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BC Cancer Agency
CARE & RESEARCH

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BCCA treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care

PROTOCOL CODE: MYPAM

Class II Drug:

Indication for use of **Pamidronate**:

Multiple Myeloma

For other indications, a "BCCA Compassionate Access Program Request" form must be completed and approved prior to treatment

DOCTOR'S ORDERS

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE: _____ **To be given:** _____ **Treatment # (s):** _____

Date of Previous Treatment: _____

TREATMENT:

Pamidronate 30 mg IV in 250 mL NS over 1 hour every _____ weeks x one , two or three treatments (circle one)

RETURN APPOINTMENT ORDERS

Return in _____ weeks for Doctor and treatment.

Book to Daycare every _____ weeks x one , two or three treatments (circle one) for treatment(s) # _____, _____, _____.

Serum Creatinine prior to every third treatment (i.e.# 3, 6, 9, 12, 15, 18, 21, 24)

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: