

**Zoledronic acid (Aclasta®) Infusion Check List**

Date :

Staff Member:

Patient’s Name:

GP**:**

**CHECK LIST**  **RESPONSE**

1. Has patient had their normal fluid intake such as water, tea and coffee ? Yes No

2. Is patient’s **Clcr >35ml/min**? Yes No

3. Is the patient on **Vitamin D** or had a loading dose of vitamin D? Yes No

4. Is their **serum Calcium** normal? Yes No

5. Have the **patient’s questions** been answered, after they have read the   
 Aclasta® Information Sheet? Yes No

6. Has the patient signed the consent form? Yes No

7. Has the patient been instructed to **stop any oral bisphosphonate** tablets   
 (if they had been currently taking them)? Yes No

8. Has the patient been advised to take Paracetamol 1g tds-qid for the next   
 3 days? Yes No

**Renal Function and Hydration**

* Clcr > 35ml/min: Administer standard Zoledronic acid dose. Dose reduction may be considered e.g. for very low bodyweight and/or variable renal function e.g. 35-50ml/min.
* Clcr < 35ml/min: Do not administer Zoledronic acid.
* Withhold diuretics, ACEIs and NSAIDs the morning of infusion to help prevent renal impairment.
* Advise patients to drink an extra 2 glasses of fluid on day of infusion to ensure good hydration.

**Administration**

* Zoledronic acid comes ready to administer, in 100mls of sodium chloride 0.9%.
* Using a metriset, prime tubing carefully to minimise loss
* Insert I.V. line and withdraw blood sample if required.
* Infuse contents of chamber over 30 minutes and on completion flush line with a further 20mls sodium chloride 0.9% through chamber.
* May be irritant to tissues if extravasation occurs.

*Adapted from Auckland Bone Density and Primary Options NZ information*