

ADMIT to Infusion Center of EAMC for **Zoledronic Acid (RECLAST)**

DIAGNOSIS:

- ☐ OSTEOPOROSIS
☐ OTHER (SPECIFY): _____

LAB:

- Labs must be resulted prior to scheduling infusion.
- Serum Creatinine needed prior to each dose given.
- Hold dose if calculated Creatinine Clearance is ≤ 35 ml/hr and notify physician.

Pre-Infusion:

- A dental exam and preventive dentistry for patients at risk for osteonecrosis should be performed prior to initiation of therapy.

Pre-Meds:

- ☐ Acetaminophen 650 mg PO with each treatment
☐ Diphenhydramine 25 mg PO with each treatment
☐ Diphenhydramine 50 mg PO with each treatment
☐ Other: _____

Infusion Orders

Drug	Dose	Route
Zoledronic Acid (Reclast)	5 mg/100 ml Pre-mixed vial	IV Infusion

- Frequency of therapy: Every 12 months

Ancillary Treatment/Administrative Procedures

- ❖ Verify that patient is taking daily calcium with vitamin D supplements.
- ❖ Infuse 250 ml of Normal Saline at ____ mL/hr.
- ❖ Infuse Zoledronic Acid over 15 minutes.
- ❖ Monitor vital signs prior to start of infusion and at completion of infusion.
- ❖ May use Infusion Center at EAMC Non-Oncology standing orders.

Ordering Physician

Date

Time

**EAST ALABAMA MEDICAL CENTER
Infusion Order Set
Zoledronic Acid (Reclast)**

Patient Identification

