

Osteoporosis and Fragility Fracture Management Order Set

*** For inpatients over age 50 with a non-traumatic (fragility) fracture***

Consult _____ re: _____

Laboratory

***Perform additional biochemical testing to rule out secondary causes of osteoporosis in selected patients, on the basis of the clinical assessment. ***

CBC, CMP, phosphorous, 25-hydroxyvitamin D, Magnesium, Urine Calcium, CTX

iPTH

TSH

SPEP (Recommended for vertebral, sacral/pelvic fractures)

Serum bone alkaline phosphatase

Other: _____

Diagnostics

Consider ordering if not done in last 1-3 years or as per guidelines

Outpatient DXA to assess bone mineral density—Reason: fragility fracture. Request copy to be sent to Primary Care Provider

X-ray _____ re: _____

Bone Scan _____ re: _____

MRI _____ re: _____

CT Scan _____ re: _____

Other: _____ re: _____

Calcium

***Total daily intake of elemental calcium through diet and supplements should be 1200 mg. Calcium carbonate and citrate contain approximately 500 and 300 mg elemental calcium respectively ***

Calcium carbonate _____ mg PO

Calcium citrate _____ mg PO

Vitamin D

***Daily supplementation with 800-2,000 units of Vitamin D is recommended ***

Vitamin D prescribed. _____ IU PO daily

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Osteoporosis Pharmacologic Therapy

***Consider ordering a pharmacologic therapy utilizing evidence-based algorithms. Therapy should be individualized to enhance adherence to treatment ***

Bisphosphonates

- Alendronate 70 mg PO every week Risedronate 35 mg PO every week
 Zoledronic Acid 5 mg IV X1, yearly Risedronate 150 mg PO every month

Biologic Agent

- Denosumab 60 mg SC every 6 months.

Selective Estrogen Receptor Modulator

- Raloxifene 60 mg PO daily

Bone Formation Stimulating Agent

- Teriparatide 20 mcg SC daily

Patient Education

- Provide "Boning Up" booklet from National Osteoporosis Foundation AND "After the Fracture" from Own the Bone (AOA). Available on www.NOF.org
- Provide information on Falls and Safety
- Provide information on Exercise for Healthy Bones
- Provide information on "Your Guide to a Bone Healthy Diet"
- Provide information on "osteoporosis and Your Spine"

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If you have any questions about this Material, please contact Own the Bone at (847) 318-7336.

Communication to Primary Care Provider

Send with PCP Information Form

- RN/NP to complete "PCP Information Form" and indicate whether an outpatient DXA was requested to assess bone mineral density.
- Upon discharge, provide a copy of the completed "PCP Information Form" for the patient to provide to the PCP.

Additional Orders:

Practitioner's Signature _____ Date: _____

Printed name: _____