



AMBULATORY TREATMENT UNIT

Ambulatory Treatment Unit

Phone (616) 394-3547

Fax (616) 394-2139

Wyost (Denosumab-bbdz) Order Set

ONCOLOGY USE ONLY

☐ = Optional Order ☒ = Routine Order (Cross out and initial **BULLETED ORDERS** that do not apply)

ORDERS

Date: _____ Time: _____

Patient Name: _____ Date of Birth: _____ Weight: _____ (kg)

Allergies: _____

Exclusion Criteria: hypersensitivity (systemic) to denosumab or any component of the formulation; preexisting hypocalcemia; pregnancy.

Diagnosis Code: (ICD-10) _____

- ☐ Treatment of multiple myeloma and bone metastasis from solid tumors. (Loading dose not indicated)
- ☐ Treatment of giant cell tumor of bone.
- ☐ Treatment of hypercalcemia of malignancy

MEDICATIONS

Loading Dose:

- ☐ Wyost (denosumab-bbdz) 120mg subcutaneously. On days 1, 8 and 15.

Maintenance Dose:

- ☐ Wyost (denosumab-bbdz) 120mg subcutaneously, every 4 weeks, from first loading dose.

PRE-INJECTION / LAB ORDERS

DIAGNOSTICS & TESTS

Results

(Within 45 days of administering Wyost)

DATE	SERUM CREATININE	DATE	SERUM CALCIUM (NORMAL 8.6 – 10.6 MG/DL)	CALCIUM WDL? **
				☐ Yes

**Hold medication if serum calcium level is not within normal range.

NURSING MONITORING PARAMETERS

- Administer Wyost (denosumab-bbdz) by subcutaneous technique in the upper lateral arm, abdomen, or lateral thigh. See package insert for proper subcutaneous administration and site selection.
- Do not administer Wyost (Denosumab-bbdz) intra-arterially, intra-muscularly or intravenously.
- Counsel the patients to take calcium 1200mg daily with at least 800 units of vitamin D daily.

Provider Signature: _____ Date: _____

Provider Name and Credentials (please print): _____ Time: _____

Office Phone: _____ Office Fax: _____

