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: <ul> <li>Osteoporosis</li> <li>ICD – 10 Code:</li> </ul> Diagnosis: <ul> <li>Osteopenia</li> <li>Other</li> </ul>		
Baseline labs required:       Date:/ Result:         DEXA scan       Date:/ Result:         BMP       Date:/ Result:         Serum Calcium       Date:/ Result:         (denosumab contraindicated in patients with hypocalcemia)       Result:         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       Date:/		
Lab Orders:		
Provider Order for Denosumab (Prolia) Injection		
	e with check boxes), providers are responsible for indicating a e order. Orders left unchecked will not be initiated.	
<ul> <li>Medication: Denosumab (Prolia) 60 mg SUBQ every 6 months x 1 year</li> <li>Skilled Nurse Interventions: <ul> <li>Admit (first visit) patient to services for home/alternate site injection therapy of Denosumab (Prolia).</li> <li>Complete Skilled Nurse visit with each injection for ongoing home/alternate site injection therapy of Denosumab (Prolia).</li> <li>Obtain vital signs (TPR &amp; B/P) at baseline and at completion of injection.</li> <li>Obtain patient weight at each visit.</li> <li>Inject Denosumab (Prolia) as ordered.</li> <li>If patient is stable after injection and any observation period, Skilled Nurse will complete visit.</li> </ul> </li> <li>If Hypersensitivity Reaction Develops (fever, chills, hypotension, rigors, itching, rash, etc.): The Skilled Nurse will: <ul> <li>Administer emergency medications as prescribed (below).</li> <li>Contact Emergency Medical Services (EMS/911) if indicated.</li> <li>Increase vital sign monitoring to every 5 minutes.</li> <li>Contact provider via emergency phone number for additional instructions.</li> <li>Notify MHS Home/Alternate Site Infusion Pharmacist AND Nurse Supervisor.</li> </ul> </li> </ul>		
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MultiCare

MRN:

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. Max dose = 50 mg.
- 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 I 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.

DOB:

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Provider/Clinic Information: Address:	Return completed orders to: MultiCare Home/Alternate Site Infusion Services 253-459-6650 (phone) / 253-864-2785 (fax)	
Phone #: Fax#: FOR MHS HOME/AI TERNATE SI		
FOR MHS HOME/ALTERNATE SITE INFUSION SERVICES USE ONLY		
Patient Identification:	Pre-printed order – Page 2 of 2	
Name:	Denosumab (Prolia)	
MRN:	MultiCare Revised 09/24	