



## Physician Orders PEDIATRIC: LEB DTU Pamidronate Infusion Day 1 of 2 Plan

### Initiate Orders Phase

#### Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase  
*Phase: LEB DTU Pamidronate Infusion Day 1 of 2 Phase, When to Initiate: \_\_\_\_\_*

### LEB DTU Pamidronate Infusion Day 1 Phase

#### Admission/Transfer/Discharge

- ☒ Patient Status Initial Outpatient  
*T;N Admitting Physician: \_\_\_\_\_*  
*Reason for Visit: Treatment of Metabolic Bone Disease*  
*Bed Type: \_\_\_\_\_ Specific Unit: DTU*  
*Care Team: \_\_\_\_\_ Anticipated LOS: 2 midnights or more*
- ☒ Discharge Instructions  
*Other Instructions: For patients prescribed calcium, calcitriol or both: Instruct patient to continue the medications as prescribed for 1 week after infusion and then can discontinue. T;N*
- ☒ Nursing Communication  
*Discharge home after infusion and the patient is feeling well with stable vital signs.*

#### Vital Signs

- ☒ Vital Signs  
*Routine Monitor and Record Pulse | Resp Rate, Monitor heart rate and resp rate: Baseline at (0min) and q15min for first hour and then q1h until infusion is completed. No routine blood pressure measurements due to risk of fracture unless otherwise notified*
- ☒ Vital Signs  
*Monitor and Record Temp, Baseline (at 0 min) and when infusion is complete (60 min). No routine blood pressure measurements due to risk of fracture unless otherwise notified*

#### Patient Care

- ☒ INT Insert/Site Care LEB
- ☒ Weight
- ☒ Height
- ☒ INT Discontinue  
*Discontinue after infusion is complete.*

#### Nursing Communication

- ☒ Nursing Communication  
*IV Site check q15 mins for the first hour and then q1h until the infusion is complete.*
- ☒ Nursing Communication  
*Observe patient for potential side effects: hypocalcemia, fever itching, and anaphylaxis.*

#### Medications

- ☐ **+1 Hours** pamidronate  
*0.25 mg/kg, Injection, IV, OnCall, Routine, (for 1 dose), (infuse over 4 hr), Max dose: 60mg/day [Less Than 2 year]*  
*Comments: Concentration of the solution should NOT exceed 0.1 mg/ml of Pamidronate.*
- ☐ **+1 Hours** pamidronate  
*0.38 mg/kg, Injection, IV, OnCall, Routine, (for 1 dose), (infuse over 4 hr), Max dose: 60mg/day [2 - 3 year]*  
*Comments: Concentration of the solution should NOT exceed 0.1 mg/ml of Pamidronate.*
- ☐ **+1 Hours** pamidronate





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*0.5 mg/kg, Injection, IV, OnCall, Routine, (for 1 dose), (infuse over 4 hr), Max dose: 60mg/day  
[Greater Than or Equal To 3 year]*

*Comments: Concentration of the solution should NOT exceed 0.1 mg/ml of Pamidronate.*

**Laboratory**

Please draw the following labs after INT placement (NOTE)\*

- ☐ Calcium Level  
*STAT, T;N, once, Type: Blood, Nurse Collect*  
*Comments: To be collected at baseline (0 min) prior to infusion*
- ☐ Calcium Urine Random  
*STAT, T;N, once, Type: Urine, Nurse Collect*  
*Comments: To be collected at baseline (0 min) prior to infusion*
- ☐ Creatinine Urine Random  
*STAT, T;N, once, Type: Urine, Nurse Collect*  
*Comments: To be collected at baseline (0 min) prior to infusion*
- ☐ Collagen X-Linked N Telo peptide (Urine)  
*Routine, T;N, once, Type: Urine, Nurse Collect*  
*Comments: To be collected at baseline (0 min) prior to infusion*
- ☐ Deoxypridinoline Crosslinks, Urine  
*Routine, T;N, once, Type: Urine, Nurse Collect*  
*Comments: To be collected at baseline (0 min) prior to infusion*
- ☐ BMP  
*Routine, T;N, once, Type: Blood, Nurse Collect*  
*Comments: To be collected at baseline (0 min) prior to infusion*
- ☐ Calcium Level  
*Routine, T;N, once, Type: Blood, Nurse Collect*  
*Comments: To be collected at baseline (0 min) prior to infusion*
- ☐ Phosphorus Level  
*Routine, T;N, once, Type: Blood, Nurse Collect*  
*Comments: To be collected at baseline (0 min) prior to infusion*
- ☐ Alkaline Phosphatase, Bone Specific  
*Routine, T;N, once, Type: Blood, Nurse Collect*  
*Comments: To be collected at baseline (0 min) prior to infusion*
- ☐ Magnesium Level  
*Routine, T;N, once, Type: Blood, Nurse Collect*  
*Comments: To be collected at baseline (0 min) prior to infusion*
- ☐ CBC  
*Routine, T;N, once, Type: Blood, Nurse Collect*  
*Comments: To be collected at baseline (0 min) prior to infusion*
- ☐ Vit D 25OH  
*Routine, T;N, once, Type: Blood, Nurse Collect*  
*Comments: To be collected at baseline (0 min) prior to infusion*

**Consults/Notifications/Referrals**

- ☒ Notify Physician For Vital Signs Of  
*Celsius Temp > 38.3, Heart Rate > 120/min, Resp Rate > 35/min, other acute changes in patient's status.*





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Date	Time	Physician's Signature	MD Number
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**\*Report Legend:**

DEF - This order sentence is the default for the selected order  
GOAL - This component is a goal  
IND - This component is an indicator  
INT - This component is an intervention  
IVS - This component is an IV Set  
NOTE - This component is a note  
Rx - This component is a prescription  
SUB - This component is a sub phase, see separate sheet  
R-Required order

