PeaceHealth

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

DENOSUMAB OR BIOSIMILAR (XGEVA, WYOST) 120 MG MONTHLY INJECTION [11500788]
Therapy Plan To Be Used In Infusion Center

Infusion Center Location: _____ Start Date: _____

Diagnosis/Indication: _____

Authorization Number: _____

Patient Name _____ DOB _____ Height____ Weight_____

Supportive Care	Interval	
☐ DENOSUMAB 120 MG/1.7 ML (70 MG/ML) SUBQ SOLN		Route:
Starting when released, For 1 dose *Dose* _____ *Frequency* _____		
☐ DENOSUMAB-BBDZ 120 MG/1.7 ML (70 MG/ML) SUBQ SOLN		Route:
Starting when released, For 1 dose *Dose* _____ *Frequency* _____		
Labs	Interval	
☐ Comprehensive Metabolic Panel	Once	
Starting when released		
☐ Treatment Lab Instructions	Every visit	
Starting when released Nursing to release the following labs: -CMP, Provider approves to Release and Draw labs 2 days Pre & Post This Planned Treatment Date.		
Provider Communication Orders	Interval	
☐ Physician Communication	Once	
Starting when released Order one CMP prior to patient beginning treatment.		
☐ Provider Communication	Once	
Starting when released Consider oral calcium and Vitamin D replacement in patients who are at risk for post treatment hypocalcemia and bone pain.		
Nursing Orders	Interval	
☐ Nursing Communication	Every 28 days	
Starting when released Remind patient of good dental hygiene and to avoid dental procedures other than cleaning.		
Nursing Communication	Interval	
☐ Nursing Communication	Every visit	
Starting when released Use corrected Calcium drawn within last 30 days for Xgeva. If previous corrected Calcium (within last 30 days) was less than 8.5, wait for Calcium results. If previous corrected Calcium (within last 30 days) is less than 8.5, and if Calcium still below 8.5 on same day draw, hold treatment, and contact provider. If patient's last Calcium lab draw was greater than 30 days, then re-draw Calcium and wait for results.		

Provider Signature EHR User ID Date Time

Print Provider Name

Initials

Place Patient Label Here

Prog & Orders

Emergency Medications	Interval	
☐ diphenhydrAMINE (BENADRYL) injection 25-50 mg	PRN	Route: Intramuscular
25 to 50 mg Once As Needed Intramuscular Other, 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 25mg IM dose for a total of 50 mg, and notify provider		
☐ albuterol 90 mcg/actuation inhaler 2 puffs	PRN	Route: Inhalation
2 puffs Once As Needed Inhalation Wheezing, Shortness of Breath, associated with infusion reaction and contact provider. Administer with a spacer if available. Starting when released, Administer with a spacer if available.		
☐ methylPREDNISolone sod suc(PF) (Solu-MEDROL) injection 125 mg	PRN	Route: Intramuscular
125 mg Once As Needed Intramuscular 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, Starting when released, Do not inject into deltoid.		
☐ EPINEPHrine (ADRENALIN) injection 0.5 mg	PRN	Route: Intramuscular
0.5 mg Once As Needed Intramuscular Other, 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 provider, For 1 dose		

Provider Signature | EHR User ID | Date | Time

Print Provider Name

Initials

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