PeaceHealth

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

DENOSUMAB (PROLIA) INJECTION (Q 6 MONTHS) [11500268]
Therapy Plan To Be Used In Infusion Center

Infusion Center Location: _____ Start Date: _____

Diagnosis/Indication: _____

Authorization Number: _____

Patient Name _____ DOB _____ Height _____ Weight _____

Supportive Care	Interval
☐ DENOSUMAB 60 MG/ML SUBQ SYRG	Route:
Other, Starting when released, For 1 dose *Dose _____ Frequency _____*	
Provider Communication Orders	Interval
☐ Provider Communication	Once
Starting when released If patient new to denosumab therapy, must have baseline labs completed prior to treatment. For subsequent treatment, use corrected Calcium within predetermined timeframe before treatment. Select a timeframe within the Nursing Communication order. WITHIN 7 MONTHS - May be appropriate for individuals who do not have impaired renal function or elevated risk for hypocalcemia (i.e. eGFR of 60 or higher), no history of malabsorptive conditions or malabsorptive procedures such as gastric bypass, or history of hypoparathyroidism) and who are regularly obtaining stable intake of calcium and vitamin D. WITHIN 3 MONTHS - May be appropriate for individuals who may have mild-to-moderate impairment in renal function (eGFR 45-59) or history of malabsorption but with stable supplementation and nutrition. WITHIN 1 MONTH - May be appropriate for individuals who have impaired renal function (eGFR of less than 45) or concerns about elevated risk for hypocalcemia (known issues with nutrition or intestinal absorption), or who may be at elevated risk for progression in renal impairment which would also increase risk of severe hypocalcemia due to denosumab treatment. More frequent monitoring of calcium may be needed for individuals with more advanced CKD. For individuals with eGFR less than 15, denosumab should be introduced only with caution due to risk of hypocalcemia, and ideally under the guidance of a specialist in metabolic bone disease/osteoporosis,	
☐ Provider Communication	Once
Starting when released Order one CMP prior to patient beginning treatment.	
☐ Provider Communication	Once
Starting when released Provider to ensure patient has had satisfactory dental exam prior to start of denosumab (Prolia).	
Labs	Interval
☐ Comprehensive Metabolic Panel	Once
Starting when released	
☐ Treatment Lab Instructions	Every 180 days
Starting when released Nursing to release the following labs: -CMP, Provider approves to Release and Draw labs 2 days Pre & Post this Planned Treatment Date.	
Nursing Orders	Interval

Provider Signature EHR User ID Date Time

Initials

Place Patient Label Here

☐	Nursing Communication	Every visit	

Starting when released If patient new to denosumab therapy, must have baseline labs completed prior to treatment. If corrected calcium is normal within specified timeframe, no need to wait to proceed with treatment. If last calcium lab was not within the specified timeframe, draw Calcium and albumin (CMP), wait for results prior to administration of Prolia. Notify provider if corrected Calcium less than 8.5.

☐	Nursing Communication	Every 180 days	

Starting when released Instruct patients to take calcium 1000 mg daily and at least 400 IU Vitamin D daily.

☐	Nursing Communication	Every 180 days	

Starting when released Remind patient of good dental hygiene and to avoid dental procedures other than cleaning.

Emergency Medications	Interval	
☐ diphenhydrAMINE (BENADRYL) injection 25-50 mg	PRN	Route: Intramuscular

25 to 50 mg Once As Needed Intramuscular Other, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>/= 20 points in SBP), nausea, urticaria, chills, pruritis), For 1 dose, Administer 50 mg IM if patient has NOT had diphenhydramine within 2 hours of reaction. Administer 25 mg IM if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn't resolve in 3 minutes may repeat 25mg IM dose for a total of 50 mg, and notify provider

☐ albuterol 90 mcg/actuation inhaler 2 puffs	PRN	Route: Inhalation

2 puffs Once As Needed Inhalation Wheezing, Shortness of Breath, associated with infusion reaction and contact provider. Administer with a spacer if available. Starting when released, Administer with a spacer if available.

☐ methylPREDNISolone sod suc(PF) (Solu-MEDROL) injection 125 mg	PRN	Route: Intramuscular

125 mg Once As Needed Intramuscular 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, pruritis) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl), and notify provider, Starting when released, Do not inject into deltoid.

☐ EPINEPHrine (ADRENALIN) injection 0.5 mg	PRN	Route: Intramuscular

0.5 mg Once As Needed Intramuscular Other, 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 notify provider, For 1 dose

Provider Signature EHR User ID Date Time

Initials

Place Patient Label Here