
Patient Name: _____ Date of Birth: _____

Diagnosis: _____

Both height and weight are needed for CrCl

The following orders will be enacted unless a specific order is written to the contrary:

1. **LABS:** Creatinine done within 30 days prior to dosing each time.
→ Hold infusion and notify physician if Creatinine clearance is < 35 ml/minute
2. **RECLAST Dosage/procedure:**
 - If refrigerated, allow to come to room temperature before administration.
 - Administer via a vented IV line
 - Administer in a separate line from other IV agents
 - Give Reclast 5 mg in 100 ml 0.9% Sodium Chloride (pre-mixed) IV drip over 15minutes (400 ml/hr).
 - Flush with 10 ml 0.9% Sodium Chloride after infusion and d/c IV.
3. **Schedule of Infusions:** Once a year.
4. Notify physician if any suspected drug reaction
5. May discharge when infusion complete and vital signs stable.
6. **Patients being treated for Paget's Disease:** Advise patient to make sure they take 1500 mg calcium and 800 units Vitamin D in divided doses daily, in the 2 weeks following Reclast administration, to prevent hypocalcemia following infusion.

PHYSICIAN SIGNATURE

DATE/TIME

Reference: Clinical Pharmacology, 2008

Wentworth–Douglass Hospital
PHYSICIAN ORDERS
OUTPATIENT
ZOLEDRONIC ACID (RECLAST)
INFUSION ORDERS



PO0020

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