



# ACLASTA INFUSION CENTRE

## PATIENT INFORMATION FORM

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This drug is approved by the FDA and Health Canada for Osteoporosis and Paget's Disease treatment.

### GENERAL INFORMATION

Zoledronic acid is the generic name for Aclasta. It is a bisphosphonate drug similar to Didrocal, Fosamax, and Actonel. It contains the same active ingredient found in Zometa. Patients on Zometa should not receive Aclasta. Patients treated with Aclasta should not be treated with other bisphosphonates at the same time.

**Before receiving this infusion, please read the following information. If you do not understand it, check with the staff or your doctor.**

### PRECAUTIONS

- Make sure you drink **two litres** of fluid on the day you receive the drug. Drink **two glasses** of water before and after the infusion.
- You should have a blood test to check kidney function and calcium levels in your blood before receiving this drug.
- You should maintain good oral hygiene and have regular dental checkups before starting this medication, and thereafter. This is especially important for those who have cancer, are on chemotherapy or corticosteroids, or are receiving head and neck radiotherapy.
- Provide a list of medications that you are taking, as some medications may have harmful interactions with each other. Patients who are pregnant or are breastfeeding should not receive this medication.

### COMMON SIDE EFFECTS

- Bone, muscle, or joint pain
- Nausea
- Fatigue
- Fever and chills
- Headache

These occur rarely and usually resolve in 1 to 3 days. The incidence of post-dose symptoms can be reduced by taking Acetaminophen (Tylenol) or Ibuprofen (Advil) shortly after administration of Aclasta.

### RARE SIDE EFFECTS

- Decreased red blood cell count
- Slow healing after dental procedures
- Loss of appetite
- Heart rhythm problems
- Kidney damage

### THE INFUSION

Aclasta will be infused over a minimum of 15 minutes. You will then be observed for 15 minutes post-infusion. Redness, swelling, or pain at the infusion site may occur. Inform infusion staff if this happens. Redness, itching, or pain to the eyes may occur.

### CONSENT

**I understand the potential risks and benefits of this therapy and consent to its administration by Dr. Kendler and/or his staff. I am taking calcium and Vitamin D supplements as advised.**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

PHN \_\_\_\_\_ Signature \_\_\_\_\_

Infuser \_\_\_\_\_ Date \_\_\_\_\_

Ca: \_\_\_\_\_ BP : \_\_\_\_ / \_\_\_\_ Ca& VitD? Y / N  
Crea: \_\_\_\_\_ HR: \_\_\_\_\_ Hydrated? Y / N  
eGFR \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_

- log completed
- GP letter completed (for outside referrals)
- OCBC