BC CHILDREN'S HOSPITAL
An agency of the Provincial Health Services Authority

CHILDREN'S & WOMEN'S HEALTH CENTRE OF BRITISH COLUMBIA
AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORITY

PRESCRIBER'S ORDERS
FOR INTRAVENOUS PAMIDRONATE INFUSION
PROTOCOL FOR OSTEOPENIA
MEDICAL INVESTIGATION FACILITY
INPATIENT AND OUTPATIENT

DATE ___/___/_____ **TIME:** ___:___ **HOURS**
DD MM YYYY **HH MM**

WEIGHT_____ kilograms	HEIGHT_____ centimetres	❑ ALLERGY CAUTION sheet reviewed

Pharmacy Use Only	WRITE FIRMLY WITH A BALLPOINT PEN WITH BLUE OR BLACK INK	Noted by RN/UC

Height and weight on admission

Baseline lab obtained annually or as needed
- ❑ 25-hydroxy Vitamin D

Day 1 pre-infusion bloodwork
- ❑ CBC (complete blood count) and differential
- ❑ Sodium, potassium, chloride, bicarbonate, urea, creatinine
- ❑ Calcium, magnesium, phosphorus, ionized calcium
- ❑ AST (aspartate transferase); ALT (alanine aminotransferase); GGT (gamma-glutamyl transferase); LDH (lactate dehydrogenase); alkaline phosphatase

Day 1 pre-infusion random urine labs
- ❑ Calcium/creatinine ratio

Final day (Day 2 or 3) pre-infusion bloodwork
- ❑ Ionized calcium

❑ **3-day high-dose infusions: all ages (9 mg/kg/year for ≥3 years)**

❑ Standard dose: Pamidronate (❑ 0.5 mg/kg/day for age less than 2 years, ❑ 0.75 mg/kg/day for 2–3 years, ❑ 1 mg/kg/day for 3 years and older, maximum 60 mg/day) = _____ mg IV. Infuse daily for 3 days. Dilute in 0.9% saline (not to exceed 0.1 mg/mL).

❑ Escalating dose for first cycle only: Pamidronate _____ mg/kg = _____ mg on Day 1; _____ mg/kg = _____ mg on Day 2; and _____ mg/kg = _____ mg on Day 3.

❑ **1- or 2-day shortened infusions: age ≥3 years only (4.5 mg/kg/year)**

❑ <25 kg: Pamidronate _____ mg IV (1.5 mg/kg/day for 1 day, maximum 40 mg/day). Dilute in 0.9% saline (not to exceed 0.1 mg/mL).

❑ ≥25 kg: Pamidronate _____ mg IV (0.75 mg/kg/day for 2 days, maximum 40 mg/day). Dilute in 0.9% saline (not to exceed 0.1 mg/mL).

Monitor heart rate, respiratory rate, and temperature every 2 hours during infusion.

Also monitor blood pressure? ❑ Yes ❑ No

❑ Ondansetron _____ mg orally at start of infusion PRN nausea (0.2 mg/kg, max 8 mg).

❑ Acetaminophen _____mg orally/rectally (10–15 mg/kg/dose) every 4–6 hours as needed for headache, muscle pain or fever. (Maximum of 75 mg/kg/day)

Call Dr. _____ if blood pressure below _____ or above_____, or if temperature above 38.3°C, or if acetaminophen is not controlling symptoms.

Flush catheter with 1 mL heparin lock solution (10 units/mL) daily.

Schedule follow-up for:
- ❑ 2 months for age less than 2 years
- ❑ 3 months for age 2–3 years
- ❑ 4 months for age above 3 years

Print Name: _____ Pager #: _____

Signature: _____ College ID#: _____