

INFUSION SUITE		PROLIA 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			
☐ Creatinine	☐ Calcium		
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
☐ Methylprednisolone:	☐ 40mg IV X1	☐ 100mg IV X1	☐ 125mg IV X1
☐ Antihistamine	☐ Cetirizine 10mg PO X1		☐ Loratadine 10mg PO X1
☐ Additional PRN:			
PROLIA ORDERS			
☐ Prolia 60mg injected subcutaneously every 6 months X _____			
POST INJECTION			
☐ Discharge home			
Referring Provider Printed:			
Referring Provider Signature:		Date:	NPI:
Referring Provider Phone:		Referring Provider Fax:	
DNG Provider Printed:			
DNG Provider Signature:		Date:	

Injection Directions:

- Remove from the refrigerator and bring to room temperature 15-30 minutes prior to injection
- Inject in the thigh, abdomen (greater than 2" around navel), or outer area of upper arm
- **Latex Allergy/Sensitivity notice: Do not handle the gray needle cap on the single-dose prefilled syringe**
- Activate the Green safety guard after the injection

Nursing Considerations:

Check for any recent or upcoming dental work

The presence of chronic kidney disease-mineral bone disorder (CKD-MBD) markedly increases the risk of hypocalcemia

Patients should be taking calcium and vitamin D supplements