



Patient Name: _____

Date of Birth: _____

 PHYO
 CMC85951-001NS Rev. 9/2021

**Nephrology
 Zoledronic Acid (ZOMETA)
 Infusion Therapy Plan**
Baseline Patient Demographic

To be completed by the ordering provider.

 Diagnosis: _____ Height: _____ cm Weight: _____ kg Body Surface Area: _____ (m²)
 NKDA - No Known Drug Allergies Allergies: _____**Therapy Plan orders extend over time (several visits) including recurring treatment.**

Please specify the following regarding the entire course of therapy:

Duration of treatment: _____ weeks _____ months _____ unknown

Treatment should begin: as soon as possible (within a week) within the month****Plans must be reviewed / re-ordered at least annually. ******ORDERS TO BE COMPLETED FOR EACH THERAPY****ADMIT ORDERS** Height and weight Vital signs**HYPOTENSION DEFINED ADMIT** Nursing communication

Prior to starting infusion, please determine the patient's threshold for hypotension as defined by the following parameters. This information will be needed in the event of an infusion reaction.

Hypotension is defined as follows:

1 month to 1 year - systolic blood pressure (SBP) less than 70

1 year to 11 years - systolic blood pressure (SBP) less than 70 + (2 x age in years)

11 years to 17 years - systolic blood pressure (SBP) less than 90

OR any age - systolic blood pressure (SBP) drop of more than 30% from baseline.

Baseline systolic blood pressure (SBP) x 0.7 = value below defined as hypotension.

NURSING ORDERS

Please select all appropriate therapy

IV START NURSING ORDERS Insert Peripheral IV

Place PIV if needed or access IVAD if available.

 lidocaine 1% BUFFERED (J-TIP LIDOCAINE)

0.2 mL, INTRADERMAL, PRN

 when immediate procedure needed when procedure will take about 1 minute patient / family preference for procedureAdministration Instructions: NOTE: Do not use this medication in patients with bleeding disorders, platelets \leq 20,000, or in patients taking anticoagulants, when accessing implanted ports or using a vein that will be utilized for chemotherapy administration, nor for pre-term infants or neonates. lidocaine - prilocaine (EMLA) cream

TOPICAL, PRN

 when more than 60 minutes are available before procedure when procedure will take more than 1 hour patient / family preference for procedure

Administration Instructions: NOTE: In children < 3 months of age, or < 5 kg in weight, maximum application time is 1 hour.

 lidocaine - tetracaine (SYNERA) patch

TOPICAL, PRN

 when 20 - 30 minutes are available before procedure when procedure will take more than 1 hour when anticipated pain is less than 5 mm from skin surface patient / family preference for procedure lidocaine with transparent dressing 4% kit

TOPICAL, PRN

 when 20 - 30 minutes are available before procedure when procedure will take more than 1 hour patient / family preference for procedure



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ORDERS TO BE COMPLETED FOR EACH THERAPY

NURSING ORDERS, CONTINUED

Heparin flush

heparin flush

10 - 50 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. This heparin flush should be used with all central lines including IVADs, with the exception of de-accessing the IVAD.

heparin flush

100 - 300 units, INTRAVENOUS, PRN, IV line flush. Per protocol, heparin should not be used to flush peripheral IVs. For use only when de-accessing IVADs.

Sodium chloride flush

Sodium chloride flush 0.9% injection

1 - 20 mL, INTRAVENOUS, PRN, IV line flush

Sodium chloride - preservative free 0.9% injection

1 - 30 mL, INTRAVENOUS, PRN, IV line flush

PRE-PROCEDURE LABS

<input checked="" type="checkbox"/> Calcium Total Unit collect	INTERVAL: Every visit	DURATION: Until discontinued
<input checked="" type="checkbox"/> Phosphorus Unit collect	INTERVAL: Every visit	DURATION: Until discontinued
<input checked="" type="checkbox"/> Magnesium Unit collect	INTERVAL: Every visit	DURATION: Until discontinued
<input checked="" type="checkbox"/> Creatinine Unit collect	INTERVAL: Every visit	DURATION: Until discontinued
<input checked="" type="checkbox"/> Urinalysis Unit collect	INTERVAL: Every visit	DURATION: Until discontinued
<input checked="" type="checkbox"/> Vitamin D 25 Hydroxy Unit collect	INTERVAL: Every visit	DURATION: Until discontinued

PRE-MEDICATIONS

Acetaminophen pre-medication 30 minutes prior (15 mg / kg, maximum 650 mg)

Nursing communication

Administer only one of the acetaminophen orders, suspension or tablets, do not give both.

acetaminophen suspension

15 mg / kg, ORAL, for 1 dose pre-medication, give 30 minutes prior to infusion

Dose: _____

acetaminophen tablet

15 mg / kg ORAL, for 1 dose pre-medication, give 30 minutes prior to infusion

Dose: _____

Ibuprofen pre-medication 30 minutes prior (10 mg / kg, maximum 600 mg)

nursing communication

Administer only one of the ibuprofen orders, suspension or tablets, do not give both.

ibuprofen suspension

10 mg / kg, ORAL, for 1 dose pre-medication, give 30 minutes prior to infusion

Dose: _____

ibuprofen tablet

10 mg / kg ORAL, for 1 dose pre-medication, give 30 minutes prior to infusion

Dose: _____



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ORDERS TO BE COMPLETED FOR EACH THERAPY

PRE-MEDICATIONS, CONTINUED

- Diphenhydramine pre-medication 30 minutes prior (1 mg / kg, maximum 50 mg)**

Nursing communication

Administer only one of the diphenhydrAMINE pre-medication orders, liquid, capsule or injection, do not give more than one of the orders as a pre-medication.

diphenhydrAMINE liquid

1 mg / kg, ORAL, for 1 dose pre-medication, give 30 minutes prior to infusion

Dose: _____

diphenhydrAMINE capsule

1 mg / kg ORAL, for 1 dose pre-medication, give 30 minutes prior to infusion

Dose: _____

diphenhydrAMINE injection

1 mg / kg, INTRAVENOUS, 1 dose pre-medication, give 30 minutes prior to infusion

Dose: _____

INTRA-PROCEDURE

- Vital signs**

Check blood pressure, pulse, respirations, temperature and pain prior to the start of the infusion. Observe vitals every 30 minutes upon the initiation of the infusion for signs and symptoms and / or complaints of infusion related reactions.

- Nursing communication**

Monitor fluid intake and urine output during the infusion and as needed.

- Physician communication order**

Dose of zoledronic acid. Please enter the dose of zoledronic acid in 'mg' to facilitate prior authorization requirements:

< 3 years old: 0.025 mg / kg (maximum 4 mg) in 50 mL over 120 minutes

≥ 3 years old: 0.05 mg / kg (maximum 4 mg) in 100 mL over 120 minutes.

Give normal saline bolus of 5 mL / kg over 30 minutes before and after zoledronic acid infusion.

- sodium chloride 0.9% for fluid bolus infusion 5 mL / kg (dosing weight)**

5 mL / kg, INTRAVENOUS, ONCE for 1 dose, administer over 30 minutes. Give 30 minutes prior to zoledronic acid infusion.

Dose: _____ mL

- zoledronic acid in sodium chloride 0.9% infusion** **INTERVAL:** Day 1 of every 6 months **DEFER UNTIL:** _____ **DURATION:** Until discontinued

INTRAVENOUS, ONCE, starting 0.5 hours after treatment start time. Administer over 120 minutes Zoledronic acid must not be mixed with calcium or other divalent cation-containing infusion solutions, such as Lactated Ringer's solution, and should be administered as a single intravenous solution in a line separate from all other drugs.

Dose: _____

Volume of Sodium Chloride: 50 mL 100 mL

- sodium chloride 0.9% for fluid bolus infusion 5 mL / kg (dosing weight)**

5 mL / kg, INTRAVENOUS, ONCE, starting 2.5 hours after treatment start time, administer over 30 minutes. Give after completion of zoledronic acid infusion.

Dose: _____ mL

- Therapy Appointment Request**

Please select department for the therapy appointment request:

Expires in 365 days

Dallas Special Procedures Plano Infusion Center Dallas Allergy Dallas Transplant Dallas Neurology

EMERGENCY MEDICATIONS

- Nursing communication**

1. Hives or cutaneous reaction only – no other system involvement **PATIENT IS HAVING A DRUG REACTION:**

a. Stop the infusion

b. Give diphenhydramine as ordered

c. Check vitals including blood pressure every 5 minutes until further orders from provider.

d. Connect patient to monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one

e. Notify provider for further orders



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EMERGENCY MEDICATIONS, CONTINUED

Nursing communication

2. Hives or cutaneous reaction plus one other system, i.e. abdominal cramping, vomiting, hypotension, altered mental status, respiratory distress, mouth / tongue swelling **PATIENT IS HAVING ANAPHYLAXIS:**

- a. Stop the infusion
- b. Call code – do not wait to give epinephrine
- c. Give epinephrine as ordered
- d. Notify provider
- e. Check vitals including blood pressure every 5 minutes until the code team arrives.
- f. Connect patient to monitor (cardiac / apnea, blood pressure and oxygen saturation), if not already on one.
- g. Give diphenhydramine once as needed for hives
- h. May repeat epinephrine every 5 minutes x 2 doses for persistent hypotension and respiratory distress with desaturation until code team arrives.
- i. May give albuterol as ordered for wheezing with oxygen saturations stable while waiting for code team, continue to monitor oxygen saturation.

Hypotension is defined as follows:

- 1 month to 1 year – systolic blood pressure (SBP) less than 70
- 1 year to 11 years – systolic blood pressure (SBP) less than 70 + (2 x age in years)
- 11 years to 17 years – systolic blood pressure (SBP) less than 90
- OR any age – systolic blood pressure (SBP) drop more than 30% from baseline.
- Baseline systolic blood pressure (SBP) x 0.7 = value below defined as hypotension.

**EPINEPHrine Injection Orderable For Therapy Plan
(AMPULE / EPI - PEN JR. / EPI - PEN) 0.01 mg / kg**

0.01 mg / kg, INTRAMUSCULAR, EVERY 5 MINUTES PRN, for anaphylaxis and may be repeated for persistent hypotension and respiratory distress with desaturation until the code team arrives, for 3 doses
Use caution with PIV administration. This solution has a pH < 5, or a pH > 9, or an osmolality > 600 mOsm / L.

Dose: _____

**Cardio / Respiratory Monitoring
Rationale for Monitoring: High risk patient (please specify risk)**

- Clinically significant cardiac anomalies or dysrhythmias
- Recent acute life-threatening event
- Unexplained or acutely abnormal vital signs
- Artificial airway (stent, tracheostomy, oral airway)
- Acute, fluctuating or consistent oxygen requirements

Monitor Parameters (select all that apply): Heart rate Oxygen saturation Respiratory rate
Telemetry Required: Yes No

diphenhydrAMINE injection

1 mg / kg, INTRAVENOUS, ONCE PRN, for hives or cutaneous reaction, for 1 dose. Maximum dose = 50 mg per dose, 300 mg per day.

Dose: _____

Albuterol for aerosol

0.25 mg / kg., INHALATION, ONCE PRN, for wheezing, but oxygen saturations stable while waiting for code team, continue to monitor oxygen saturation for 1 dose

Dose: _____

POST-PROCEDURE

Nursing communication

Flush PIV or IVAD with 20 mL 0.9% sodium chloride (250 mL bag) at the completion of the infusion.
Flush IVAD with saline and heparin flush per protocol prior to de-accessing IVAD.
Discontinue PIV prior to discharge.

Sodium chloride 0.9% infusion

INTRAVENOUS, at 0 - 25 mL / hour ONCE, for 1 dose

Dose: _____ mL

(circle one):
MD DO

Signature of Provider

Credentials

Date

Time

Printed Name of Provider