

Oncology IV Fluid Conservation Strategy: Bisphosphonates and Iron Updated: November 11, 2024

TYPE OF INFORMATION: Drug shortage

INTENDED AUDIENCE: Enterprise Oncology Infusion Practices (Prescribers, Nurses, Pharmacists)

Situation S	Hurricane Helene has significantly disrupted the medication supply chain. The primary procurement plant for Advocate Health in North Carolina is closed. Large volume intravenous fluids are in critically short supply. Mitigation strategies are required to ensure supply for critical populations.
Background B	Enterprise Incident Command has approved Phase I and II conservation strategies based on recommendations from service line clinical and operational leadership with support from Enterprise Pharmacy.
Assessment A	 Bisphosphonates – It has been determined that fluid requirements to administer ready-to-use bisphosphonate formulations are minimal in nature while pharmacy custom-made preparations would not have a high impact on Enterprise conservation goals. IV Iron – The various IV fluid conservations measures implemented are having their expected effect while fluid bag supply necessary for the preparation of IV iron products is easing.
Recommendation R	Bisphosphonates Bisphosphonate therapy may resume as previously scheduled for all indications and doses. Ready-to-use products will be used for Reclast 5 mg and Zometa 4mg, while reduced Zometa doses (less than 4 mg) will be custom-made by pharmacy. Admixture and administration of all doses should occur on a primary line without the use of a flush bag. After completion of the drug infusion, 2-10 mL saline syringe flushes should be flushed through the upper y-site of the line over 2 minutes total to infuse the entirety of the drug through the line. By Iron IV Iron Iv Iron therapy may resume for all indications, all products and doses.

Questions? Please contact:

SE Physician Leads: Seungjean.Chai@atriumhealth.org / Sridhar.Pal@atriumhealth.org / DHOward@wakehealth.edu / Jon.Richards@aah.org / Jon.Richards@aah.org SE Region Nursing: KStanber@wakehealth.edu / Brenda.Crump@atriumhealth.org / Brenda.C

MW Region Nursing: Kayla.Sabelko@aah.org
SE Region Pharmacy: Kelley.Slovak@atriumhealth.org
MW Region Pharmacy: Mark.Hamm@aah.org
Enterprise Pharmacy: Dragos.Plesca@atriumhealth.org

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