**Zoledronic Acid (Reclast®) Infusion Orders**

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| **Diagnosis (please provide ICD-10 code in space provided):** | |
| \_\_\_\_\_\_\_\_ Postmenopausal Osteoporosis | \_\_\_\_\_\_\_\_ Osteoporosis in Men |
| (ICD-10) | (ICD-10) |
| \_\_\_\_\_\_\_\_ Paget’s Disease | \_\_\_\_\_\_\_\_ Glucocorticoid-induced Osteoporosis |
| (ICD-10) | (ICD-10) |
| **Date of last Reclast infusion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Serum creatinine and calcium results required. Results should be obtained no more than one month prior to infusion. Please choose one:** | |
| * Lab results attached. Date collected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| * Patient has been provided with lab order and instructions to have drawn within one month of infusion. To prevent delays in patient care, please indicate on lab order **“CC results to Infusion Services: fax 614-427-2184”** | |

**Nursing Orders:**

* Hold medication and notify provider for:
  + Planned/recent invasive dental procedures
  + Jaw, thigh or groin pain
  + A history of severe bone, muscle or joint pain following Reclast treatments
  + Hypocalcemia
  + Creatinine clearance (calculated using Cockcroft-Gault equation) less than 35 mL/min.
* If infusion-related reaction occurs, stop infusion, and follow Hypersensitivity Reaction Management Policy/Protocol as clinically indicated
* Administer **Zoledronic Acid 5 mg/100 ml** intravenouslyover a period of 15 minutes.

**Discharge education:**

* Maintain adequate hydration (at least 2 extra glasses of water on the day of infusion).
* Administration of acetaminophen (Tylenol) following Reclast treatment may reduce the incidence of certain reactions such as chills, fever, joint pain, and bone pain. If these symptoms last more than 3 days, contact provider.
* Continue with calcium and vitamin D supplements as instructed by provider.