



Oregon Medical Group
Infusion Center
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Boniva (Ibandronate Sodium) Infusion Order

Name: _____

DOB: _____

Diagnosis: _____

ICD-10 Code: _____

1. Vital signs: Initial, PRN
2. Peripheral IV site with saline lock, may use existing PICC line or port-a-cath if available.
3. Boniva (Ibandronate Sodium) 3mg IV push over 30 seconds. Okay to dilute with 0.9% normal saline if patient requests. Administer on day 1 and then every 3 months for 12 months.
4. Pre-medicate with the following medication to help prevent hypersensitivity/allergic reactions (please check).

___ Diphenhydramine (Benadryl) 25 mg PO or IV ___ with each infusion ___ PRN

___ Acetaminophen (Tylenol) 650mg PO ___ with each infusion ___ PRN

___ Solu-Medrol 40mg IV prior to infusion ___ with each infusion ___ PRN

5. For infusion/allergic reaction (itching, hives, low back pain, joint pain, bone pain)

___ Slow or stop infusion.

___ Diphenhydramine (Benadryl) 25mg in 9 mL saline slow IV push. May repeat X 1 if no pre-mediations.

___ If reaction continues, give Solu-Medrol 40mg IV push now and repeat before every infusion.

___ If reaction continue, consult MD.

6. Hold patient 30 minutes post-infusion to observe for signs and symptoms of reaction.

Provider Signature: _____

Date: _____

Provider's Printed Name: _____

Time: _____