ChristianaCare

DOCORD

ChristianaCare Outpatient Ambulatory Infusion

DOCTOR'S ORDER SHEET

Denosumab (PROLIA)

Instructions:

1. Do not return charts with new or changed orders to rack.
2. Mark requested orders and/or boxes if indicated.

• Pre-marked box orders will be performed unless otherwise noted.
• No conditional (dependent on the approval of another physician) medication orders will be honored.

DOCTOR'S ORDER	REQUISITIONED	NOTED

Patient's Name: _____

Patient's Date of Birth: ____/____/____

Allergies: _____ ☐ NKDA

Diagnosis

☐ Age-related osteoporosis without current pathological fracture (M81.0)

☐ Osteopenia (M85.80)

☐ Glucocorticoid-induced osteoporosis (Z79.52)

☐ Other: _____ (ICD-10 Code & Title)

Laboratory

Calcium should be monitored at least every 6 months, but ideally within 4 weeks of an injection.

NOTE: Patients with CKD will need more frequent lab monitoring.

Medication

☐ Denosumab (Prolia) 60mg subcutaneously x1 every 6 months

_____ _____

Signature/Title Contact phone #

_____ _____/_____/_____ _____

Print Name or ID# Date Time

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Key:

BID	- Twice daily	mg	- Milligram
D/C	- Discontinue	min	- Minute
hr	- Hour	mL	- Milliliter
IM	- Intramuscular	ng	- Nanogram
IV	- Intravenous	NPO	- Nothing by mouth
kg	- Kilogram	NSS	- Normal saline solution
L	- Left	PCA	- Patient controlled analgesia
LD	- Loading dose	PO	- By mouth
LR	- Lactated ringers	PRN	- As needed
mcg	- Microgram	R	- Right
MD	- Maintenance dose	SQ	- Subcutaneous