Holland Hospital

AMBULATORY TREATMENT UNIT

Ambulatory Treatment Unit
Phone (616) 394-3547
Fax (616) 394-2139

Denosumab/Denosumab-bbdz/ Denosumab-bmwo (Prolia/Jubbonti/Stobolco) Osteoporosis Order Set

☐ = 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) _____

- ☐ **Diagnosis:** Treatment of postmenopausal women with osteoporosis at high risk for fracture.
- ☐ Treatment to increase bone mass in men with osteoporosis at high risk for fracture.
- ☐ Treatment of glucocorticoid-induced osteoporosis in men and women at high risk for fracture.
- ☐ Treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer.
- ☐ Treatment to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer.

MEDICATIONS

- ☐ Denosumab (Prolia) 60mg subcutaneously times one.
- ☐ Denosumab-bbdz (Jubbonti) 60mg subcutaneously times one.
- ☐ Denosumab-bmwo (Stoboclo) 60mg subcutaneously times one.

PRE-INJECTION / LAB ORDERS

DIAGNOSTICS & TESTS **Results**

(Within 45 days of administering Prolia/Jubbonti)

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 denosumab/denosumb-bbdz/denosumab-bmwo (Prolia/Jubbonti/Stoboclo) 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 denosumab/denosumb-bbdz/denosumab-bmwo (Prolia/Jubbonti/Stoboclo) intraarterially, intra-muscularly or intravenously.
- Counsel the patients to take calcium 1200mg daily with at least 800 units of vitamin D daily.

☑ **By signing this order, the Medication Guide and Patient Counseling Chart per FDA REMS Requirement for Prolia/Jubbonti/Stoboclo has been reviewed with the patient and handed to her/him including the serious risks of Prolia/Jubbonti/Stoboclo and symptoms of each risk. The ordering provider has determined renal function is appropriate for administration.**

Provider Signature: _____ Date: _____

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

Office Phone: _____ Office Fax: _____