



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.

ZOLEDRONIC ACID (RECLAST) INFUSION THERAPY PLAN [11501071] 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 | ONCE: If results not provided by MD office; must be within 4 weeks |
| Supportive Care | Interval |
| <input checked="" type="checkbox"/> ZOLEDRONIC ACID (Reclast) 5mg IV Once (new orders required annually) | Route: IV |
| Nursing Orders | Interval |
| <input checked="" type="checkbox"/> Nursing Communication | Once <i>Treatment will be withheld for patients with creatinine clearance less than 35 mL/min.</i> |
| Vascular Access (single select) | Interval |
| <input type="radio"/> IV <ul style="list-style-type: none">- Insert peripheral IV- sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care</i> | Every Visit |
| <input type="radio"/> Central line (non-PICC) <ul style="list-style-type: none">- Access vascular device and confirm patency- Initiate Central line (non-PICC) maintenance protocol- sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care prior to medication administration PRN</i>- sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care post medication administration PRN</i>- sodium chloride (NS) flush 20 mL <i>20 mL As Needed for Line Care post lab draw PRN</i>- sodium chloride (NS) flush 10 mL <i>10 mL for Line Care at discharge and de-access every visit</i>- heparin 100 units/mL 5 mL <i>5 mL for de-access PRN</i> | Every Visit |

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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ZOLEDRONIC ACID (RECLAST) INFUSION THERAPY PLAN

- O PICC line
 - Access vascular device and confirm patency
 - Initiate PICC maintenance protocol
 - Nursing Communication
 - Change PICC line dressing weekly and PRN*
 - sodium chloride (NS) flush 10 mL
 - 10 mL As Needed for Line Care prior to medication administration PRN*
 - sodium chloride (NS) flush 10 mL
 - 10 mL As Needed for Line Care post medication administration PRN*
 - sodium chloride (NS) flush 20 mL
 - 20 mL As Needed for Line Care post lab draw PRN*
 - alteplase (CATHFLO) injection 2 mg
 - Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded*

| PRN Medications | Interval |
|--|--------------------|
| O sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care</i> | PRN Route: IV |
| O sodium chloride 0.9 % bolus 500 mL <i>500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr)</i> | PRN Route: IV |

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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