



Provincial Health Services Authority

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at [www.bccancer.bc.ca](http://www.bccancer.bc.ca) and according to acceptable standards of care

**PROTOCOL CODE: BRAJPAM**

<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 (s) #:</b>	
Date of Previous Treatment:			
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>Creatinine</b> day of treatment May proceed with doses as written if within 28 days <b>Creatinine Clearance greater than or equal to 30 mL/min.</b> Dose modification for: <input type="checkbox"/> <b>Renal Function</b> <input type="checkbox"/> <b>Other Toxicity</b> _____ <b>Proceed with treatment based on blood work from</b> _____			
<b>TREATMENT:</b>			
<input type="checkbox"/> <b>pamidronate 90 mg IV</b> in 250 mL NS over 1 hour every <b>24 weeks</b> x _____ treatments.			
<b>RETURN APPOINTMENT ORDERS</b>			
Return in <b>24</b> or _____ <b>weeks</b> (circle one) for doctor and treatment. Book Daycare x <b>one</b> or <b>two</b> treatments (circle one)			
Every 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>			
<b>DOCTOR'S SIGNATURE:</b>			<b>SIGNATURE:</b>
			<b>UC:</b>