

Name: _____
MRN: _____
DOB: _____

Today's Date _____ Time _____

Diagnosis: _____ Other: _____

Age: _____ Height (cm): _____ Weight (kg): _____ BSA (m²): _____

ALLERGIES/Sensitivities: NKDA or _____

Start Date (at least 1 wk from today): _____ **Urgent (Call Infusion Center)**

Treatment Department: EHW OP Infusion

Appointment Requests: Tolerance: Use default, for chronic treatments order valid for 1 year

Appointment Request - Infusion Every 28 days

Treatment Conditions (Administer treatment if): Order will be done as per appointment frequency

Corrected Calcium GREATER THAN OR EQUAL TO 8.3 mg/dl (within 30 days)

Note: corrected calcium = [(0.8 x (4 - Patient's Albumin)) + Serum Calcium]

Patients should not have invasive dental procedures (i.e. direct bone injury, placement of implants, etc.) (within +/- 2 months of Denosumab)

Labs: Lab (if selected) will be done as per appointment frequency selected above (unless specified)

Comprehensive Metabolic Panel Once

Nursing Orders: Order will be done as per appointment frequency

Notify MD/ Provider if: Temp >38.0 C, SBP <100 or >170, DBP <50 or >110, HR <50 or >110

Observation/Monitoring:

Observation time in addition to infusion duration (min): 15

When: Post-dose

Medications: Every 28 days

Romosozumab 210 mg, subcutaneous

- Two consecutive 105 mg injections. Rotate injection sites between upper arm, upper thigh and abdomen.
- Remove from fridge and allow to sit at room temperature for 30 minutes prior to administering.

Emergency Medications Order will be done as per appointment frequency

Hypersensitivity reaction protocol

Protocol Document: <https://emory.ellucid.com/documents/view/15307/15641>

All information provided on this form & calculations have been independently confirmed & recalculated as indicated by signature(s) below

Licensed Medical Professional

Print Name: _____
Signature _____
Date _____
Contact # _____

Attending Physician

Print Name: _____
Signature _____
Date _____
Contact # _____