



Print Patient Name (Required)

DOB

Height (cm):
Weight (kg):
BSA (m2):
Allergies:

Place Patient Barcode Here

Pamidronate Infusion

Admit to: Diagnosis: Infusion Date:

- Port Broviac PICC Place Peripheral IV Topical anesthetic per protocol
Normal Saline/Heparin Flush per protocol

Premedications

- Acetaminophen = mg PO (max dose 1000 mg) Diphenhydramine = mg PO (max dose 50 mg)
Other:

Pamidronate mg in mL of NS to be given IV over hours (< 3 yo, dilute in NS to final concentration of <= 0.1 mg/mL; >= 3 yo, dilute in 250 to 500 mL of NS).

Nursing Orders

Obtain height and weight patient prior to infusion.

Obtain the following urine and labs with IV or central line access prior to the start of infusion:

- CBC CMP serum phosphorus 25-OH vitamin D UA urine calcium Urine creatinine urine N-telopeptides
Other:

\*\*Fax all lab results to ordering provider\*\*

Monitor Vital Signs every 15 minutes for the first hour and then hourly until infusion completed. Do not check BP, check pulse oximeter.

Please notify MD of any of the following: temperature greater than 101 F, respirations >50/min, pulse >120/min, other acute change in patient's status

Please draw STAT serum calcium after infusion is completed

Discharge 30 minutes post infusion

PRN medications:

- Ibuprofen (10 mg/kg) = mg (Max 800 mg) PO once prn mild pain/temp > 100.4 (call for fever prior to giving)
Acetaminophen (15 mg/kg) = mg (max 650 mg) PO once prn mild pain/temp > 100.4 (call for fever prior to giving, must wait at least 4 hrs from any prior dose)
Ondansetron (0.15 mg/kg) = mg (max 8 mg) IV once prn nausea

Medications for allergic reaction (hives/itching/flushing, etc):

If allergic reaction occurs, call ordering provider immediately and give all medications ordered below. Do not delay administering medications on provider response. If ordering provider does not respond in 15 minutes call a Code Blue.

- Diphenhydramine (1mg/kg) = mg (Max 50 mg) IV or PO once (must wait at least 4 hrs from any prior dose)
Famotidine (0.5 mg/kg) = mg (max 20 mg) IV once
Methylprednisolone (2 mg/kg) = mg (max 60 mg) IV once (must wait 6 hours from any prior steroid dose)

For Anaphylaxis (Call a Code Blue):

- < 10 kg: Epinephrine 1 mg/mL (0.01 mg/kg) = mg IM once
10 to < 25 kg: Epinephrine 0.15 mg auto-injector (EpiPen Jr.) IM once
>= 25 kg: Epinephrine 0.3 mg auto-injector (EpiPen) IM once

Orders good until this date: Infusion Frequency:

Provider's Signature: Date: Time:

