



**Riverbend Medical Center Regional Infusion Center (RIC)**  
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**Phone 541-222-6280 Fax 541-349-8006**

**Denosumab (PROLIA) INFUSION (v. 01/09/2024)**

Diagnosis/Indication (ICD-10): \_\_\_\_\_

\* Patient needs to have had satisfactory dental exam prior to start of denosumab (Prolia). Please send copy of most recent calcium result with this order (must be within last 60 days).

**Medications:**

- Denosumab 60 mg subcutaneous injection every 6 months

**Nursing communications:**

- Instruct patient to take calcium 1000 mg orally daily and at least 500 IU vitamin D daily
- Remind patient of good dental hygiene and to avoid dental procedures other than cleaning

**Emergency Medications:**

- Diphenhydramine (BENADRYL) 25 to 50 mg IV as needed for mild to moderate drug reactions (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes ( $\geq 20$  points in SBP), nausea, urticaria, chills, pruritic).  
-- Administer 25 mg IV once, if reaction does not resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg and contact provider.
- Methylprednisolone sodium succinate (Solu-MEDROL) 125 mg IV once as needed for shortness of breath, continued symptoms of mild to moderate drug reaction (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes ( $\geq 20$  points in SBP), nausea, urticaria, chills, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl). Contact provider if given.
- Epinephrine 0.3 mg IM once for anaphylaxis. If reaction does not resolve in 3 minutes may repeat 0.3 mg IM dose for a total of 0.6 mg. Avoid use of hand, foot, leg veins in elderly patient and those with occlusive vascular disease. Contact provider if given.
- Famotidine (PEPCID) 20 mg IV once as needed for infusion/ allergic reaction.
- Emergency medications can be given IM if IV route unavailable

Patient name and DOB \_\_\_\_\_

Provider printed name: \_\_\_\_\_

Provider signature: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_