

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

ROMOSOZUMAB (Evenity) INJECTION (v. 05/24/2024)

Diagnosi	s/Indication (ICD-10):		
* Please so	end recent (within 60 days) labs including CMP, calciun	n and 25-hydroxy vitamin D leve	el with this order
Medication	S		
•	Romosozumab 210 mg subcutaneous injection once a month fo	or 12 months	
Nursing con	nmunications:		
:	Remind patient of good dental hygiene and to avoid dental proc Must have baseline labs (within 60 days). If corrected calcium le		tact provider for instructions
Emergency	Medications:		
• I	PiphenhydrAMINE (BENADRYL) 25 to 50 mg IV as needed for	mild to moderate drug reacti	ons (flushing, dizziness, headaches,
	is, fever, palpitations, chest discomfort, blood pressure char e, if reaction does not resolve in 3 minutes may repeat 25 m		
mild to m 20 points Contact p	MethylPREDNISolone sodium succinate (Solu-MEDROL) 125 goderate drug reaction (flushing, dizziness, headaches, diaph in SBP), nausea, urticaria, chills, pruritic) that worsen or per rovider if given. Spinephrine 0.3 mg IM once for anaphylaxis. If reaction does of hand, toot, leg veins in elderly patient and those with oc	oresis, fever, palpitations, che sist 5 minutes after administra not resolve in 3 minutes may	est discomfort, blood pressure changes (>/= ntion of diphenhydramine (Benadryl). repeat 0.3 mg IM dose for a total of 0.6 mg.
	amotidine (PEPCID) 20 mg IV once as needed for infusion/ a		act pro vacor in geroni
	May give emergency medications IM if IV route unavailable	· ·	
ient name: _		Provider printed name:	
В:		Provider signature:	
ight	_ Weight	Date:	Time: