



Denosumab (PROLIA)

6955 Foothill Blvd, Suite 67A, Oakland, CA, 94605

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Name: _____

DOB: _____ Phone: _____

Gender: Male Female

Allergies: _____

DIAGNOSIS (ICD-10 code required):

- _____
- _____

PROVIDER REMINDERS:

- All orders with a will be placed unless otherwise noted
- Ensure patient receives calcium 1000mg daily and at least 400 IU vitamin D daily
- Serum calcium level prior to each injection
- Pregnancy testing in all females of reproductive potential prior to each injection
- Ensure effective contraception plan during therapy
- Routine oral exam is recommended prior to initiation of therapy

TREATMENT CRITERIA:

Hold Denosumab (PROLIA) if:

- Temperature **GREATER THAN** 100 degrees F
- Complains of symptoms of acute viral or bacterial illness
- Severe hypersensitivity reaction to Denosumab (PROLIA)
- Labs indicate hypocalcemia
- Unable to rule out pregnancy

Notify Provider if:

- Tooth or jaw swelling or pain
- New or unusual thigh/hip or groin pain

Nursing Considerations:

- **Latex Allergy:** If sensitive to latex, do not handle the grey needle cap on the single-use prefilled syringe, which contains dry natural rubber (a derivative of latex)

Patient Reminders:

- Contraception plan during therapy and for at least 5 months after the last dose of Denosumab (PROLIA)
- Good oral hygiene practices during treatment
- Inform dentist of being on Denosumab (PROLIA) prior to invasive dental procedures
- Take calcium and vitamin D supplements as prescribed

Premedications

- No routine premeditations necessary.**
- _____

Medications

Patient Weight _____ kg (**REQUIRED**)

Inject **Denosumab (PROLIA)** subcutaneously in the *upper arm, upper thigh, or the abdomen*

Dose/Frequency:

- 60 mg every 6 months

LAST injection date if transferring from

another facility: _____

- INFUSION REACTION MEDICATIONS** per Standardized Procedures

Special Instruction(s):

Provider Signature _____

Date _____

Email _____

Printed Name _____

Phone _____

Fax _____

Office Contact _____

Phone _____

Email _____