Riverbend Medical Center Regional Infusion Center (RIC)
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Springfield, Oregon 97477
Phone 541-222-6280 Fax 541-349-8006

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

Diagnosis/Indication (ICD-10): _____

* Please send recent (within 60 days) labs including CMP, calcium and 25-hydroxy vitamin D level with this order

Medications:

- Romosozumab 210 mg subcutaneous injection once a month for 12 months

Nursing communications:

- Remind patient of good dental hygiene and to avoid dental procedures other than cleaning
- Must have baseline labs (within 60 days). If corrected calcium less than 8.5, hold injection and contact provider for instructions

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 (>/= 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.
- 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.
- May give emergency medications IM if IV route unavailable

Patient name: _____

DOB: _____

Height _____ Weight _____

Provider printed name: _____

Provider signature: _____

Date: _____ Time: _____