

PATIENT IDENTIFICATION
Known allergies / medication sensitivities:

☐ NL Infusion Care, AR Gould, **Presque Isle**
Phone: 207-768-4589; Fax: 207-768-4183

☐ NL Infusion Care, **Blue Hill**
Phone: 207-374-3995; Fax: 207-374-3970

☐ NL Infusion Care, CA Dean, **Greenville**
Phone: 207-695-5222; Fax: 207-695-4801

☐ NL Infusion Care, **Brewer**
Phone: 207-973-9785; Fax: 207-973-9788

☐ NL Infusion Care, **Waterville**
Phone: 207-861-3380; Fax: 207-861-3348

☐ NL Mary Dow Center, **Ellsworth**
Phone: 207-664-5584; Fax: 207-664-5485

☐ NL Infusion Care, Mayo, **Dover-Foxcroft**
Phone: 207-564-4254; Fax: 207-564-4418

☐ NL Mercy Cancer Care, **Portland**
Phone: 207-553-6868; Fax: 207-904-0917

☐ NL Infusion Care, SVH, **Pittsfield**
Phone: 207-487-4052; Fax: 207-487-3995

OP zoledronic acid (Reclast) (Paper)

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Diagnosis: ☐ Senile Osteoporosis ☐ Osteitis Deformans without mention of bone tumor
☐ Glucocorticoid Induced Osteoporosis ☐ Pathological fracture of neck of femur
☐ Other: _____ ICD: _____

IV Access:

- ☐ Saline Lock:
☒ Insert peripheral Saline Lock; *may leave in for consecutive treatment days*
☒ Discontinue Saline Lock after therapy completed
- ☐ PICC Line:
☒ Routine PICC Line Care, labs and restoration
☐ Discontinue PICC Line (verify regimen is complete with provider prior to removing line)
- ☐ Porta cath / Central Access Device (Hickman, Triple lumen):
☒ Porta cath access, labs, restoration and de-access / Central Access Device use and care

Height: _____ cm Weight: _____ kg

☒ Complete **Medical Necessity and Prior Authorization**

Note: Calcium and Vitamin D supplementation highly recommended:

- 1500 mg elemental calcium daily in divided doses (750 mg two times daily, or 500 mg three times a day), and
- 800 international units vitamin D daily, **particularly in the 2 weeks following Reclast administration (unless hypercalcemia is present)**

Labwork: (must be done within 60 days of each Reclast infusion)

- ☒ Calcium
☒ Creatinine/CrCl

☒ **Screen patient** prior to scheduling patient (to be done by Infusion Center RN):

Creatinine clearance (greater than 35) Result: _____ mL/minute Date: ____/____/____

Calcium (greater than 8) Result: _____ mg/dL Date: ____/____/____

Albumin (if available) Result: _____ mg/dL Date: ____/____/____

Pharmacy to calculate corrected calcium for low albumin, if albumin level available.

Corrected calcium: Total Calcium + 0.8 * (4.0 – Albumin) = _____ mg/dL

Premedication:

☐ Acetaminophen (Tylenol) 650 mg, PO, ONCE

Medication:

☒ zoledronic acid (Reclast) 5 mg/100 mL intravenous solution, IVPB, ONCE, infuse over 20 minutes

Other:



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Date: _____ Time: _____

Provider Signature: _____ Print Name: _____

Phone: _____ Fax: _____

Pharmacy Signature: _____

PROVIDERS MUST EXERCISE INDEPENDENT CLINICAL JUDGMENT WHEN USING ORDER SETS
June 2024