Comprehensive metabolic panel			
	No details available for preview Selection Condition: Lab location - SJH Oncology - Not Blazer or Bob-O-Link			
	☐ Oncology Basic Metabolic Panel			
	No details available for preview Selection Condition: Lab location - SJH Oncology - Bob-O-Link			
	☐ Hepatic function panel			
	No details available for preview Selection Condition: Lab location - SJH Oncology - Blazer			

Flush Line

		Interval	Defer Until	Duration
☑	**SJH ONCBCN SODIUM CHLORIDE 0.9% 50 ML/HR - KVO**			
	☑ sodium chloride 0.9% (NS) bolus	Every visit	S	Until discont'd
	500 mL, intravenous, As needed, For primary line., Starting at treatment start time, Until Discontinued Infuse at 50 ml/hr for the duration of treatment. May increase or decrease rate as needed.			

Pre-Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN PREMED ACETAMINOPHEN 650 MG**			
	☑ acetaminophen (TYLENOL) tablet 650 mg	PRN	S	Until discont'd
	650 mg, oral, Every 6 hours PRN, Infusion reaction, Starting when released, for 1 dose Recommended maximum dose of acetaminophen is 4000 mg from all sources in 24 hours			

Pre-Medications (continued)

Medications

		Interval	Defer Until	Duration
☐	**SJH ONCBCN THERAPY ZOLEDRONIC ACID (ZOMETA)**			
☐	zoledronic acid-mannitol-0.9% NaCl 4 mg/100 mL IVPB 4 mg	Every 28 days	S	6 treatments
	4 mg, intravenous, Once, Starting when released Pharmacy to dose Zometa. Infuse over 30 min			
☐	**SJH ONCBCN THERAPY ZOLEDRONIC ACID (ZOMETA)**			
☐	zoledronic acid-mannitol-0.9% NaCl 4 mg/100 mL IVPB 4 mg	Every 84 days	S	8 treatments
	4 mg, intravenous, Once, Starting when released Pharmacy to dose Zometa. Infuse over 30 min			
☐	**SJH ONCBCN THERAPY ZOLEDRONIC ACID (ZOMETA)**			
☐	zoledronic acid-mannitol-0.9% NaCl 4 mg/100 mL IVPB 4 mg	Every 168 days	S	6 treatments
	4 mg, intravenous, Once, Starting when released Pharmacy to dose Zometa. Infuse over 30 min			
☐	**SJH ONCBCN THERAPY ZOLEDRONIC ACID (RECLAST)**			
☐	zoledronic acid-mannitoL-water (RECLAST) 5 mg/100 mL IVPB 5 mg	Every 365 days	S	Until discont'd
	5 mg, intravenous, Once, Starting at treatment start time Intravenous infusion should be followed by 10 mL normal saline flush of the intravenous line.			

Hypersensitivity Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN HYPERSENSITIVITY MEDS THERAPY PLAN**			
☑	IV/CVAD Line Care	PRN	S	Until discont'd
	Access existing central venous access device or insert peripheral IV as needed. Restart peripheral IV catheter (as needed) for any signs of redness, pain, swelling.			
☑	Deaccess/Discontinue CVAD	PRN	S	Until discont'd
	No details available for preview			
☑	Oxygen Therapy -	PRN	S	Until discont'd

		Interval	Defer Until	Duration
	Clinic Performed, Status: Future, Expected: S, Expires: S+396 Start for any grade of reaction. O2 Delivery Method: Nasal cannula Titrate to saturation of: 92% Indications of O2: Other (see comments)			
☑	sodium chloride 0.9% (NS) infusion	PRN	S	Until discont'd
	1,000 mL, intravenous, at 500 mL/hr, Once as needed, Hypersensitivity reaction, Starting when released Initiate infusion at 500 ml/hr. Titrate up to 999ml/hr to maintain SBP greater than 100.			
	Start for any grade of reaction.			
☑	diphenhydrAMINE (BENADRYL) injection 50 mg	PRN	S	Until discont'd
	50 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released Start for any grade of reaction.			
☑	famotidine (PEPCID) injection 20 mg	PRN	S	Until discont'd
	20 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released Start for any grade of reaction.			
☑	dexamethasone (DECADRON) injection	PRN	S	Until discont'd
	10 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released Give for Grade II - MODERATE symptoms or Grade III - SEVERE/Anaphylaxis Symptoms			
☑	EPINEPHrine (ADRENALIN) HYPERSENSITIVITY USE injection 1 mg/mL	PRN	S	Until discont'd
	0.3 mg, intraMUSCULAR, Once as needed, Hypersensitivity reaction, Starting when released Do NOT administer via direct IV injection without dilution. Give for Grade III - SEVERE/Anaphylaxis Symptoms.			