



INFUSION SUITE		BONIVA INFUSION ORDERS	
406 Arthritis Clinic LLC 2409 Arnold Ln Ste 9 Billings, MT 59102		Phone: 406-345-0211	Fax: 747-205-0742
PATIENT INFORMATION - Include Patient Demographics and Insurance Cards			
Name:		DOB:	
MEDICAL INFORMATION			
ICD10:		Patient Height:	
Patient Weight (kg):		Allergies:	
*Weigh patient prior to each infusion			
REQUIRED TESTING			
<input type="checkbox"/> Creatinine: _____ * Prior to each dose			
Additional labs:			
<input type="checkbox"/> Insert IV	<input type="checkbox"/> Access Port/PICC		
PREMEDICATIONS 30 minutes prior to starting			
<input type="checkbox"/> Acetaminophen:	<input type="checkbox"/> 325mg PO X1 <input type="checkbox"/> 500mg PO X1 <input type="checkbox"/> 650mg PO X1		
<input type="checkbox"/> Diphenhydramine:	<input type="checkbox"/> 25mg IVP X1 <input type="checkbox"/> 25mg PO X1 <input type="checkbox"/> 50mg IVP X1 <input type="checkbox"/> 50mg PO X1		
<input type="checkbox"/> Solumedrol:	<input type="checkbox"/> 40mg IV X1 <input type="checkbox"/> 100mg IV X1 <input type="checkbox"/> 125mg IV X1		
<input type="checkbox"/> Antihistamine:	<input type="checkbox"/> Cetirizine 10mg PO X1 <input type="checkbox"/> Loratadine 10mg PO X1		
<input type="checkbox"/> Additional PRN:			
BONIVA ORDERS			
<input type="checkbox"/> Boniva	3mg IV push over 15 to 30 seconds every 3 months X _____		
POST INFUSION			
<input type="checkbox"/> Flush IV line with NS. D/C IV.			
<input type="checkbox"/> Flush port with 5-10mL 0.9% NS. Lock port with Heparin 10u/mL IVP (based of size port). De-access port.			
<input type="checkbox"/> Discharge home			
Referring Provider Printed:			
Referring Provider Signature:		Date:	
Referring Provider Phone:		Referring Provider Fax:	
406 Provider Printed:			
406 Provider Signature:		Date:	

**Credentials must be included*

Nursing Considerations:

- Do not administer injection to patients with severe renal impairment (CrCL <30)
- Assess patient for any dental issues or dental procedure prior to injection.
- Notify provider before proceeding with injection for any upcoming dental work or concerns from dental assessment
- Ensure patient is taking Calcium and Vitamin D

Infusion Directions:

- Remove prefilled syringe, attach provided needle and attach tubing to barrel twisting firmly
- Visually inspect the liquid in the prefilled syringe for particulate matter and discoloration before administration.
- Prime the tubing. Administer only with the enclosed needle.
- Flip the safety shield back away from the needle towards the tubing. Grasp wings securely & remove the needle protector
- Perform venipuncture and confirm proper positioning of the needle in the vein
- Carefully allow wings to return to starting position and conform to the shape of the skin, secure with tape
- Administer Boniva. Remove tape from wings. Flip the safety shield toward the needle.
- Grasp a wing and safety shield between thumb and index finger and remove needle while applying pressure.