



Aultman Infusion Services 2600 Sixth St. SW Canton, OH 44714  
Ph 330-363-1410 Fax 330-363-2380

**Infusion Order – Denosumab (Prolia)**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_ ICD-10: \_\_\_\_\_  
Allergies: \_\_\_\_\_

**Lab work and Treatment guidelines**

- Verify that it has been at least 6 months since previous dose
  - If it has been less than 6 months, hold dose and reschedule patient
- Verify that patient does not have any major dental work planned
  - If major dental work is planned, hold and notify prescriber
- Serum calcium must be evaluated within 2 months prior to each dose
  - If serum calcium has not been evaluated within the past 2 months, draw CMP
  - If serum calcium below normal and corrected serum calcium not available, hold dose and notify physician
  - If corrected serum calcium is available and below normal, hold dose and notify physician
    - Corrected serum calcium = serum calcium + 0.8 (4 - serum albumin)
- Patient should be taking calcium and vitamin D to prevent hypocalcemia and to help prevent osteoporosis. If patient not taking calcium and vitamin D, instruct them to contact prescriber for recommendation.

**Treatment regimen**

- **Denosumab 60mg SubQ every 6 months**
- Monitor patient for 20 minutes post injection for hypersensitivity reactions

**Duration of Order:** 1 year (unless otherwise specified: \_\_\_\_\_)

**For Anaphylactic reactions, check which therapies to be included (patients >40kg):**

- **Epinephrine** 1:1000, 0.3mg (0.3mL) IM x 1, may repeat every 5-15 minutes x 2 doses (or sooner if clinically indicated) if the patient does not respond.
- **Diphenhydramine** 50mg IV Push x 1 over 2 minutes
- **Sodium Chloride 0.9% 250mL** IV x 1 at 250mL/hour

**Additional orders:** \_\_\_\_\_  
\_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Print:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_