



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: BRAVCLOD

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: _____		
TREATMENT:		
<input type="checkbox"/> clodronate 800 mg PO once daily for _____ weeks, then increase to 1600 mg PO once daily x _____ months. <i>Refill x _____</i>		
OR		
<input type="checkbox"/> clodronate 1600 mg PO once daily x _____ months. <i>Refill x _____</i>		
RETURN APPOINTMENT ORDERS		
Creatinine every 3 rd treatment (clarify) _____		
If clinically indicated: <input type="checkbox"/> calcium <input type="checkbox"/> albumin <input type="checkbox"/> ionized calcium		
<input type="checkbox"/> Other tests:		
<input type="checkbox"/> Consults:		
<input type="checkbox"/> See general orders sheet for additional requests.		
DOCTOR'S SIGNATURE:	SIGNATURE:	
	UC:	