

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

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

**PATIENT IDENTIFICATION**  
Known allergies / medication sensitivities:

**OUTPATIENT ZOLEDRONIC ACID (RECLAST) ORDERS**

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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):  
 Calcium level (8.8 – 10.3) Result: \_\_\_\_\_ mg/dL Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Creatinine clearance (greater than 35) Result: \_\_\_\_\_ mL/minute Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If calcium less than 8, OR creatinine clearance less than 35, **DO NOT ADMINISTER Zoledronic Acid (Reclast)**

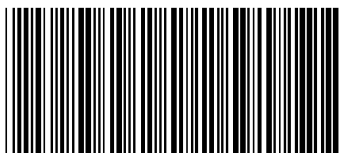
**Premedication:**

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