Denosumab (Prolia)

Provider Order Form

CURBSIDE INFUSION SERVICES

PATIENT INFORMATION

Date:	Patient Name:	DOB:
ICD-10 code (required):	ICD-10 description:	
☐ NKDA Allergies:		Weight lbs/kg:
Patient Status: ☑ New to Therapy	☐ Continuing Therapy	Next Due Date (if applicable): N/A

PROVIDER INFORMATION

Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

NURSING

☑ Provide nursing care per IVX Standard Nursing Procedures, including reaction management and post-procedure observation

☑ DEXA scan results and date (Please also attach results)

see attached

☑ Calcium level and date (Please also attach results)

See attached

THERAPY ADMINISTRATION

☑ **Denosumab** (Prolia)

- Dose: ☑ 60mg/ml
- Route: subcutaneous injection
- Frequency: ☑ every 6 months

☑ Refills: ☐ Zero / ☐ One refill / ☑ Other: 6

(if not indicated order will expire one year from date signed)

SPECIAL INSTRUCTIONS

Hypocalcemia: Must be corrected before initiating Prolia. May worsen, especially in patients with renal impairment. Adequately supplement patients with calcium and vitamin D.

Fax to 1-877-428-1627 or email: referrals@curbsideinfusion.com
Office: 1-877-428-7248
Scheduling Ext 0 - scheduling@curbsideinfusion.com
Billing Ext 1 - billing@curbsideinfusion.com
www.curbsideinfusion.com

ADULT REACTION MANAGEMENT PROTOCOL

☑ Observe for **hypersensitivity reaction**: Fever, chills, rigors, pruritus, rash, cough, sneezing, throat irritation, nausea, vomiting.

☑ If reaction occurs:

- If indicated, stop infusion.
- Maintain/establish vascular access.
- IVX Health clinicians have the following PRN medications available for the following reactions.
    - Headache, pain, fever >100.4F, chills or rigors- Acetaminophen 650mg PO or Ibuprofen 400mg PO.
    - Rhinitis, allergies, hives, pruritis and other nonspecific symptoms of allergic reaction - Loratadine 10mg PO or Diphenhydramine 25-50mg PO or IV
    - Nausea, vomiting, heartburn, acid reflux- Ondansetron 4mg ODT (may repeat x 1 in 20 minutes if nausea continues, max dose 8mg) or Famotidine 20mg PO.
    - Severe Nausea, vomiting, heartburn, acid reflux- Ondansetron 4mg SIVP (may repeat x 1 in 20 minutes if nausea continues, max dose 8mg) or Famotidine 20mg SIVP.
    - Hypotension (90/60), vasovagal response- Place patient in reclined position, administer 0.9% Sodium Chloride IV 500ml. May repeat to keep BP >90/60, maximum of 1000ml, monitor vital signs.
    - Hypertension (>30 mmHg increase from baseline or >180 mmHg SBP): Clonidine 0.1mg and wait 45 minutes, may administer Amlodipine 5mg if hypertension persists
    - Chest pain/discomfort, shortness of breath- Oxygen 2-15 liters, titrate to keep Spo2 >92%.
    - Famotidine 20mg IV- Refractory to other treatments given
    - Solumedrol 125mg IV- Refractory to other treatments given.
- When symptoms resolve resume infusion at 50% previous rate and increase per manufactures guidelines.
- Notify referring provider as clinically appropriate and follow clinical escalation protocol.

☑ **Severe allergic/anaphylactic reaction:**

- If symptoms are rapidly progressing or continuing after administration of prn medications above and signs symptoms of severe allergic/anaphylactic reaction (angioedema, swelling of the mouth, tongue, lips, or airway, dyspnea, bronchospasm with or without hypotension or hypertension).
    - Call 911.
    - Initiate basic life support as needed.
    - Bring the **AED** to the patient (Attach pads if indicated).
    - **Epinephrine**- administer 0.3mg of a 1:1,000 (1mg/ml) concentration intramuscularly (preferably outer thigh), may be repeated every 5-15 minutes as needed to a maximum of 3 doses.
    - Place patient in recumbent position, elevate lower extremities.
    - **Oxygen**- administer 2-15 liters/minute or 100 percent oxygen as needed maintain SpO2 >92 percent.
    - **IV Fluids**- Treat hypotension with normal saline bolus of 500ml, repeat as needed to maintain systolic BP >90.
    - Administer **diphenhydramine** 50mg IV or Famotidine 20mg IVP, if not previously given.
    - Administer **methylprednisolone** 125mg IVP, if not previously given.
    - Continuous monitoring of blood pressure, pulse oximetry, and heart rate.
    - Notify clinical executive, DON or CMO, when appropriate. Must be done same day. Do not delay treatment.

Patient Name _____ **Patient Date of Birth** _____

Provider Name (Print) _____

Provider Signature _____ **Date** _____

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