

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

DATE    /   /     
DD MM YYYY

TIME:    :    HOURS  
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#: \_\_\_\_\_