



Glenmore Landing
 Bldg "D" 274-1600 Ave SW Calgary
 Phone (403) 255-4200 ext7 Fax (403) 236-0846
 GLInufusionClinic@nbly.ca

Zoledronic Acid

Patient Info and Demographics

Name: _____ PHN: _____
 Date of Birth: _____ Contact info: _____
 Private Drug Plan: Yes -Specify _____ No

Indication and Pre-Infusion Details

- Indication: _____
- The patient had a previous Zoledronic Acid infusion ____ Yes ____ No
- Patient has completed recent bloodwork and creatinine clearance > 35mL/minute
- Patient has been advised to take vitamin D and calcium supplementation prior to and after the infusion
- Patient to drink 500ml of water before and after infusion
- Medications to be held prior to infusion, please specify: _____

Zoledronic Acid (Aclasta®)

- Infuse 4mg or 5mg as a single IV infusion once yearly
- Set up reminder message for patient 2 months prior to their next annual infusion

Nursing Orders: Dilute and Infuse drug as per drug monograph over 15-30 minutes, and provide any prn or emergency medications, or oxygen, as may be required while responding to an infusion reaction or in case of an emergency. Observe patient for at 15- 30 minutes post infusion.

Special Instructions or Comments:

Signature: _____ Date: _____

Prescriber's Name: _____ Prescriber's Office Number: _____

CONFIDENTIAL FAX TRANSMISSION WITH THE PATIENT'S CONSENT TO:

Pharmacy: *Sandstone Pharmacies* Fax #: *(403) 236-0846*