# Continuation of prescribing and administration of denosumab (Prolia®)

(To be completed by nurse administering injection. Scan completed form into patient’s notes)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Patient Name:** | | Click here to enter text. | **Appointment Date:** | | Click here to enter a date. |
| **Completed by:** | | Click here to enter text. | **Signature** |  | |
|  | Injection Number | | | | 2 3  4 5 6 |
|  | Date of the previous injection | | | | Click here to enter a date. |
|  | Were there any adverse effects following previous injection? | | | | Yes No |
| If YES – list and please discuss with doctor: Click here to enter text. | | | | |
|  | Is the patient taking calcium and vitamin D? | | | | Yes No |
| If vitamin D alone, is the dietary calcium sufficient? | | | | Yes No |
| List the name of the product(s) and dose(s): Click here to enter text. | | | | |
|  | When did patient last have a dental check? | | | | 00/00/0000 |
|  | Is patient awaiting or undergoing dental extraction/root canal treatment/dental implant or undergoing any other oral surgery or is it more than 12 months since last dental check? | | | | Yes No |
| If YES – list and please discuss with doctor: Click here to enter text. | | | | |
|  | Does patient have active infection (such as LRTI, UTI or cellulitis)? | | | | Yes No |
| If YES – list and please discuss with doctor: Click here to enter text. | | | | |
|  | Does patient report any ear symptoms such as pain, discharge or infection? | | | | Yes No |
| If YES – list and please discuss with doctor: Click here to enter text. | | | | |
|  | |  |  |  |  | | --- | --- | --- | --- | | Blood test | Reference Range | Results and date | Comments | | Serum calcium | 2.1-2.6mmol/l | Click here to enter text. | If out of reference range, do not give denosumab and discuss with doctor | | eGFR | No dose adjustment necessary in renal impairment but caution < 30ml/min | Click here to enter text. | Discuss with doctor if <30ml/min as more frequent calcium monitoring will be required – please refer to SPC | | | | | |
|  | Add code to clinical system: **Denosumab Therapy** | | | | Yes No |
|  | Inform patient to next blood test due in 5 months followed by a subsequent injection 1 month later, at 6 months. | | | | Yes No |
|  | AFTER the 6th injection , advise to book appointment for GP or specialist review | | | | Yes No |