

PATIENT INFORMATION

Name: _____ DOB: _____ Height: _____ Weight: _____
 Address: _____ Phone: _____ Allergies: _____
 City, State, Zip: _____ Email: _____

REFERRAL STATUS

New Referral Dose or Frequency Change Order Renewal

Is this the first dose? Yes No, date of last infusion: _____ Line type: PIV PICC Port Other

DIAGNOSIS AND ICD-10 CODE

<input type="checkbox"/> Hypercalcemia of Malignancy	ICD-10 Code: _____
<input type="checkbox"/> Osteolytic bone lesions of multiple myeloma	ICD-10 Code: _____
<input type="checkbox"/> Osteolytic bone metastases of breast cancer	ICD-10 Code: _____
<input type="checkbox"/> Paget's Disease	ICD-10 Code: _____
<input type="checkbox"/> Other: _____	ICD-10 Code: _____

<input type="checkbox"/> This signed order form by the provider	<input type="checkbox"/> H&P and Clinical/Progress notes supporting primary diagnosis
<input type="checkbox"/> Patient demographics AND insurance information	<input type="checkbox"/> Labs and Tests supporting primary diagnosis
<input type="checkbox"/> Recent serum calcium level and serum creatinine	

MEDICATION ORDERS

Dosing

Pamidronate 30mg IV over 4 hours x 3 days
 Pamidronate 90mg IV over 4 hours monthly
 Pamidronate 90mg IV over 2 hours every ___ weeks
 Pamidronate ___mg IV over ___ hours every _____

Please note: ALL doses will be administered over a minimum of 2 hours

Refills*: X 6 months X 1 Year _____ doses

*(if not indicated, order will expire 1 year from date signed)

RN to manage VAD per company protocol and administer ordered therapy per manufacturer guideline
 RN to access/start and deaccess/discontinue VAD as appropriate for therapy administration
 RN to flush and lock VAD/CVAD per company protocol

Other: _____

PREMEDICATION ORDERS

Acetaminophen 650mg PO prior to infusion Other: _____
 Diphenhydramine 25mg PO prior to infusion Other: _____

EMERGENCY MEDICATIONS

Administer the following medications as needed for infusion-related reactions per company protocol:

Adults (weight >40kg):

Diphenhydramine 25mg-50mg PO
 Diphenhydramine 25mg-50mg slow IV push over 2-5 mins
 Acetaminophen 325mg-650mg PO
 Methylprednisolone 125mg slow IV push over at least 5 mins as tolerated
 Epinephrine 0.3mg IM/SQ, may repeat x1
 Sodium chloride 0.9% 500ml over 30-60 mins, may repeat x1 if hypotensive
 Oxygen 1-6LPM continuous flow per nasal cannula or face mask, titrate to maintain SpO2 of 95-100% (AIC/AIS only)

Pediatrics (weight <40kg): (may adjust with weight changes)

Diphenhydramine 25mg PO
 Diphenhydramine 25mg slow IV push over 2-5 mins
 Acetaminophen 325mg PO
 Methylprednisolone 40mg slow IV push over at least 5 mins as tolerated
 Epinephrine 0.15mg (<30kg) or 0.3mg (>30kg) IM/SQ, may repeat x1
 Sodium chloride 0.9% 500ml over 30-60 mins, may repeat x1 if hypotensive

PRESCRIBER INFORMATION

Prescriber Name: _____ NPI Number: _____
 Office Phone: _____ Office Fax: _____
 Prescriber Signature: _____ Date: _____