



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: BRAVCLOD (PO)

Class II Drug:

Indication for use:

Breast cancer with bone metastases.

*For other indications, an Undesignated Indications Request" form must be approved prior to use.

DOCTOR'S ORDERS		Ht _____ cm	Wt _____ kg	BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form				
DATE: _____				
TREATMENT:				
<input type="checkbox"/> Clodronate 800 mg PO once daily for _____ weeks, then increase to 1600 mg PO once daily x _____ months. Take on an empty stomach. Refill x _____				
OR				
<input type="checkbox"/> Clodronate 1600 mg PO once daily x _____ months. Refill x _____. Take on an empty stomach.				
RETURN APPOINTMENT ORDERS				
Serum Creatinine every 3rd treatment (clarify) _____				
If clinically indicated: <input type="checkbox"/> Serum Calcium <input type="checkbox"/> Albumin				
<input type="checkbox"/> Other tests:				
<input type="checkbox"/> Consults:				
<input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:			SIGNATURE:	
			UC:	