Disodium Pamidronate

<table>
<tr><th colspan="2">Caution: Administration differs depending on indication</th></tr>
<tr><td>Form</td><td>3mg/mL Concentrate for solution for infusion
1 ampoule (10mL) contains 30mg disodium pamidronate</td></tr>
<tr><td>Reconstitution</td><td>Already in solution
Dilute further before administration</td></tr>
<tr><td>Compatibility & Stability</td><td>Sodium Chloride 0.9%
Glucose 5%</td></tr>
<tr><td>Administration</td><td>
IV Infusion

Dilute with compatible fluid to a concentration not exceeding 90mg in 250mL.E.g. dilute 30-60mg in 250mL and 90mg in 500mL.
In patients with multiple myeloma, tumour-induced hypercalcaemia and in those with established or suspected renal impairment, the infusion concentration should not exceed 90mg in 500mL
Give through a large vein at a maximum rate of 60mg per hour. (1mg/minute).
A single dose of 90mg is usually given over 2 hours.
In patients with suspected or established renal failure, administer at a rate of not more than 20mg/hour.
In patients with multiple myeloma and with tumour induced hypercalcaemia, it is recommended not to exceed 90mg in 500mL over 4 hours.

Tumour-induced hypercalcaemia

Patients should be rehydrated with sodium chloride 0.9% PRIOR to treatment
The total dose per treatment course depends on the patient's initial serum calcium level

<table>
<tr><th>Corrected serum calcium (millimol/L)</th><th>Recommended total dose</th></tr>
<tr><td>< 3</td><td>15 - 30mg</td></tr>
<tr><td>3.0 - 3.5</td><td>30 - 60mg</td></tr>
<tr><td>3.5 - 4.0</td><td>60 - 90mg</td></tr>
<tr><td>Greater than 4.0</td><td>90mg</td></tr>
</table>

The total dose may be administered either as a single infusion or in divided doses over two to four consecutive days
The maximum dose per treatment course is 90mg for both initial and repeat courses

Osteolytic lesions and bone pain in bone metastases associated with breast cancer and multiple myeloma

Give 90mg as a single dose, every four weeks

</td></tr>
</table>

	➢ The dose may be administered at three-weekly intervals to coincide with chemotherapy if desired **Predominantly lytic bone metastases and multiple myeloma** ➢ Give 90mg every four weeks ➢ The dose may be administered at three-weekly intervals to coincide with chemotherapy if desired **Pagets disease of bone** ➢ Add each dose of 30 mg to a minimum of 100 mL sodium chloride 0.9%; add each dose of 60–90 mg to a minimum of 250 mL sodium chloride 0.9%. ➢ Infuse slowly at a rate no faster than 60mg in one hour. Use in Infusion unit is for Paget's disease of bone –See **PPG-CUH-CUH-243** *Policy Procedure and Guidelines for Management of Patients Attending CUH Infusion Unit for Intravenous Therapy for more information.*
Monitoring	Monitor serum electrolytes, calcium and phosphate—possibility of convulsions due to electrolyte changes. Assess renal function before each dose
Extravasation	In order to minimise local reactions at the infusion site, the cannula should be inserted carefully into a relatively large vein.
Additional Information	**Renal impairment** Pamidronate should not be administered to patients with severe renal impairment (eGFR less than 30ml/min/1.73m^2), unless in life-threatening tumour-induced hypercalcaemia where the benefit outweighs the potential risks. A maximum rate of 20mg/hour should not be exceeded in patients with renal impairment As pamidronate has been associated with renal toxicity, serum creatinine should be checked prior to each dose of the drug

Information provided relates to Disodium Pamidronate by Mylan and Hospira.