



# Reclast (zoledronic acid) Infusion Orders

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female

Diagnosis (please provide ICD10 code) \_\_\_\_\_

Other: \_\_\_\_\_

New Start Therapy  Continuation of Therapy Date of last dose (if applicable): \_\_\_\_\_  NKDA Allergies: \_\_\_\_\_

## Ordering Provider:

Provider NPI: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### PREMEDICATIONS:

- Acetaminophen 1000mg PO  Solu-Medrol 125mg IVP
- Diphenhydramine 25mg PO  Solu-Cortef 100mg IVP
- Ceterizine 10mg PO  Diphenhydramine 25mg IVP
- Other: \_\_\_\_\_

### REQUIRED TESTING/LABS:

- Clinical/Progress Notes supporting primary diagnosis (please attach)
- DEXA scan results and date (please attach): \_\_\_\_\_
- Most recent CMP lab results (please attach): \_\_\_\_\_

## RECLAST ORDERS

### DOSING:

- Reclast 5mg/100ml IV infusion over at least 15 minutes

### FREQUENCY:

- Once annually

### Infuse One Standing Orders:

- Provide treatment under Infuse One's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

### REFILLS:

No Refills

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

Hypocalcemia may worsen during treatment. Patients must be adequately supplemented with calcium and vitamin D.  
 Renal Impairment: Monitor creatinine clearance before each dose.  
 Osteonecrosis of the Jaw (ONJ) has been reported. All patients should have a routine oral exam by the prescriber prior to treatment. Atypical Femur Fractures have been reported. Patients with thigh or groin pain should be evaluated to rule out a femoral fracture. Severe Bone, Joint, and Muscle Pain may occur. Withhold future doses of Reclast if severe symptoms occur.