 **Bisphosphonate Standing Order**

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| Issue date: |  | Review date: |  |

This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.

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| **Standing Order Name** | Oral Bisphosphonate |
| **Rationale** | To ensure swift and appropriate initiation of alendronate and vitamin D in patients who have suffered from a fragility fracture. |
| **Scope (condition and patient group)** | Adults who meet criteria of having suffered a fragility fracture and have been referred to the WellSouth Fracture Liaison Service and there is limited capacity in primary care to manage the patient |
| **Assessment** | 1. Patient has had a recent fragility fracture 2. Contact Primary Care team to make them aware of the need for intervention and check whether they have capacity to do so; if they have capacity then formally hand over to primary care team, if not then continue as below 3. Check patient has not been prescribed a bisphosphonate previously (both in hospital and primary care) (e.g. alendronate (Fosamax®), risedronate, zoledronic acid (Aclasta®) 4. Check patients’ renal function and calculate creatinine clearance using Cockroft-Gault calculator (MD-Calc) (or see below for equation) 5. Check for contraindications, interactions and precautions below 6. Counsel on need for longer term use, expected duration (3-5 years with reassessment of need), rare but serious adverse effects (osteonecrosis of the jaw, risk of atypical hip fracture), interactions with other medications and importance of ongoing lifestyle interventions for bone health |
| **Indication** | **For patients who have recently suffered a fragility fracture and are being followed up by the WellSouth Fracture Liaison Service** |
| **Medicine** | **Alendronate 70mg with colecalciferol 140 micrograms** |
| **Dosage instructions** | 1 tablet ONCE a week on the same day each week |
| **Route of administration** | Oral |
| **Quantity to be given** | 4 weeks supply (i.e. 4 tablets) |
| **Contraindications** | Avoid if Creatinine Clearance is <35 ml/min  Abnormalities of oesophagus and other factors which delay emptying (e.g. stricture or achalasia)  Hypocalcaemia  Inability to stand or sit upright for 30 mins |
| **Precautions** | * Previous upper gastrointestinal disorders (eg ulcer, gastrointestinal bleeding. Barret’s Oesophagus, significant or poorly controlled GORD, swallowing disorders) especially within the previous 12 months * Concurrent use of NSAIDs as increased risk of gastrointestinal symptoms * Poor dental or oral hygiene - consider dental check prior to initiation particularly if likely need for a tooth extraction or if additional high-risk factors: smoking, immunosuppression (including long term steroid use, diabetes), very old age >80); counsel on seeking urgent review if painful lesion in the mouth |
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| **Additional information** | 1. Provide a patient information leaflet (available from [www.nzf.org.nz](http://www.nzf.org.nz) or <https://www.healthnavigator.org.nz/medicines/a/alendronate/> ) and highlight the following:  * Take ONCE a week on the same day each week * Take on an empty stomach at least 30 minutes before breakfast (or another oral medicine). * Swallow whole with plenty of water while sitting or standing and stand or sit upright for at least 30 minutes after taking the tablet. * Patient is aware that this medication is a long-term medication and that they need to see their primary care clinician for further supplies.  1. Ensure the patient has adequate dietary calcium. E.g 2-3 serves per day. Provide leaflet from <https://www.healthinfo.org.nz/patientinfo/29946.pdf> 2. The dose of vitamin D in this preparation is not sufficient to treat vitamin D deficiency |
| **Follow-up** | Provide formal handover of patient to their primary care clinician, informed them that a bisphosphonate with vitamin D has been started and quantity supplied and make sure they have a formal consult date set within 4 weeks to be reviewed |
| **Countersigning and auditing** | Countersigning is not required. Audited monthly.  **OR**  Countersigning is required within ***XX*** days |
| **Competency/training requirements** | All registered Health Professionals working under this standing order must be signed off as competent to do so by the issuer and have had specific training in this standing order. |
| **Supporting documentation** | Healthpathways at [www.healthpathways.org.nz](http://www.healthpathways.org.nz)  Best Practice Journal at [www.bpac.org.nz](http://www.bpac.org.nz)  New Zealand Formulary at [www.nzf.org.nz](http://www.nzf.org.nz)  Individual medicine data sheets at [www.medsafe.govt.nz](http://www.medsafe.govt.nz)  Standing Order Guidelines, Ministry of Health, 2012  Medicines (Standing Order) Regulations 2012 (Standing Order Regulations) |
| **Definition of terms used in standing order** | Creatinine Clearance formula using Cockroft-Gault calculator (MD-Calc)  {[140-age (years)] x weight (kg)} / serum creatinine x F  F = 1.04 for females or 1.23 for males  Or refer to <https://www.mdcalc.com/creatinine-clearance-cockcroft-gault-equation> |

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| **WellSouth Falls Liaison Service** |

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| **Signed by issuer** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Registered Health Professionals operating under this standing order** |

Only Registered Health Professionals working within the above WellSouth Fracture Liaison Service are authorised to administer medication under this standing order.

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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