Zoledronic Acid Infusion Checklist

Patient Label:

Date:

Checklist	Response	
1. Are you certain the patient has not had a zoledronic acid infusion for osteoporosis within the last 12 months? More frequent infusions are not indicated. Last infusion:	Yes	No
2. Is the patients creatine clearance >35ml per minute or eGFR > 35ml/min/1.73m? If not, do not proceed with infusion. If eGFR 50 or more, proceed as normal, infuse over 15-30 mins. If eGFR 35-50, infuse over 30-60 mins.	Yes	No
3. Is the patients serum calcium normal? If not, do not proceed with infusion.	Yes	No
4. Has the patients current medication list been checked for nephrotoxic drugs and contraindications to zoledronic acid? See NZ formulary cautions.	Yes	No
5. Has the patient been instructed to stop taking any: • Oral bisphosphonate tablets (eg: alendronate, Fosamax) permanently? • NSAIDS and diuretics, ACE inhibitors on the day of the infusion?	Yes	No
6. Is the patient on vitamin D or had a loading dose (2x1.25mg tablets) of vitamin D if required? (loading dose needs to be given a least a week prior to infusion). A younger person who is physically active and spends time in the sun does not need a loading dose.	Yes	No
7. Has the patient had their normal fluid intake, eg: tea, coffee and water? Provide 2 large glasses of water for the patient to drink during the infusion. Postpone infusion is patient is dehydrated.	Yes	No
8. Has the patient read the patient information sheet, and have all their questions been answered?	Yes	No
9. Has the patient signed the consent form and been informed of the cost of the infusion.	Yes	No
10. Has the patient been advised that they can take 2 paracetamol tablets, 3 times a day for the next 3 days if required, for flu-like symptoms?	Yes	No
11. Has the patient been given a blood form for renal function and serum calcium testing within a week of the infusion where relevant eg: borderline low renal function, or symptoms of hypocalcaemia (muscle spasms, weakness)?	Yes	No
12. Has an 18 month recall been set for the patient? (Unless this is their 4th infusion).	Yes	No
13. Has primary options been claimed?	Yes	No

Pre Obs Time:	**Post Infusion Obs Time:**
BP	BP
HR	HR
O2	O2
Temp	Temp
Resp	Resp