



Bisphosphonate: Zoledronic acid (Reclast)

Infusion Order

AUTHORIZATION IS GRANTED TO DISPENSE AND ADMINISTER AN ALTERNATE DRUG PRODUCT ACCEPTABLE TO THE MEDICAL STAFF'S PHARMACY COMMITTEE UNLESS THE DRUG PRODUCT IS SPECIFICALLY CIRCLED.

Dose # _____. Every 12 months (<i>max of 1 dose per order</i>).	Treatment Date:	Allergies/Reactions:
Diagnosis (Required):		ICD-10 Code (Required):
Height (cm):	Lab orders (unless otherwise specified): CMP required within 30 days of treatment. All other labs per provider.	
Weight (kg):	HOLD treatment & notify physician if: <ul style="list-style-type: none"> Corrected calcium < 8 mg/dL <i>[Corrected calcium(mg/dL) = 0.8(4.0 - albumin) + calcium(mg/dL)]</i> Ionized calcium < 1mmol/L CrCl < 35 mL/min 	Emetic Risk: Minimal Monitor: <ul style="list-style-type: none"> Renal function For hypocalcemia For arthralgias/myalgias Osteonecrosis of jaw
BSA (m ²): N/A		

MEDICATION	DOSAGE	ADMINISTRATION INSTRUCTIONS	FREQUENCY
Zoledronic acid (Reclast)	5 mg	In 0.9% NaCl 100 mL IV over 15 minutes	x 1 dose, Yearly

IF PATIENT HAS A HYPERSENSITIVITY REACTION, BEGIN HYPERSENSITIVITY PROTOCOL

HYDRATION ORDERS

ADDITIONAL ORDERS

Patient taking calcium supplementation
 (Recommendation: Calcium 1000 mg + Vitamin D 400 IU per day and ≥ 50 years old: Calcium 1200-1500 mg + Vitamin D 800 IU per day)

Discontinue IV upon completion of treatment, flush order per protocol.

Reference: LexiComp

Patient ID Label

The physician's full signature(s) is to follow the order

 Signature Date Time

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