

ADMIT to Outpatient Infusion Center of EAMC for Ibandronate (Boniva)

**Diagnosis:**

- ☐ Osteoporosis  
☐ Other (specify): \_\_\_\_\_

**Labs:**

- ☐ Profile 1 prior to each dose. Hold dose if calculated creatine clearance is less than 30ml/min and notify physician.  
☐ Other (specify): \_\_\_\_\_

**Pre-Meds:**

- ☐ Other: \_\_\_\_\_

**Injection Orders**

Drug	Fluid	Dose	Route
Ibandronate (Boniva)	Prefilled Syringe	3 mg	IV Push

**Ancillary Treatment/Administrative Procedures**

- ❖ Administer as a 15-30 second IV push
- ❖ Verify that patient is taking a daily calcium with Vitamin D Supplement.
- ❖ May use Infusion Center at EAMC Non-Oncology standing orders.

**Schedule repeat injection in 3 months.**

\_\_\_\_\_  
**Ordering Physician**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Time**

**EAST ALABAMA MEDICAL CENTER  
EAMC Infusion Order Set  
Ibandronate (Boniva)**

**Patient Identification**