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 ZOLEDRONIC ACID 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

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#: _____