

*Generic substitute unless checked

ORDERS ARE IN EFFECT UNLESS CROSSED OUT.
Exceptions: Orders preceded by a box (☐) require a ✓ to initiate order.
Orders with blanks indicate additional information is needed.

*Patient name: _____ *DOB: _____

*Date

*Diagnosis: Osteoporosis M81.0

Allergies: _____

*Time

Code status: Full code DNR Medications only Other (specify) _____

Draw serum creatinine and serum calcium up to six months prior to infusion for calculations, or on day of infusion with IV start.

Vascular Access: Port PICC CVC Start SL

If blood work meets criteria, give Reclast 5 mg in 100 mL NS IV over 30 minutes

- Serum calcium must be 8.4 mg/dL, if calcium less than 8.4, advise patient to take 600 mg calcium BID and recheck in one week.
- Creatinine clearance must be greater than 35 mL/min

Educate patient about recommendation that vitamin D intake should be 2000IU daily, and to keep hydrated.

Additional orders: _____

Discharge patient when complete if stable

*Healthcare provider's signature: _____ *Date: _____ *Time: _____

For use by Outpatient Therapy Services nurse below this line

Ht. _____ in. _____ cm. W: _____ lb. _____ kg. Age _____ Gender: Male Female SCr: _____

Calcium level: If calcium less than 8.4, contact ordering physician, advise patient to take 600mg calcium BID and recheck in one week.

Creatinine clearance: Calculate using Cockcroft-Gault formula — must be greater than 35 mL/min.

Males

$$\text{CrCl (mL/min)} = \frac{(140 - \text{age}) \times (\text{weight in kg})}{72 \times \text{serum creatinine (mg/dL)}} = \underline{\hspace{2cm}}$$

Females

$$\text{CrCl (mL/min)} = \frac{(140 - \text{age}) \times (\text{weight in kg})}{72 \times \text{serum creatinine (mg/dL)}} \times (0.85) = \underline{\hspace{2cm}}$$

*Denotes field that must be completed by healthcare worker

FAX order form to 503-815-7515



Physician Order

Physician Order: Zoledronic Acid/
Reclast for Osteoporosis
Adventist Health Tillamook
1000 Third St., Tillamook OR 97141

{ Patient label }