CLINICAL PROTOCOL FOR ZOLEDRONIC ACID

SCOPE: National

Inclusion Criteria	Exclusion Criteria
There are **four** required inclusion criteria: • The patient's medical condition has been assessed as stable; • The patient has a clear diagnosis and prognosis and is at a low risk of deterioration; • The referrer has discussed the risks and benefits of bisphosphonate treatment; and • The patient meets at least one of the criteria outlined below: At least **one** of the following: Confirmed diagnosis of osteoporosis in post menopausal women and men aged above 70 with a bone mineral density (BMD) T score –3.0 or less ***or*** Patients over 50 years that have had minimal trauma fracture with or without BMD abnormality ***or*** Receiving steroids > 7.5mg/day over >3 months and T score -1.5 or less ***or*** Confirmed diagnosis of Paget's Disease of bone (clinically active disease) Bone Turnover Abnormalities Bone Pain Fractures ***or*** Prevention of skeletal related events in palliative patients. ***or*** Hypercalcaemia of malignancy.	Previous hypersensitivity reaction to any Bisphosphonate. Current or recent Uveitis. Active dental problems likely to require invasive dental procedure within 3 months Hypocalcaemia Vitamin D < 50 nmol/L Dehydration. Creatinine clearance less than 35 mls/min. Patient unable to access zoledronic acid on the Pharmaceutical Benefit Scheme or other subsidised source.

PATHOLOGY

Bloods for U&E, calcium, magnesium and Vitamin D.

Calculation of creatinine clearance (Cockcroft - Gault formula), prior to administration of dose.

TREATMENT

- Access pathology results and ensure creatinine clearance is calculated prior to infusion.
- Collaborate with governing doctor regarding the abnormal pathology results.
- Collaborate with patient re prescription and delivery/availability of drug and suitable time/day for the administration of the infusion.
- Ensure the patient is well hydrated (unless chronic cardiac failure/overload concerns), 2 glasses of water prior to the infusion and 6-8 glasses over the next 24 hour period. Patients being treated for hypercalcaemia may need to be hydrated prior to and following infusion with normal saline 0.9%. Discuss with medical governance prior to infusion.
- Initiate intravenous access and commence infusion as prescribed.
- Recommended zoledronic acid infusion rate is usually over 30 mins. However if the creatinine clearance less than 45mls/min or the patient is over 70 years of age the zoledronic acid infusion rate should be over 45 minutes.
- Paracetamol 1g qid or Paracetamol Osteo tds for 3 days is recommended post infusion.

REFERENCES

Zoledonic Acid Drug information available from www.ebs.tga.gov.au.