



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

#### Initiate Orders Phase

##### Care Sets/Protocols/PowerPlans

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

#### LEB DTU Pamidronate Infusion Day 2 Phase

##### Admission/Transfer/Discharge

- Patient Status Initial Outpatient  
*T;N, Reason for Visit: Treatment of Metabolic Bone disease.*
- Discharge Instructions  
*Other Instructions: Instruct patient to take calcium supplement as ordered: 45 to 65 mg/kg/day divided into 4 doses for for 2 weeks following the last infusion on Day 2.*  
*Comments: Max dose is 500mg elemental Calcium (1250 mg calcium salt)*

#### Vital Signs

- Vital Signs  
*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  
*Routine*
- 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.*
- Nursing Communication  
*Discharge home 1 hour after infusion is complete, MD has reviewed post-infusion calcium level, patient feels well, no adverse reaction and vital signs are stable.*

#### Medications

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

#### Laboratory

- Calcium Level  
*STAT, T;N, once, Type: Blood, Nurse Collect*  
*Comments: To be collected at baseline (0 min) prior to infusion*





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- Calcium Level  
*STAT, T;N+1, once, Type: Blood, Nurse Collect*  
*Comments: Collect at the end of the infusion (at 240 min) and notify MD at 901-418-8531 or 901-418-0329 of calcium level results*

Consults/Notifications/Referrals

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

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

