

Date: 22 March 2017 8:39 am
Topic: Aclasta Infusion Check List.doc

Zoledronate (Aclasta) Infusion Check List
(Doctor or R.N. to complete)

Date :

Consultant :

Staff Member:

Patient's Name:

	CHECK LIST	RESPONSE
1.	Has patient had their normal (or greater) fluid intake such as tea, coffee and water?	Yes No
2.	Is patients eGFR >35ml/min?	Yes No
3.	Is the patient on Vitamin D or had a loading dose of vitamin D? <i>Unless < 70 years and leading an outdoor life</i>	Yes No
4.	Is their serum Calcium normal? <i>(for first infusion only)</i>	Yes No
5.	Have the patient's questions been answered, after they have read the Aclasta Information Sheet?	Yes No

6.	Have you checked the patient's list of current medications to ensure there are no contraindications to prescribing Aclasta?	Yes No
7.	Has the patient signed the consent form?	Yes No
8.	Has the patient been instructed to stop any oral bisphosphonate tablets (if they were currently taking them)?	Yes No
9.	Has the patient been given: <i>(for the first infusion only)</i> 7 x calcium tabs to take away with them (1 per day for 7 days). 16 x Paracetamol to take away with them (2 tabs 4xdaily for 2 days)	Yes No Yes No

Updated: July 2013