Dartmouth Health

Alice Peck Day Memorial Hospital
Infusion Medicine

**Zoledronic Acid (RECLAST) Injection Orders**

MRN:

NAME:

Two identifiers needed
or
Patient Label

DOB:

***Please fax the completed Therapy Plan, signed by the provider, along with patient demographics, insurance information, patient summary, and last visit note to 603-442-5195.***

Patient's Full Name: _____

Birthdate: _____ Phone Number: _____

Address: _____

ICD10 diagnosis related to this treatment: _____

Requested treatment start date: _____

☐ Referral to Alice Peck Day Memorial Hospital (APD) MEDICAL INFUSION

## Pre-Medications

☐ acetaminophen (Tylenol) tablet 650 mg Oral, ONCE, 1 dose; give **prior** to patient's scheduled medication.

## Hydration

☐ sodium chloride 0.9% 250 mL, at 500 mL/hr., Intravenous, ONCE, 1 dose, starting at treatment start time.

## Scheduled Medications

☐ zoledronic acid (Reclast) 5 mg in mannitol and water 100 mL infusion 5 mg, Intravenous, ONCE, 1 dose; administer over 15 minutes. ****Warning Vesicant/Irritant Medication****

Indication for: Osteoporosis, prevention of fractures
Hold dose for CrCl<35 mL/min. **Do not** mix with IV calcium-containing products.

Comments:

_____

_____

_____
Provider Name (printed)

_____
Provider Signature

Order Date: _____ Time Order Signed: _____

Clinic name: _____

Office phone number: _____