

**PRESCRIBER'S ORDERS
FOR INTRAVENOUS ZOLEDRONIC ACID 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

Pre-infusion bloodwork

- 25-hydroxy Vitamin D
- 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
- _____

Pre-infusion random urine labs

- Calcium/creatinine ratio

Zoledronic acid infusion: age <2 years

- Usual dose: zoledronic acid mg IV (0.025 mg/kg; maximum 2 mg) q 3 months
- Reduced dose (1st cycle): mg IV (0.0125 mg/kg; maximum 1 mg)

Zoledronic acid infusion: age ≥2 years

- Usual dose: zoledronic acid mg IV (0.05 mg/kg; maximum 4 mg) q 6 months
- Reduced dose (1st cycle): mg IV (0.025 mg/kg; maximum 2 mg)
- Reduced dose (aBMD Z-score >0): mg IV (0.025 mg/kg; max 2 mg) q 12 months
- Reduced dose (aBMD Z-score -2 to 0): mg IV (0.025 mg/kg; max 2 mg) q 6 months

Use 4 mg/5 mL formulation. Dilute in 0.9% NaCl (not to exceed 0.022 mg/mL). Infuse intravenously over 50 minutes.

Not to be given within 4 months of osteotomy/rodding procedures. Monitor heart rate, respiratory rate, and temperature prior to and after 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, maximum 650 mg) as needed for headache, muscle pain or fever.

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

Schedule follow-up for: _____ months (6 months for most patients)

Print Name: _____ Pager #: _____

Signature: _____ College ID#: _____