



Change order details by crossing out unwanted information and writing in desired details/instructions. Place a line through the x to remove the pre-checked option.

DENOSUMAB (PROLIA) INJECTION (Q 6 MONTHS) [11500268] Columbia Network Infusion Centers

Select Location: Southwest/Vancouver St John/Longview Start Date: _____

Diagnosis/Indication: _____

ICD-10 Code(s): _____ Authorization Number: _____

Patient Vitals: Height _____ Weight _____

Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

- I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.

Labs	Interval
<input checked="" type="checkbox"/> Comprehensive Metabolic Panel	Every 180 days if labs not provided by MD Office

Supportive Care	Interval
<input checked="" type="checkbox"/> denosumab (PROLIA) 60 MG SUBQ EVERY 6 MONTHS X 1 YEAR	Route: SUBQ

Nursing Orders	Interval
<input checked="" type="checkbox"/> Nursing Communication	Every 180 days
<i>Remind patients of good dental hygiene and to avoid dental procedures other than cleaning.</i>	
<input checked="" type="checkbox"/> Nursing Communication	Every Visit
<i>If patient new to therapy, must have baseline labs (within the last 14 days). Use corrected Calcium within 6 months for Prolia, no need to wait to proceed. If Calcium lab greater than 6 months, draw Calcium, wait for results prior to administration of Prolia. Notify provider if Calcium less than 8.5.</i>	

Emergency Medications	Interval
<input checked="" type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 25-50 mg	PRN
Route: IV	
<i>25-50 mg Once As Needed For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>= 20 points in SBP), nausea, urticaria, chills, pruritic). Administer 50 mg IV if patient has NOT had diphenhydramine within 2 hours of reaction. Administer 25 mg IV if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn't resolve in 3 minutes may repeat 25 mg I dose for a total of 50 mg, and contact provider.</i>	
<input checked="" type="checkbox"/> albuterol 90 mcg/actuation inhaler 2 puff	PRN
Route: Inhalation	
<i>2 puff Once As Needed Inhalation Wheezing, Shortness of Breath, wheezing, shortness of breath associated with infusion reaction and notify provider. Administer with a spacer if available.</i>	
<input checked="" type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) Injection 125 mg	PRN
Route: IV	
<i>125 mg Once As Needed For shortness of breath for continued symptoms of mild to moderate drug reactions (flushing, dizziness, headache, 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), and contact provider.</i>	
<input checked="" type="checkbox"/> EPINEPHrine (ADRENALIN) injection for Allergic Reaction 0.5 mg	PRN
Route: Intramuscular	
<i>0.5 mg Once As Needed For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (>= 40 points in SBP), shortness of breath with wheezing and O2Sat <90%), and contact provider.</i>	

Provider Signature

Date

Time

Provider's Printed Name: _____

Place Patient Label Here

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EHR5000-DT (05/16/2024)

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