



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

**Infusion Order – Zoledronic Acid (Reclast)**

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

**Lab work and Treatment guidelines**

- Verify that it has been at least 1 year since previous dose
  - If it has been less than 1 year, 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
- SCr and serum calcium must be evaluated within 2 months prior to each dose
  - If SCr and 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)
- If CrCl is less than 35mL/min (use ABW), hold and notify prescriber

**Treatment regimen**

- **Zoledronic Acid 5mg in 100mL IV over 30 minutes**
- **Flush IV line with 30-50mL 0.9% NaCl following completion of zoledronic acid infusion**
- **Flush IV line using 10mL 0.9% NaCl flushes for IV start and as required**
- **Monitor patient for 30 minutes post injection for hypersensitivity reactions**

Zoledronic Acid is administered at most, once a year, and will require a new order for each dose.

**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: \_\_\_\_\_