DURANGO INFUSION

INFUSION SUITE	EVENITY INJECTION ORDERS

Durango Infusion Center
270 E 8th Ave Ste N101 Durango, CO 81301 Phone: 970-828-3500 Fax: 970-828-3501

PATIENT INFORMATION - If Outside Referral, Include Patient Demographics and Insurance Cards	
Name:	DOB:
MEDICAL INFORMATION	
ICD10 / Diagnosis:	Height:
Allergies / Hypersensitivities:	Weight (kg):
	*Weigh patient at each visit
REQUIRED CLINICAL DOCUMENTATION	
Additional labs:	

PREMEDICATIONS	30 minutes prior to starting			
☐ Acetaminophen:	☐ 325mg PO X1	☐ 500mg PO X1	☐ 650mg PO X1	☐ 1000mg PO X1
☐ Diphenhydramine:	☐ 25mg IV X1	☐ 25mg PO X1	☐ 50mg IV 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 injected subcutaneously every month X _____
POST INJECTION
☐ Discharge home

Referring Provider Printed:			
Referring Provider Signature:		Date:	
Referring Provider Phone:		Referring Provider Fax:	
DNG Provider Printed:			
DNG Provider Signature:		Date:	

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
- Check for any dental concerns
- If patient has any renal impairment, CrCl 15-29