

Nursing Orders**Interval**

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|---|---|----------------|
| X | Nursing Communication | Every Visit |
| | <i>If patient new to denosumab therapy, must have baseline labs completed prior to treatment. If corrected calcium is normal within specified time-frame, no need to wait to proceed with treatment. If last calcium lab was not within the specified time-frame, draw Calcium and Albumin (CMP), wait for results prior to administration of Prolia. Notify provider if corrected Calcium less than 8.5.</i> | |
| X | Nursing Communication | Every 180 days |
| | <i>Instruct patients to take calcium 1000mg daily and at least 400 IU Vitamin D daily.</i> | |
| X | Nursing Communication | Every 180 days |
| | <i>Remind patients of good dental hygiene and to avoid dental procedures other than cleaning.</i> | |

Emergency Medications**Interval**

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|---|---|-----|----------------------|
| X | diphenhydrAMINE (BENADRYL) injection 25-50 mg | PRN | Route: Intramuscular |
| | <i>25-50 mg Once As Needed Intramuscular, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>= 20 points in SBP), nausea, urticaria, chills, pruritis). For 1 dose, Administer 50 mg IM if patient has NOT had diphenhydramine within 2 hours of reaction. Administer 25 mg IM if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn't resolve in 3 minutes may repeat 25 mg IM dose for a total of 50 mg, and notify provider.</i> | | |
| X | albuterol 90 mcg/actuation inhaler 2 puffs | PRN | Route: Inhalation |
| | <i>2 puffs Once As Needed Inhalation Wheezing, Shortness of Breath, associated with infusion reaction and contact provider. Administer with a spacer if available.</i> | | |
| X | methylPREDNISolone sod suc(PF) (Solu-MEDROL) Injection 125 mg | PRN | Route: Intramuscular |
| | <i>125 mg Once As Needed For shortness of breath for continued symptoms of mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>= 20 points in SBP), nausea, urticaria, chills, pruritis) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl), and notify provider, Do not inject into deltoid.</i> | | |
| X | EPINEPHrine (ADRENALIN) injection 0.5 mg | PRN | Route: Intramuscular |
| | <i>0.5 mg Once As Needed Intramuscular For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (>= 40 points in SBP), shortness of breath with wheezing and O2Sat <90%), and notify provide, For 1 dose.</i> | | |

 Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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EHR5000-DT (12/06/2024)

DENOSUMAB (PROLIA) INJECTION (Q 6 MONTHS)