

# Zoledronic Acid (ZOMETA) Infusion Therapy Plan Orders

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Name: \_\_\_\_\_

Kaiser Permanente Member I.D. # \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Instructions to Provider

Review orders and note any changes. All orders with  will be placed unless otherwise noted. Please fax completed order form to the infusion center where the patient will be receiving treatment (see fax numbers at the end of this protocol). Lab orders are not included on this form – place orders via usual method. Lab monitoring is the responsibility of the ordering physician.

Please complete all of the following:

|   |   |
|---|---|
| <b>Order Date:</b> _____<br><br><b>Weight:</b> _____ kg | <b>Diagnosis:</b><br>ICD-10 code (REQUIRED): _____<br><br>ICD-10 description _____<br>_____ |
|---|---|

### General Plan Communication

- Special instructions/notes: \_\_\_\_\_

### Provider Information

- Osteonecrosis of the jaw precautions/patient counseling.
- Consider daily supplementation with at least oral calcium 500 mg and vitamin D 400 international units unless patient has hypercalcemia.
- Consider Zoledronic acid every 12 weeks for bone metastasis.

### Infusion Therapy

**Zoledronic acid (ZOMETA) in 0.9% sodium chloride 100 mL IV infusion**

**Dose:**  4 mg  \_\_\_\_\_ mg

**Route:** Intravenous

**Frequency:**  Every 4 weeks  Every 12 weeks  Every \_\_\_\_\_ weeks

**Infusion Rate:**  Over 30 minutes.

**Note any changes to above regimen:** \_\_\_\_\_

**Note Usual initial doses:**

- 4.0 mg if creatinine clearance is greater than 60 mL/min
- 3.5 mg if creatinine clearance is 50 to 60 mL/min
- 3.3 mg if creatinine clearance is 40 to 49 mL/min
- 3.0 mg if creatinine clearance is 30 to 39 mL/min

### Pre-Meds

Other: \_\_\_\_\_  
 Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency: \_\_\_\_\_

No pre-medications necessary. Contact provider if patient has reaction and requires pre-medications for future doses.

### IV Line Care

0.9% sodium chloride infusion 250 mL  
 Rate: 30 mL/hr Route: Intravenous Frequency: Run continuously to keep vein open  
 Start peripheral IV if no central line

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

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### Lab Review for Nursing

Baseline Labs (one time draw, prior to first infusion): SCr, Ca, 25-Hydroxy Vitamin D level, Serum Albumin  
Labs Before Treatment (within 14 days of planned treatment day): SCr, Ca, Serum Albumin

#### Lab Parameters to Assess:

- CrCl greater than 60 mL/min.
- For patient with BASELINE SCR LESS THAN 1.4 mg/dL, notify provider if there is an increase in SCr from baseline of less than or equal to 0.5 mg/dL.
- For patient with BASELINE SCR GREATER THAN OR EQUAL TO 1.4 mg/dL, notify provider if there is an increase in SCr from baseline of less than or equal to 1 mg/dL.

### Infusion Reaction Meds

- albuterol (PROVENTIL) nebulizer solution 0.083%  
Dose: 2.5 mg Route: Nebulization Frequency: PRN for shortness of breath/wheezing
- diphenhydramine (BENADRYL) injectable  
Dose: 25 mg Route: Intravenous Frequency: Once PRN, May repeat x1 for urticaria, pruritus, shortness of breath. May repeat in 15 minutes if symptoms not resolved.
- EPINEPHrine (Epi-Pen) 0.3 mg/0.3 mL IM Auto-Injector  
Dose: 0.3 mg Route: Intramuscular Frequency: Once PRN for anaphylaxis. Inject into lateral thigh and hold area. Use for patients weighing greater than 27.3 kg (60 lbs). Use amp and 1.5 inch needle for patients with BMI greater than 30. Notify physician if administered.
- MethylPREDNISolone Sod Succ (PF) Inj 125 mg (SOLU-Medrol PF).  
Dose: 125 mg Route: IV push Frequency: Once PRN for hypersensitivity reaction. Notify MD upon giving medication.

### Nursing Orders

- Confirm patient is taking oral calcium and vitamin D supplements if ordered.
- Discontinue IV line when therapy complete and patient stabilized.

### References

[Himelstein AL, et al. JAMA. 2017 Jan 3;317\(1\):48-58.](#)  
[Anderson K, et al. J Clin Oncol. 2018 Mar 10;36\(8\):812-818](#)  
[Rosen LS, Gordon D, Kaminski M, et al. Cancer Journal, 2001;7:377-387](#)  
[Zoledronic Acid package insert](#)  
[Brufsky AM, et al. J Clin Oncol. 2007; 25:829-836.](#)  
[Dhesy-Thind S, et al. J Clin Oncol. 2017 Jun 20;35\(18\):2062-2081](#)

### Kaiser Permanente Infusion Locations

**Bellevue Medical Center**11511 NE 10<sup>th</sup> St, Bellevue, WA 98004

Fax: 425-502-3811 Phone: 425-502-3820

**Capitol Hill Medical Center**201 16<sup>th</sup> Ave E, Seattle WA 98112

Fax: 206-326-3624 Phone: 206-326-3180

**Everett Medical Center**

2930 Maple St, Everett, WA 98201

Fax: 425-261-1578 Phone: 425-261-1566

**Olympia Medical Center**

700 Lilly Road N.E., Olympia, WA 98506

Fax: 360-923-7609 Phone: 360-923-7600

**Riverfront Medical Center – Spokane**

W 322 North River Drive, Spokane, WA 99201

Fax: 509-434-3184 Phone: 509-324-6464

**Silverdale Medical Center**

10452 Silverdale Way NW, Silverdale, WA 98383

Fax: 360-307-7421 Phone: 360-307-7316

**Tacoma Medical Center**

209 Martin Luther King Jr Way, Tacoma, WA 98405

Fax: 253-596-3351 Phone: 253-596-3350

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_