406 ARTHRITIS CLINIC
Get back to your 406 life!

INFUSION SUITE		EVENITY INJECTION ORDERS	
406 Arthritis Clinic LLC		Phone: 406-345-0211	Fax: 747-205-0742
2409 Arnold Ln Ste 9 Billings, MT 59102			
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		
☐ **Creatinine: _____**	☐ **Calcium: _____**		
Additional labs:			
	PREMEDICATIONS 30 minutes prior to starting		
☐ **Acetaminophen:**	☐ 325mg PO X1 ☐ 500mg PO X1 ☐ 650mg PO X1		
☐ **Diphenhydramine:**	☐ 25mg IVP X1 ☐ 25mg PO X1 ☐ 50mg IVP X1 ☐ 50mg PO X1		
☐ **Solumedrol:**	☐ 40mg IV X1 ☐ 100mg IV X1 ☐ 125mg IV X1		
☐ **Antihistamine:**	☐ Cetirizine 10mg PO X1 ☐ Loratadine 10mg PO X1		
☐ **Additional PRN:**			
	EVENITY ORDERS		
☐ Evenity	210mg subcutaneous every month X _____		
	POST INJECTION		
☐ 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

Injection Directions:

- Remove pre-filled syringes and allow to sit at room temperature for at least 30 minutes
- Inject in the thigh, abdomen (greater than 2" around navel), or outer area of upper arm
- Choose alternate site for 2nd injection

Nursing Considerations:

- No MI or Stroke in the past year
- Assess for any dental concerns. Notify MD of any upcoming dental procedures prior to injection
- If patient has renal impairment, calcium should be monitored and supplemented with Calcium and Vitamin D