



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: _____					
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> Creatinine day of treatment Dose modification for: <input type="checkbox"/> Renal dysfunction <input type="checkbox"/> 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 <u>four</u> or <u>twelve</u> weeks (circle one) for doctor and treatment. Book Daycare x <u>one</u> or <u>three</u> treatments (circle one)					
Every 12 weeks: Creatinine 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: