

Pamidronate (AREDIA) 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:

Order Date: _____ Weight: _____ kg	Diagnosis: ICD-10 code (REQUIRED): _____ ICD-10 description _____ _____
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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.

Infusion Therapy

Pamidronate (AREDIA) in 0.9% sodium chloride 500 mL IV infusion
Dose: 90 mg _____ mg
Route: Intravenous
Frequency: Every 4 weeks Every 12 weeks Every _____ weeks
Infusion Rate: Over one hour. Over _____ hours
Note any changes to above regimen: _____

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

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): Ca, Serum Albumin, SCr

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.

Provider Signature: _____ **Date:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____

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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

- [Anderson K, et al. J Clin Oncol. 2018 Mar 10;36\(8\):812-818](#)
- [de Lemos ML, et al. J Oncol Pharm Pract. 2006;12\(4\):193-199](#)
- [Pamidronate Package Insert](#)

Kaiser Permanente Infusion Locations**Bellevue Medical Center**11511 NE 10th St, Bellevue, WA 98004

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

Capitol Hill Medical Center201 16th 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: _____