

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.)

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

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 vitamin D is normal, not likely to need additional calcium or calcitriol**

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Individual Zoledronic acid Treatment plan

Paediatric Endocrinology zoledronic acid (Aclasta®) Repeat infusions

Date:

Patient sticker:

Standard infusions are six monthly and are at 0.05 mg/kg for 6 monthly infusions

Checklist for zoledronic acid repeat infusions

Fracture history in last 6 months (any fractures and what type? Nil or describe below)

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 (see Endocrine Bisphosphonate Starship Clinical Guideline)
- Weight: _____ Height: _____

Chart medication: Zoledronic acid Dose is (0.0125 mg/kg 6 monthly) or Other _____

Post infusion and discharge details

- **NOT** routine to need a calcium checked at 48 hours
- Ensure has pain relief, NSAID and ondansetron on discharge
- Ensure they have regular vitamin D: normally monthly cholecalciferol tablets.
The week of calcium or calcitriol/1-alpha post-infusion is normally only required after the 1st and 2nd infusions. It is not normally required after the 3rd infusion onwards, but encourage a high calcium diet.

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: Sheryl@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: