

# Zoledronic Acid Infusion Checklist

Complete this checklist before carrying out an infusion of zoledronic acid.

General Practitioner Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Checklist		Response	
1.	Is the patient's <b>creatinine clearance</b> > 25 mL/min*?	Yes	No
	If 25 to 35, has the appropriate advice been given to allow to proceed?	Yes	No
2.	Is the patient's <b>serum calcium</b> normal?	Yes	No
3.	Has the patient's <b>current medication list</b> been checked for nephrotoxic drugs and contraindications to zoledronic acid? See NZ Formulary cautions.	Yes	No
4.	Has the patient been instructed to stop taking any <b>oral bisphosphonate tablets</b> (e.g., alendronate, Fosamax), <b>NSAIDs, and diuretics</b> .	Yes	No
5.	Is the patient on <b>vitamin D</b> or had a loading dose of vitamin D?	Yes	No
6.	Has the patient had their normal fluid intake, e.g., tea, coffee, and water? Provide two large glasses of water for the patient to drink during the infusion.	Yes	No
7.	Has the patient had a dental check?	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.	For Nurse Maude Infusion Service referrals, has the drug chart been checked, signed, and zoledronic acid charted?	Yes	No
11.	Has the patient been given a prescription or been told to take 2 paracetamol tablets, 3 times a day for the next 3 days?	Yes	No

\*Calculate creatinine clearance using the Cockcroft and Gault Formula

$$\text{CrCl (mL/min)} = \frac{(140 - \text{age}) \times \text{body weight}^* (\text{kg})}{\text{plasma creatinine (micromol/L)} \times 0.8} \quad (\times 0.85 \text{ if female})$$

\*Use the lower CrCl result from the patient's ideal body weight or actual body weight.

- Ideal body weight (males) = 50 kg + 0.9 kg for each cm over 150 cm in height.
- Ideal body weight (females) = 45 kg + 0.9 kg for each cm over 150 cm in height.