

### Cottage Grove Infusion 1515 Village Drive Cottage Grove, OR 97424 Phone 541-767-5447 Fax 541-767-5399 E-Fax 541-434-3164

## Zoledronic acid (Reclast) Order Set (v. 05/24/2024)

Diagnosis/Indication (ICD-10): \_

\*Patient must have creatinine, calcium, and vitamin D labs done within 90 days

# Medications:

Zoledronic acid 5 mg/ 100 mL IVPB over 15 minutes every 12 months

#### Nursing communications:

- Vital signs: as needed during infusion
- Hold treatment for patients with creatinine clearance less than 35 mL/ min or calcium less than normal range

#### Access:

- Insert peripheral IV
  - Every visit, remove after IV administration complete
- Access & Use Central Line/ CVAD
  - Initiate Central Line (Non-PICC) Maintenance Protocol
  - Heparin, porcine (PF) 100 unit/mL flush 5 mL as needed for Port-a-Cath line care
  - Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded
- Access & Use PICC
  - Initiate PICC Maintenance Protocol
  - Normal saline flush 3 mL as needed for PICC/ Hickman line care
  - Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

#### **Emergency Medications:**

n 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 (>/= 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 (>/= 20 points in SBP), nausea, urticaria, chills, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl). Contact provider if given.

n 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.

- n Famotidine (PEPCID) 20 mg IV once as needed for infusion/ allergic reaction.
- $_{\mbox{\scriptsize D}}$  May give emergency medications IM if IV route unavailable

| Patient name: | Provider printed name: |
|---------------|------------------------|
| DOB:          | Provider signature:    |
| Height Weight | Date: Time:            |