MHS Home/Alternate Site Infusion Services		
Denosumab (Prolia) Injection Order Set		
ALL ORDERS MUST BE SIGNED AND DATED BY PRESCRIBING PROVIDER		
Patient Name:	DOB: / Weight: lb/kg	
Patient Phone Number: ()	Requested Date of Service:/	
Patient Allergies:		
Diagnosis: Osteoporosis ICD - 10 Code: Osteopenia Other		
Baseline labs required: DEXA scan Date:/ Result: BMP Date:/ Result: Serum Calcium Date:/ Result: (denosumab contraindicated in patients with hypocalcemia) Serum Creatinine Date:/ Result: Maintenance labs required: must be drawn within 60 days prior to denosumab injection Serum Creatinine every 6 months Serum Calcium every 6 months DEXA scan recommended every 2 years Additional Requirements: In addition to order, please include H&P with documentation to support diagnosis. Must include ICD-10 Code(s) and supporting labs. ** Emergency phone number for provider (required) **		
Duranidas Oudas fau Danaansah (Bualia) Injection		
ORDERS WITH CHECK When an order is optional (those with check boxes), providers are responsible for indicating a		
BOXES check mark in the box next to the order. Orders left unchecked will not be initiated.		
Medication: Denosumab (Prolia) 60 mg SUBQ every 6 months x 1 year		
Skilled Nurse Interventions: Admit (first visit) patient to services for home/alternate site injection therapy of Denosumab (Prolia). Complete Skilled Nurse visit with each injection for ongoing home/alternate site injection therapy of Denosumab (Prolia). Obtain vital signs (TPR & B/P) at baseline and at completion of injection. Obtain patient weight at each visit. Inject Denosumab (Prolia) as ordered. If vital signs are stable after injection and any observation period, Skilled Nurse will complete visit. If Hypersensitivity Reaction Develops (fever, chills, hypotension, rigors, itching, rash, etc.): The Skilled Nurse will: Administer emergency medications as prescribed (below). Contact Emergency Medical Services (EMS/911) if indicated. Increase vital sign monitoring to every 5 minutes.		
 Contact provider via emergency phone number for additional instructions. Notify MHS Home/Alternate Site Infusion Pharmacist AND Nurse Supervisor. 		
CONTINUED ON NEXT PAGE		
FOR MHS HOME/ALTERNATE SITE INFUSION SERVICES USE ONLY		
Patient Identification: Name: MRN:	Pre-printed order – Page 1 of 2 Denosumab (Prolia) MultiCare	

DOB:

Emergency Medications: To be administered by skilled nurse as needed for hypersensitivity reactions.

- **Diphenhydramine 50 mg/mL solution:** Inject **0.5 mL** (25 mg) into the vein via slow IV push over at least 2 minutes as needed for rash, itching, hives, flushing of skin, and/or mild-to-moderate hypersensitivity reaction. May give IM if no IV access available.
- Methylprednisolone sodium succinate (SOLU-MEDROL) 125 mg/2 mL solution: Inject 2 mL (125 mg) into the vein as a slow IV push over at least 3 minutes once, as needed for hives, flushing of the skin, shortness of breath, chest tightness, tachycardia (HR>140 bpm), and/or moderate-to-severe hypersensitivity reaction. May give IM if no IV access available.
- **EPINEPHrine (Adrenalin) 1 mg/mL solution:** Inject **0.3 mL** (0.3 mg) intramuscular every 5-15 minutes as needed (maximum 3 doses) for severe allergic reaction or anaphylaxis AND call 911 and provider.
- Acetaminophen (Tylenol) 325 mg tab: Take 2 tablets (650 mg) by mouth as needed for fever (PRN for temperature > 101F/38.3C) and/or mild-to-moderate hypersensitivity reaction.
- 0.9% NaCl (NS) solution: Infuse 500 mL into the vein via gravity as needed at a rate needed to maintain IV access.
- Oxygen: Initiate oxygen by RN PRN chest pain or dyspnea to keep SpO2>90%. For 1-6 LPM, use NC. For 6-10 LPM, use simple mask.

Code Status: Please note, patients will be considered FULL Code unless marked otherwise. If the patient has a POLST, advance directive or living will, please include a copy with the orders.		
Was consent obtained: □ Yes □ No (if yes, please send DOCUMENTATION of consent with order)		
I certify that this patient is safe and appropriate to receive therapy from Home Infusion Services.		
Provider Signature: Date: Printed Name: Date:		
NPI: Orders expire in 12 months unless otherwise specified:		
Provider/Clinic Information:	Return completed orders to:	
Address:	MultiCare Home/Alternate Infusion Services 253-459-6650 (phone) / 253-864-2785 (fax)	
Phone #: Fax#:		
FOR MHS HOME/ALTERNATE SITE INFUSION SERVICES USE ONLY		
Patient Identification:	Pre-printed order – Page 2 of 2	
Name:	Denosumab (Prolia)	
MRN: DOB:	MultiCare Revised 06/24	