



Change order details by crossing out unwanted information and writing in desired details/instructions.
Place a line through the x to remove the pre-checked option.

**IBANDRONATE (BONIVA) EVERY 3 MONTHS [11500264]
Columbia Network Infusion Centers**

Select Location: Southwest/Vancouver St John/Longview Start Date: _____

Diagnosis/Indication: _____

ICD-10 Code(s): _____ Authorization Number: _____

Patient Vitals: Height _____ Weight _____

Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

- I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.

Labs	Interval
<input checked="" type="checkbox"/> Comprehensive Metabolic Panel	Every 84 days: If results not provided by MD office; must be within 4 weeks

Supportive Care	Interval
<input checked="" type="checkbox"/> IBANDRONATE (BONIVA) 3 MG/3 ML IV SYRG Dose <u>3 MG</u> Frequency <u>Every 3 Months</u>	Route: IV

Nursing Orders	Interval
<input checked="" type="checkbox"/> Nursing Communication <i>Lab draw must be within 1 month of scheduled Ibandronate (Boniva) injection.</i>	Every 84 days
<input checked="" type="checkbox"/> Nursing Communication <i>Corrected Serum calcium must be greater than or equal to 8.6 mg/dL.</i>	Every 84 days
<input checked="" type="checkbox"/> Nursing Communication <i>Calculated creatinine clearance (based on ideal body weight) or measured creatinine clearance must be greater than 30 ml/min.</i>	Every 84 days
<input checked="" type="checkbox"/> Nursing Communication <i>Ask about any dental issues prior to administration.</i>	Every 84 days

Vascular Access (single select)	Interval
<input type="radio"/> IV - Insert peripheral IV - sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care</i>	Every Visit
<input type="radio"/> Central line (non-PICC) - Access vascular device and confirm patency - Initiate Central line (non-PICC) maintenance protocol - sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care prior to medication administration PRN</i> - sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care post medication administration PRN</i> - sodium chloride (NS) flush 20 mL <i>20 mL As Needed for Line Care post lab draw PRN</i>	Every Visit

Provider Signature _____ Date _____ Time _____

Provider's Printed Name: _____

Place Patient Label Here

- sodium chloride (NS) flush 10 mL
10 mL for Line Care at discharge and de-access every visit
- heparin 100 units/mL 5 mL
5 mL for de-access PRN
- alteplase (CATHFLO) injection 2 mg
Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

O PICC line Every Visit

- Access vascular device and confirm patency
- Initiate PICC maintenance protocol
- Nursing Communication
Change PICC line dressing weekly and PRN
- sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care prior to medication administration PRN
- sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care post medication administration PRN
- sodium chloride (NS) flush 20 mL
20 mL As Needed for Line Care post lab draw PRN
- alteplase (CATHFLO) injection 2 mg
Other, Starting when released, For 2 dose, PRN. For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

PRN Medications

Interval

- | | | | |
|-----------------------|--|-----|-----------|
| <input type="radio"/> | sodium chloride (NS) flush 10 mL
<i>10 mL As Needed for Line Care</i> | PRN | Route: IV |
| <input type="radio"/> | sodium chloride 0.9 % bolus 500 mL
<i>500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr)</i> | PRN | Route: IV |

Emergency Medications

Interval

- | | | | |
|-------------------------------------|--|-----|----------------------|
| <input checked="" type="checkbox"/> | diphenhydrAMINE (BENADRYL) injection 25-50 mg
<i>25-50 mg Once As Needed IV, 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). Administer 50 mg IV if patient has NOT had diphenhydramine within 2 hours of reaction. Administer 25 mg IV if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn't resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg, and contact provider.</i> | PRN | Route: IV |
| <input checked="" type="checkbox"/> | albuterol 90 mcg/actuation inhaler 2 puff
<i>2 puff Once As Needed Inhalation, Wheezing, Shortness of Breath, wheezing, shortness of breath associated with infusion reaction and notify provider. Administer with a spacer if available.</i> | PRN | Route: Inhalation |
| <input checked="" type="checkbox"/> | methylPREDNISolone sodium succinate (Solu-MEDROL) Injection 125 mg
<i>125 mg Once As Needed IV, 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 contact provider.</i> | PRN | Route: IV |
| <input checked="" type="checkbox"/> | EPINEPHrine (ADRENALIN) injection for Allergic Reaction 0.5 mg
<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 contact provider.</i> | PRN | Route: Intramuscular |

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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EHR5020-DT (12/08/2024)

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