| MHS Home/Alternate Site Infusion Services    |
|--|
| Zoledronic Acid (Reclast) Infusion 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         Other       Z45.2: Encounter for adjustment and management of vascular access device         Z95.828: Presence of other vascular implants and grafts   |   |  |  |
| Baseline labs required:       Date:// Result:         DEXA scan       Date:// Result:         BMP       Date:// Result:         Serum Calcium       Date:// Result:         Serum Creatinine       Date:// Result:         Zoledronic acid is contraindicated for CrCl less than 35 mL/min         Maintenance labs required: must be drawn within 60 days prior to zoledronic acid infusion         Serum Creatinine every 12 months         Serum Calcium every 12 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-<br>10 Code(s) and supporting labs. ** Emergency phone number for provider (required) **   |   |  |  |
|  | onic Acid (Reclast) Infusion  |  |  |
|  | se with check boxes), providers are responsible for indicating a he order. Orders left unchecked will not be initiated. |  |  |
| <ul> <li>Medication:         Zoledronic Acid (Reclast) 5 mg in 100 mL premixed bag IV infusion over 30 minutes x 1 dose via infusion pump.         <ul> <li>Recommended to have patient hold furosemide or torsemide morning of infusion.</li> </ul> </li> <li>Additional Medications:         <ul> <li>0.9% NaCl (NS) PF flush in 10 mL syringe: Administer 5 – 30 mL IV as needed for establishing and maintaining IV access and for flushing IV line post infusion.</li> <li>Heparin: 100 units/mL for port OR 10 units/mL for other central line/midline, 3-5 mL as needed for de-accessing line.</li> <li>Cathflo (alteplase) 2 mg: Instill 2 mg (2 mL) into occluded catheter as needed for CVC/CVAD occlusion.</li> <li>Diphenhydramine 25 mg IV once, as needed for itching.</li> <li>Acetaminophen 325-650 mg tab/cap by mouth once, as needed for pain.</li> </ul> </li> <li>Skilled Nurse Interventions:         <ul> <li>Admit (first visit) patient to services for home/alternate site infusion therapy of Zoledronic Acid (Reclast).</li> <li>Complete Skilled Nurse visit with each infusion for ongoing home/alternate site infusion therapy of Zoledronic Acid (Reclast).</li> </ul> </li> </ul> |   |  |  |
| <ul> <li>Obtain vital signs (TPR &amp; B/P) at baseline and at completion of infusion.</li> <li>Obtain patient weight at each visit.</li> <li>Infuse Zoledronic Acid (Reclast) as ordered.</li> <li>Once infusion complete, flush IV line with sodium chloride 0.9% (NS) as prescribed.</li> <li>If vital signs are stable after infusion and any observation period, Skilled Nurse will complete visit.</li> </ul>  |   |  |  |
| FOR MHS HOME/ALTERNATE SITE INFUSION SERVICES USE ONLY   |   |  |  |
| Patient Identification:<br>Name:   | Pre-printed order – Page 1 of 2<br>Zoledronic Acid (Reclast)  |  |  |

MultiCare

Name: MRN:

DOB:

## If Hypersensitivity Reaction Develops (fever, chills, hypotension, rigors, itching, rash, etc.):

The Skilled Nurse will:

- STOP THE INFUSION.
- Administer emergency medications as prescribed (below).
- For mild infusion reaction, may restart the infusion at a slower rate (verified with pharmacist) if symptoms resolve with medication.
- 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.

**<u>Emergency Medications</u>**: 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 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: | Printed Name:  | Date: |
|---------------------|--|-------|
| NPI:                | Orders expire in 12 months unless otherwise specified: |       |

| Provider/Clinic Information:                           | Return completed orders to:  |  |  |
|--|--|--|--|
| Address:   | MultiCare Home/Alternate Site Infusion Services<br>253-459-6650 (phone) / 253-864-2785 (fax) |  |  |
| Phone #: Fax#:   |  |  |  |
| FOR MHS HOME/ALTERNATE SITE INFUSION SERVICES USE ONLY |  |  |  |
| Patient Identification:<br>Name:                       | Pre-printed order – Page 2 of 2<br>Zoledronic Acid (Reclast)                                 |  |  |
| MRN:<br>DOB:   | MultiCare Revised 10/24  |  |  |