ORIGINAL DATE: 10/01 **REVISION DATE: 09/15** 

# **Home Health Foundation, Inc**

SUBJECT: AREDIA (PAMIDRONATE DISODIUM) INFUSION

**PURPOSE:** To administer intravenous Aredia to patients with hypercalcemia.

## **General Information**

- 1. Aredia is largely eliminated through the kidneys and can cause nephropathy in large doses. Administration requires adequate hydration prior to start of therapy and close monitoring throughout.
- 2. A minimum of seven days should elapse after initial infusion to allow for full response to initial dose.
- 3. Patient's temperature should be monitored as increases in body temperature can be seen in the first 48 hours after therapy.
- 4. Solution is stable for 24 hours at room temperature.
- 5. The most common side effects of Aredia are:

| seizures                             | fatigue                |
|--------------------------------------|------------------------|
| atrial fibrillation                  | tachycardia            |
| hypertension                         | anorexia N/V           |
| leukopenia, thrombocytopenia, anemia | electrolyte imbalances |
| jaw or bone pain                     | abdominal plan         |

#### **Policy**

- 1. Patients must receive initial dose of Aredia in a hospital or doctor's office setting.
- 2. RN will administer Aredia infusions according to physician's orders.
- 3. It is recommended that patients be well hydrated, preferably with normal saline, prior to infusion of Aredia.
- 4. Medication should be mixed in either D5W or normal saline. Medication should not be mixed in a calcium-containing solution such as LR.
- 5. Aredia should only be given via IV infusion and never via bolus due to possible nephropathy.
- 6. Aredia infusions should be given over 2 to 4 hours.
- 7. It is recommended that patients' labs be monitored during therapy for electrolytes, bun, creatinine, calcium, phosphorous, magnesium and CBC.
- 8. Clinician must remain with patient and monitor throughout visit.

# **Equipment**

| pre-mixed hydration solution with added | IV pump and appropriate tubing or flow |  |
|---|--|--|
| dose of Aredia                          | control device                         |  |
| pre-filled saline syringe               | alcohol prep pads                      |  |
| pre-filled heparin syringe              | gloves                                 |  |
| sharps container                        | tape                                   |  |

#### **Procedure**

- 1. Use two patient identifiers. Explain procedure to patient.
- 2. Access IV line according to established procedure.
- 3. Check and confirm orders for Aredia and inspect bag for correct patient name and medication, color or cloudiness and expiration date.
- 4. Take baseline vital signs and complete skilled assessment prior to beginning infusion.
- 5. Open tubing package and close clamp.
- 6. Spike bag of Aredia and hang on pole.
- 7. Prime IV tubing.
- 8. Load IV tubing into pump following manufacturer's instruction or set flow control device to ordered rate.
- 9. Review pump parameter to deliver dose/volume ordered and rate of infusion.
- 10. Wipe cap with alcohol and flush catheter with normal saline.
- 11. Wipe cap with alcohol and attach tubing to cap.
- 12. Turn on pump or open clamp on IV tubing with flow control device set to ordered rate.
- 13. Review side effects with patient/caregiver and action to take should these occur.
- 14. When infusion is completed, remove tubing from cap.
- 15. Wipe cap with alcohol and flush with saline and heparin solutions as ordered by physician.
- 16. Deposit any needles/syringes in sharps container.
- 17. Double bag other equipment for disposal.
- 18. Document infusion and any response to treatment.

## References

- 1. Infusion Nurses Society (2011) Infusion Nursing Standards of Practice Journal of Infusion Nursing S1-S101
- 2. Betty L. Gahart, Adrienne R. Nazareno (2014), Intravenous Medications, 30, 910-913

Approved Policy Committee: 09/08/15