

Starship Child Health

Individual Zoledronic acid Treatment plan

Date:

Patient sticker:

Paediatric Endocrinologist:

Reason for treatment:

Diagnoses:

Recent weight: kg or use lean mass for dosing (DMD etc.)

Bone age (if done):

DXA scan: Total BMD = BMD L1-4 = Z score = Date

Zoledronic acid (Aclasta®) (IV infusion): Special authority = or N/A

Length of treatment estimated to be: or at Date

Next review by SMO Paed Endo: or Date

General overview of Infusions

First infusion

- Admit overnight to 26A for first dose of 0.0125 mg/kg zoledronic acid (Aclasta®) ☐ (or DSU) ☐
- Ensure all bloods done prior to first infusion esp.: FBC, Calcium, LFT, Renal function and 25-OH vitamin D status.
- Check Calcium pre and at 24 to 48 hours after infusion (can be in community)
- Ensure has pain relief, NSAID and ondansetron on discharge and charted overnight for inpatient.
- First 2 infusions see calcium and vitamin D supplementation guideline*.

Further infusions

- If tolerated 1st infusion well, with minimal side effects AND no hypocalcaemia: arrange a 2nd at 4-6 weeks (Dose will be 0.0375 mg/kg: the balance of a 0.05 mg/kg/dose). Aim to check calcium 24 - 48 hours post infusion, and if stable no need to repeat checks after future infusions unless concerned.

OR

- If not tolerated well (lots of pain &/or hypocalcaemia): arrange 2nd infusion in 4-6 weeks as an inpatient with a repeat dose of 0.0125 mg/kg. 3rd dose will be pending how much reaction there is etc.; aiming to give a total of 0.05 mg/kg in the first 6 months: so for this case a 3rd dose will be 0.025 mg/kg.
- **If on full milk feeds (G-Tube etc.) and Vit D is normal, not likely to need additional calcium or calcitriol**

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Paediatric Endocrinology zoledronic acid infusion (1st and 2nd)

Date:

Patient sticker:

Checklist for zoledronic acid: 1st and 2nd Infusions (+/- 3rd infusion)

Pre-first infusion

- | | |
|---|-----------------|
| • Full blood count | Normal or _____ |
| • Urea and electrolytes | Normal or _____ |
| • Liver function tests | Normal or _____ |
| • 25-hydroxy vitamin D | Normal or _____ |
| • Parathyroid hormone | Normal or _____ |
| • Calcium | Normal or _____ |
| • Magnesium | Normal or _____ |
| • Phosphate | Normal or _____ |
| • Dental review (<i>see Endocrine Bisphosphonate Starship Clinical Guideline</i>) | _____ |
| • P1NP may be useful at baseline D/W SMO (Marker of bone turnover) | |
| • Weight: Height: | |

Chart medication: Zoledronic acid Dose is (0.0125 mg/kg) or Other

Post infusion and discharge details

- Blood form given: Calcium (+ albumin) to be done hour post: Date
- Ensure has pain relief, NSAID and ondansetron on discharge
- First 2 infusions: calcium and vitamin D (calcitriol, 1-alpha) supplementation (*see Endocrine Bisphosphonate Starship Clinical Guideline for dosing*)

Plan next infusion (first is on ward, if tolerated the rest are in DSU)

- DSU or Ward 26A (*circle one*)
- Email: DSU scheduler for next infusion in 6 weeks: starshipoutpatients@adhb.govt.nz
- Expected Date:

AND

- Email: Sherylt@adhb.govt.nz (to update Excel list on L drive) (Endocrine CNS)
- Dictate discharge letter to GP – cc to family, Consultant, (local paediatrician if relevant) and Endocrine Nurse (Sheryl Tregurtha)

Checklist completed by:

Date:

Signature:

For Consultant: