Holland Hospital

**AMBULATORY TREATMENT UNIT**

Phone (616) 394-3547
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# Romosozumab (Evenity) Order Set

**Indications** = treatment of osteoporosis in postmenopausal women at high risk for fracture, defined as a history of osteoporotic fracture, or multiple risk factors for fracture; or patients who have failed or are intolerant to other available osteoporosis therapy. Prescribing of this product is restricted to prescribers from HH Bone and Health and Shoreline Orthopedic.

**Contraindications**:

- Major adverse cardiac event that has occurred in the last 12 months, including stroke or MI.
- Uncorrected hypocalcemia (less than 8.6 mg/dL), known hypersensitivity to Evenity injection or any of its excipients.

☐ = Optional Order ● = Routine Order (Cross out and initial **BULLETED ORDERS** that do not apply)

## ORDERS

**Prescribing of this product is restricted to prescribers from HH Bone and Health and Shoreline Orthopedic**

**Date:** _____ **Time:** _____

**Patient Name:** _____ **Date of Birth:** _____ **Weight:** _____ (kg)

**Allergies:** _____

**Diagnosis Code: (ICD-10)** _____

**Diagnosis:**

- ☐ Treatment of osteoporosis in postmenopausal women at high risk for fracture, defined as a history of osteoporotic fracture, or multiple risk factors for fracture.
- ☐ Treatment of osteoporosis in post-menopausal patients who have failed or are intolerant to other available osteoporosis therapy.

**PRE-INJECTION / LAB ORDERS**
**DIAGNOSTICS & TESTS**

**Results**

*(Within 45 days of administering Evenity for the initial dose and _____months after the initial dose )-* ***RN*** ***TO CHECK RESULTS***

| DATE | SERUM CREATININE | DATE | SERUM CALCIUM *(NORMAL 8.6 – 10.6 MG/DL)* | CALCIUM WDL? ** |
|---|---|---|---|---|
| | | | | ❑ Yes |

**Hold medication and contact provider if serum calcium level is not within normal range.

❑ Administer Romosozumab (Evenity) 210mg subcutaneously monthly for 12 months (2x 105mg syringe).

**NURSING MONITORING PARAMETERS**

- Administer Evenity into the abdomen, thigh, or outer area of upper arm.
- Rotate injection sites; if the same injection site is chosen, do not inject into the same spot used for the first injection. Avoid areas of skin that are tender, bruised, red, hard, scarred, or with stretch marks.

Provider Signature: _____ Date: _____

Provider Name and Credentials (please print): _____ Time: _____

Office Phone: _____ Office Fax: _____