Oregon Health & Science University
Hospital and Clinics Provider's Orders

PO9031

ADULT AMBULATORY INFUSION ORDER

Zoledronic Acid (ZOMETA) Infusion for Non-Osteoporosis Indications

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

Weight: _____kg **Height:** _____cm

Allergies: _____

Diagnosis Code: _____

Treatment Start Date: _____ **Patient to follow up with provider on date:** _____

****This plan will expire after 365 days at which time a new order will need to be placed****

GUIDELINES FOR ORDERING

1. Send **FACE SHEET and H&P or most recent chart note**.
2. This plan should be used in patients with bone lesions associated with multiple myeloma, bone metastases from solid tumors, and hypercalcemia of malignancy.
3. Hypocalcemia must be corrected before initiation of therapy. Patients with multiple myeloma and bone metastases of solid tumors should be prescribed daily calcium and vitamin D supplementation.
4. Risk versus benefit regarding osteonecrosis of the jaw and hip fracture must be discussed prior to treatment.
5. When treating hypercalcemia of malignancy, a full dose of 4 mg should be used. Consult pharmacist if CrCl less than 30 mL/min. When treating bone lesions associated with multiple myeloma and bone metastases from solid tumors, dose adjustments should be made for renal impairment.
6. **Provider must review and check box for the following question:** Osteonecrosis of the jaw (ONJ) has been reported in patients receiving this medication. Risk factors include higher doses, duration of therapy greater than 2 years, cancer diagnosis, concurrent immunosuppression, poor oral hygiene, periodontal disease, ill-fitting dentures, and invasive dental procedures (among others). Provider attests that patient has had a dental evaluation or has no contraindications to therapy related to dental issues prior to initiating therapy.
   ☐ Osteonecrosis of the jaw (ONJ) risk reviewed prior to initiation of therapy?

PROVIDER TO PHARMACIST COMMUNICATION:

Creatinine clearance is calculated using Cockroft-Gault formula (Use actual weight unless patient is greater than 30% over ideal body weight, then use adjusted body weight). If serum creatinine below 0.7 mg/dL, use 0.7 mg/dL to calculate creatinine clearance.

Creatinine Clearance:	Dose of zoledronic acid:
Greater than 60 mL/min	4 mg
50 - 60 ml/min	3.5 mg
40 - 49 ml/min	3.3 mg
30 - 39 ml/min	3.0 mg

LABS:

☐ CMP, Routine, ONCE, every _____ (visit)(days)(weeks)(months) – *Circle One*
☐ Labs already drawn. Date: _____

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NURSING ORDERS:

1. TREATMENT PARAMETER #1 – When labs are ordered:
    a. If serum calcium is greater than or equal to 8.4 mg/dL: OK to proceed with treatment.
    b. If serum calcium less than 8.4 mg/dL AND albumin is less than 4.35 mg/dL: Calculate corrected calcium: Hold treatment and notify provider if corrected calcium is less than 8.4 mg/dL.
    c. If serum calcium less than 8.4 mg/dL AND albumin is greater than or equal to 4.35 mg/dL: Hold treatment and notify provider.
2. TREATMENT PARAMETER #2 - Assess for new or unusual thigh, hip, groin, or jaw pain. Hold treatment and Contact provider if positive findings.
   Invasive dental work includes dentoalveolar procedures such as tooth extraction, root canal, or placement of dental implants. Hold treatment and notify provider if the following has not been discussed with the ordering provider:
    a. If patient is anticipating invasive dental work in the next 3 months
    b. Has received invasive dental work in the last 8 weeks
    c. Has a new diagnosis of severe periodontal disease
3. If no results in past 28 days, order CMP.
4. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, declotting (alteplase), and/or dressing changes.

MEDICATIONS:

zoledronic acid (ZOMETA) 4 mg in sodium chloride 0.9%, 100 mL, intravenous, ONCE, over 30 minutes

Interval: ***(must check one)***

- ☐ Every 26 weeks for 2 treatments
- ☐ Once

HYPERSENSITIVITY MEDICATIONS:

1. NURSING COMMUNICATION – If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider immediately. Administer emergency medications per the Treatment Algorithm for Acute Infusion Reaction (OHSU HC-PAT-133-GUD, HMC C-132). Refer to algorithm for symptom monitoring and continuously assess as grade of severity may progress.
2. diphenhydrAMINE (BENADRYL) injection, 25-50 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
3. EPINEPHrine HCl (ADRENALIN) injection, 0.5 mg, intramuscular, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
4. hydrocortisone sodium succinate (SOLU-CORTEF) injection, 100 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
5. famotidine (PEPCID) injection, 20 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction

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By signing below, I represent the following:
I am responsible for the care of the patient (*who is identified at the top of this form*);
I hold an active, unrestricted license to practice medicine in: ☐ Oregon ☐ _____ (*check box that corresponds with state where you provide care to patient and where you are currently licensed. Specify state if not Oregon*);

My physician license Number is # _____ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION); and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

Provider signature: _____ **Date/Time:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____

Please check the appropriate box for the patient's preferred clinic location:

☐ **Hillsboro Medical Center**
Infusion Services
364 SE 8th Ave, Medical Plaza Suite 108B
Hillsboro, OR 97123
Phone number: (503) 681-4124
Fax number: (503) 681-4120

☐ **Adventist Health Portland**
Infusion Services
10123 SE Market St
Portland, OR 97216
Phone number: (503) 261-6631
Fax number: (503) 261-6756

☐ **Mid-Columbia Medical Center**
Celilo Cancer Center
1800 E 19th St
The Dalles, OR 97058
Phone number: (541) 296-7585
Fax number: (541) 296-7610