



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](http://www.bccancer.bc.ca) and according to acceptable standards of care

PROTOCOL CODE: BRAVPAM

**Class II Drug:**

**Indication for use:**

Acute bone pain secondary to metastatic breast cancer

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

<b>DOCTOR'S ORDERS</b>		Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>				
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>		
Date of Previous Treatment:				
TREATMENT:				
<input type="checkbox"/> <b>Pamidronate 90 mg</b> IV in 250 mL NS over 1 hour every month x _____ treatments.				
<b>OR</b>				
<input type="checkbox"/> <b>Clodronate 1500 mg</b> IV in 500 mL NS over 3 hours every month x _____ treatments.				
<b>RETURN APPOINTMENT ORDERS</b>				
Return in <u>one</u> or <u>three</u> months (circle one) for doctor and treatment.				
Book Daycare x <u>one</u> or <u>three</u> treatments (circle one)				
Every third treatment: <b>Serum Creatinine</b>				
If clinically indicated: <input type="checkbox"/> <b>Serum Calcium</b> <input type="checkbox"/> <b>Albumin</b>				
<input type="checkbox"/> <b>Other tests:</b>				
<input type="checkbox"/> <b>Consults:</b>				
<input type="checkbox"/> <b>See general orders sheet for additional requests.</b>				
DOCTOR'S SIGNATURE:		SIGNATURE:		
		UC:		