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Zoledronate (Aclasta) Infusion Check List

Date :

Patient's Name:

	CHECK LIST	RESPONSE	
		Yes	No
1.	Has patient had their normal fluid intake such as tea, coffee and water?		
2.	Is patients eGFR >35ml/min ?		
3.	Is the patient on Vitamin D or had a loading dose of vitamin D?		
4.	Is their serum Calcium normal?		
5.	Have the patient's questions been answered, after they have read the Aclasta Information Sheet?		
6.	Have you checked the patient's list of current medications to ensure there are no contraindications to prescribing Aclasta?		
7.	Has the patient signed the consent form?		
8.	Has the patient been instructed to stop any oral bisphosphonate tablets (if they were currently taking them)?		
9.	Has the patient been given:		
	- 14 x calcium tabs to take away with them (1 twice a day for 7 days).	Yes	No
	- 18 x Paracetamol to take away with them (2 tabs 3xdaily for 3 days)	Yes	No