Mass General Brigham
Cooley Dickinson Hospital

(Patient Sticker)

PHYSICIAN ORDER SET :
Romosozumab (EVENITY)

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

			Interval	Defer Until	Duration
	☐	**Criteria to Treat**			
		CA greater than: 8.4 25-OH VIT D greater than: 20 eGFR greater than: 30	Selected treatment(s) **Please circle when labs should be reviewed before treatment:** **1 2 3 4 5 6 7 8 9** **10 11 12**		

Medications

		Interval	Defer Until	Duration
☐	**Romosozumab-aqqg (EVENITY) subcutaneous syringe multipack 210 mg** 210mg, Subcutaneous Once, Starting at treatment start time, For 1 dose Warm for 30 minutes to room temperature. Administer each syringe into a different location. Recommended sites include the thigh, abdomen or outer area of upper arm. THIS IS A LOW RISK HAZARDOUS AGENT. Must use appropriate precautions when handling and disposing of this agent.	Every 4 weeks		

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
☐	**sodium chloride (NS) 0.9% syringe flush 3 mL** 3 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

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 Sp02 (%): 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 (ACCUNEB) 1.25 mg/3 mL 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
☐	**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) (ZOFRAN) injection 4 mg** 4 mg, Intravenous, As needed, nausea, vomiting, may repeat x 1 dose, Starting when released, For 2 doses	PRN	PRN