**PROTOCOL CODE: BRAVPAM**

### DOCTOR’S ORDERS

<table>
<thead>
<tr>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m²</th>
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**REMEMBER:** 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 60 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 month x _______ treatments.*

**RETURN APPOINTMENT ORDERS**

Return in **one** or **three** months (circle one) for doctor and treatment.

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

Every three months: **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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*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.*