BC CANCER
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 and according to acceptable standards of care

PROTOCOL CODE: BRAVPAM

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: **To be given:** **Cycle #:**

Date of Previous Treatment:

☐ Delay treatment ________ week(s)

☐ **Creatinine** day of treatment

May proceed with doses as written (baseline and ongoing treatment) if within 28 days **Creatinine Clearance greater than or equal to 30 mL/min.**

Dose modification for: ☐**Renal Function** ☐**Other Toxicity**____________________

Proceed with treatment based on blood work from ____________________

TREATMENT:

pamidronate 90 mg IV in 250 mL NS over 1 hour every 4 weeks x _______ treatments.

RETURN APPOINTMENT ORDERS

Return in **four** or **twelve** weeks (circle one) for doctor and treatment.

Book Daycare x **one** or **three** treatments (circle one)

Every 12 weeks: **Serum Creatinine**

If clinically indicated: ☐ **Serum Calcium** ☐ **Albumin**

☐ **Other tests:**

☐ **Consults:**

☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: