

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				
<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"/> 1000mg PO X1
<input type="checkbox"/> Diphenhydramine:	<input type="checkbox"/> 25mg IV X1	<input type="checkbox"/> 25mg PO X1	<input type="checkbox"/> 50mg IV X1	<input type="checkbox"/> 50mg PO X1
<input type="checkbox"/> Methylprednisolone:	<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:				
EVENITY ORDERS				
<input type="checkbox"/> Evenity 210mg injected subcutaneously every month X _____				
POST INJECTION				
<input type="checkbox"/> Discharge home				
Referring Provider Printed:				
Referring Provider Signature:		NPI:	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