ADVANCED
INFUSION CENTER

RECLAST INFUSION ORDER

Patient Name: _____ DOB: _____

Allergies: _____

Diagnosis: check one

____ Female with postmenopausal osteoporosis (T score worse than -2.5) ICD-10 M81.0

____ Male or female with Paget's ICD-10 M88

____ justification for therapy: _____

Orders:

- Confirm patient has had 2 8 oz (about 236.59 ml) glasses of fluid (non-caffeinated) within a few hours prior to infusion.
- Tylenol 1000mg prior to infusion if not contraindicated.
- Infuse Reclast over 45 minutes for the first dose.
- Infuse Reclast for 15 minutes for subsequent doses.

Discharge Orders:

- Do not take NSAIDS, aminoglycoside antibiotics or loop diuretics.
- Report abnormal heart rhythm, sores in the mouth that won't heal or sever bone, joint and muscle pain to your doctor.

Physician Signature_____ Date_____

Physician name (please print) _____

Office Phone Number: _____ Fax:_____

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