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ZOLEDRONIC ACID IV INFUSION ORDER FORM

\$125 Administration fee plus medication cost / In-House Pharmacist

Patient information

Name: _____ DOB: _____ Weight: _____ PHN: _____

Address: _____ Allergies: _____

Phone Number: _____ Emergency Contact: _____

Email Address(required): _____

Prescriber Information

Name: _____ Office/Clinic: _____

Phone Number: _____ Fax number: _____

Diagnosis: ☐ Postmenopausal osteoporosis ☐ Glucocorticoid-induced osteoporosis ☐ Paget's disease • Alkaline phosphate (ALP): _____ U/L test date: _____ ☐ Other: _____	Other information: Height: _____ Weight: _____ GFR: _____ <i>(Drug is contraindicated in pregnancy/lactation, renal failure, previous reaction to bisphosphonates, hypocalcemia)</i>
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Prescription

Patient has been advised to drink 500mls water before and after infusion _____ Patient will f/u with prescriber after infusion _____

Zoledronic Acid to be administered by IV infusion as per product monograph

Dose: ☐ 5 mg in 100 mL ☐ 4 mg in 5 mL (Concentrate) Alberta Blue Cross Special Authorization has been submitted: ☐ No ☐ Yes

Single dose once a year: _____ Other: _____

**If dose is not clearly stated on this form, administration guidelines as per product monograph will be followed.*

Note: Prescribers are responsible for ordering and monitoring patient blood work as well as notifying infusion clinic as soon as patient no longer requires above treatment. Prescriber should be aware of reasons to delay treatment such as open, unhealed oral lesions, unresolved ONJ risk factors, suspected fracture, ophthalmologic disturbance and bisphosphonate drug holiday.

If the patient has a history of reaction to any products, GIVE PRIOR: ☐ Methylprednisolone 125mg IV ☐ Diphenhydramine 25-50 mg PO/IV ☐ Acetaminophen 650 mg PO ☐ Other _____	If the patient has adverse reaction DURING/POST infusion, GIVE: ☐ Hydrocortisone 100 mg IV ** ☐ Methylprednisolone 125 mg IV ** ☐ Diphenhydramine 25-50 mg PO/IV ☐ Acetaminophen 650 mg PO ☐ Dimenhydrinate (Gravol®) 25-50 mg PO/IV
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**Current infusion reaction protocol includes the use of above medications according to nurse's assessment Nursing Orders:

Dilute and infuse Zoledronic acid as per drug monograph over 30 minutes and provide any PRN or emergency medication or oxygen as may be required while responding to an infusion reaction or in any case an emergency. Observe the patient for at least 30 minutes post infusion.

Special instructions or comments: _____

Prescriber Signature: _____ Prescriber Name (Printed): _____ Date: _____

Please fax the completed form to 587-805-2539

By faxing, the prescriber confirms patient consent for Solis Medical Clinic and affiliated pharmacy to contact patient.