



PHYSICIAN ORDER SET :
ZOLEDRONIC ACID (RECLAST)

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Patient: _____ DOB: _____ Gender: _____
Patient Phone #: _____ Height: _____ Weight: _____
Diagnosis: _____ ICD-10 Code: _____
Treatment Start Date: _____
Provider Facility Name: _____ Provider Facility Address: _____
Ordering Provider: _____ Date: _____
Signature: _____

Complete, Sign, and fax this document to: **CDH Central Scheduling at 413-582-2183**

Criteria to Treat

☐ **Criteria to Treat**

CA greater than or equal to 8.9 mg/dL
25-OH Vitamin D: goal at least 28 ng/mL
CrCL greater than: 35

Interval Defer Until Duration

Every 52
weeks

If above criteria not met, review provider documentation for approval to proceed with infusion. If documentation not found, contact provider.

Pre-Medications

☐ **acetaminophen (TYLENOL) tablet 650 mg**

650 mg, Oral, Once, Starting at treatment start time, For 1 dose. Administer at least 30 mins prior to principal medication

Interval Defer Until Duration

Every 52
weeks 1 treatment

Medications

☐ **zoledronic acid (RECLAST) in mannitol & water IVPB premix 5 mg**

5 mg, Intravenous, Administer over 20 Minutes, at 300 mL/hr, Once, Starting at treatment start time, For 1 dose
THIS IS A LOW RISK HAZARDOUS AGENT. Must use appropriate precautions when handling and disposing of this agent.

Interval Defer Until Duration

Every 52
weeks 1 treatment



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Catheter Management

	Interval	Defer Until	Duration
☐ Line Access Routine, Once Starting when released, Until Specified As needed. Until Specified. Insert peripheral IV, or access peripheral, or central venous access device, to provide treatment	PRN		PRN
☐ alteplace (CATHFLO) 1mg/mL injection 2 mg 2 mg, Intracatheter, As needed, line care, Starting when released. For central venous access device requiring clearance. May repeat once per lumen. For patients greater than 30 kg: 2 mg in 2 mL using a 10 mL syringe. For patient less than or equal to 30 kg: instill a volume equal to 110% of the internal lumen of CVAD, not to exceed 2 mg in 2 mL.	PRN		PRN
☐ lidocaine-prilocaine (EMLA) cream Topical, As needed, apply prior to the PIV insertion or port access, Starting when released. For TOPICAL Use only. Allow at least 1 hour (mild dermal procedures) or at least 2 hours (major dermal procedures) for optimum therapeutic effect.	PRN		PRN
☐ heparin (PF) 100 unit/mL flush 5 mL 5 mL, Intravenous, As needed, line care, Starting when released	PRN		PRN
☐ heparin (PF) 10 unit/mL flush 3 mL 3 mL, Intravenous, As needed, line care, Starting when released	PRN		PRN
☐ heparin (PF) 10 unit/mL flush 5 mL 5 mL, Intravenous, As needed, line care, Starting when released	PRN		PRN
☐ heparin (PF) 1000 unit/mL catheter injection 2 mL 2 mL, Intracatheter, As needed, APHERESIS LINE CARE ONLY. HEPARIN MUST BE WITHDRAWN FROM EACH LUMEN PRIOR TO FLUSHING OR INFUSING THROUGH THE APHERESIS CATHETER; Starting when released	PRN		PRN
☐ sodium chloride (NS) 0.9% syringe flush 3 mL 3 mL, Intravenous, As needed, line care, Starting when released.	PRN		PRN
☐ sodium chloride (NS) 0.9% syringe flush 10 mL 10 mL, Intravenous, As needed, line care, Starting when released.	PRN		PRN
☐ sodium chloride (NS) 0.9% syringe flush 20 mL 20 mL, Intravenous, As needed, line care, Starting when released.	PRN		PRN
☐ sodium chloride 0.9% infusion 20 mL/hr, Intravenous, Continuous PRN, Keep vein open to provide treatment, Starting when released, For 24 hours	PRN		PRN
☐ D5W infusion 20 mL/hr, Intravenous, Continuous PRN, Keep vein open to provide treatment Starting when released, For 24 hours	PRN		PRN

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Emergency Medications/Anaphylaxis

	Interval	Defer Until	Duration
☐ Provider and Nurse Communication Routine, Once, Starting when released. Treatment of SEVERE reaction (ANAPHYLAXIS): hypotension, throat swelling, wheezing, respiratory distress, or decreased oxygen saturation. Stop the infusion and treat with epinephrine FIRST. Notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering adjunct HYPERSENSITIVITY medications as clinically indicated.	PRN		PRN
☐ EPINEPHrine (ADRENALIN) injection 0.3 mg 0.3 mg, Intramuscular, As needed, anaphylaxis, Administer FIRST for anaphylaxis. May repeat times 1 dose, Starting when released For 2 doses. Pharmacy's Suggested Dose Instructions; Epinephrine 1:1000 equivalent to 1 mg/mL	PRN		PRN
☐ sodium chloride 0.9% bolus 1,000 mL 1,000 mL, Intravenous, Once as needed, Hypotension, Starting when released, For 1 dose	PRN		PRN
☐ Oxygen Therapy – Non-Rebreather Routine Select a Mode of Therapy: Non-Rebreather Titrate Oxygen and use the most appropriate device to maintain Target Oxygen saturation during Activity/Titration: Yes Min SpO2 (%): 94	PRN		PRN

Hypersensitivity

	Interval	Defer Until	Duration
☐ Provider and Nurse Communication Routine, Until discontinued, Starting when released, Until Specified Treatment for mild-moderate infusion reaction: Stop the infusion, notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering medication as clinically indicated. If ANAPHYLAXIS reaction, refer to Emergency Medications section.	PRN		PRN
☐ Albuterol 2.5mg/3 mL (0.083%) nebulizer solution 2.5 mg 2.5 mg, Nebulization, Once as needed, wheezing, shortness of breath, Starting when released, For 1 dose	PRN		PRN
☐ acetaminophen (TYLENOL) tablet 975 mg 975 mg, Oral, Once as needed, fever, Starting at treatment start time, For 1 dose	PRN		PRN
☐ diphenhydramine (BENADRYL) injection 25 mg 25 mg, Intravenous, As needed, itching hives or adjunct treatment for mild-moderate, or SEVERE reaction, Starting when released, For 2 doses Begin with 25 mg. If patient has continued reaction, administer additional 25 mg.	PRN		PRN
☐ famotidine (PEPCID) 20 mg in sodium chloride 0.9% 100 mL IVPB 40 mg, Intravenous, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting when released, For 1 dose. To be administered along with H1 antihistamine and methylprednisolone.	PRN		PRN
☐ cetirizine (Zyrtec) tablet 10 mg 10 mg, Oral, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting at treatment start time, For 1 dose. If patient unable to tolerate cetirizine, administer fexofenadine if available. HOLD IF: given fexofenadine.	PRN		PRN



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☐	fexofenadine (ALLEGRA) tablet 180 mg 180 mg, Oral, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting at treatment start time, For 1 dose. Administer only if unable to tolerate cetirizine. HOLD IF: given cetirizine	PRN	PRN
☐	methylprednisolone sodium succinate (PF) (SOLU-Medrol) injection 40 mg 40 mg, Intravenous, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting when released, For 1 dose. To be administered along with H1 antihistamine and methylprednisolone.	PRN	PRN
☐	ondansetron (PF) (ZOFTRAN) injection 4 mg 4 mg, Intravenous, As needed, nausea, vomiting, may repeat x 1 dose, Starting when released, For 2 doses	PRN	PRN