

Zoledronic Acid (Reclast)

Once all of the requirements below have been completed and checked off, please call to schedule appointment at (740) 356-7492 and if non-SOMC provider fax all documents to (740) 356-7488. If you any questions or special needs, please discuss them at the time of scheduling. Thank you!

Name: _____ Date of Birth: _____

Phone Number: Home _____ Cell _____ Weight: _____

Allergies: _____

Diagnosis: _____

Primary Diagnosis _____

Secondary Diagnosis (see attached list) _____

Infusion Staff Only - Reclast Infusion Policy Prior Treatment Requirements:

- Insurance pre-certification confirmation prior to treatment
- Scheduled Treatment Date: _____
- H & P or progress note within last 30 days prior to treatment and include failure of oral medication for osteoporosis. (Medicare)
 - Normal Serum Calcium within last 30 days prior to treatment. Fax copy to (740) 356-7488 if non-SOMC provider.
- Instruction to patient of necessity and purpose of 40 ounces of oral hydration within 1-2 hours prior to scheduled treatment. (No dietary restrictions)

Order: Reclast

- Reclast 5mg/100ml IV x 1 dose (may substitute) with 0.9% NS 250 mL at KVO during infusion

Pre-Treatment Medications:

- Tylenol (acetaminophen) 650mg by mouth x 1 dose prior to treatment
- Benadryl (diphenhydrAMINE) 25mg by mouth x 1 dose prior to treatment
- Benadryl (diphenhydramine) 25mg IVP x 1 dose prior to treatment
- Hydrocortisone 100mg IVP x 1 dose prior to treatment
- Other _____

Pre-lab results:

- Creatinine Clearance _____ mg/dl Check of calculated from serum Creatinine
- Calcium _____ mg/dl

Adverse Reaction:

- Benadryl 25 mg IV push x 1 for rash, hives or itching **if no allergy exists**
- Solumedrol 125 mg IV push x 1 for rash, hives or itching **if no allergy exists**
- Epinephrine (1:1000) 0.3 mg (0.03 mL) IM x 1 for Respiratory Distress
- O2 per oxymask to maintain O2 saturation above 94%
- Give all of the above medications for an anaphylactic reaction as evidenced by: swelling of tongue, lips, and throat, trouble breathing, wheezing, abdominal pain, vomiting, dizziness, rash, hives itching
- Anaphylaxis - stop infusion immediately, maintain IV patency with Normal saline, notify ordering provider, and prepare for transfer to Emergency Department

PROVIDER:	DATE:	TIME:	SIGNATURE:
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Printed Provider Name: _____

Phone number of referring provider: Phone # _____

Fax number of referring provider: Fax # _____

Reviewed & Approved Dr. Saab 05/18/2022

Southern Ohio
Medical Center

Very Good things are happening here



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