**PROTOCOL CODE: BRAJZOL5**

**DOCTOR’S ORDERS**

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

**DATE:**

**To be given:**

**Cycle(s) #:**

Date of Previous Treatment:

- [ ] Delay treatment ________ week(s)
- [ ] Creatinine day of treatment

May proceed with doses as written if within 28 days **Creatinine Clearance greater than or equal to** 60 mL/min.

Dose modification for: [ ] Renal Function  [ ] Other Toxicity

Proceed with treatment based on blood work from __________________________________________________________

**TREATMENT:**

- zoledronic acid 4 mg
  - [ ] Dose Modification*: 3.5 mg  OR  3.3 mg  OR  3 mg (circle one)

  - IV in 100 mL NS over 15 min every 6 months x 1 or 2 (circle one) treatments.

  * see protocol for dose modification guidelines for renal insufficiency

**RETURN APPOINTMENT ORDERS**

Return in six or ______ months (circle one) for doctor and treatment.

Book Daycare or chemo room (circle one) x one or two treatments (circle one)

Every treatment: **Serum Creatinine**

If clinically indicated: [ ] Serum Calcium  [ ] Albumin

- [ ] Other tests:

- [ ] Consults:

- [ ] See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**

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BC Cancer Provincial Preprinted Order **BRAJZOL5**

Created: 01 Dec 2017 (as BRAJZOL)  Revised: 1 Jan 2020