

# Zoledronic Acid Prescription - Haematology

Destination	
Allergies	
Dental check completed & satisfactory at commencement of treatment	

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## MEDICAL CONSIDERATIONS

- Zoledronic acid dose is usually 4mg – consider dose reduction if eGFR is 30-59mL/min/1.73m<sup>2</sup>. See New Zealand Formulary for further details.
- Zoledronic acid is not recommended when eGFR is <30mL/min/1.73m<sup>2</sup>. Pamidronate may be considered.
- Apply for Special Authority (SA) number.
- **Monitoring biochemistry including renal function remains the responsibility of the haematologist.**

<b>Special Authority Number:</b>					
<b>Initial Treatment Start Date</b>	<b>Frequency</b> <i>(circle)</i>			<b>*Treatment Review Timeframe</b> <i>(circle)</i>	
	4 weekly	3 Monthly	Yearly	After 1 Year	After 2 Years

Year: 1 2 3 *(circle)*

Date	Drug	Dose	Instructions	Doctor	Nurse	Check	Start	Stop
	Zoledronic Acid	mg	IV in 100 mL sodium chloride 0.9% over 15 minutes					
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Year: 1 2 3 *(circle)*

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*Complete section if no further treatment required after 2 years	Date:	Signature	
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Year: 1 2 3 *(circle)*

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