

**PROTOCOL CODE: BRAVZOL**

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<b>DOCTOR'S ORDERS</b>			Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER:</b> Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form					
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle(s) #:</b>			
Date of Previous Treatment:					
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>Creatinine</b> day of treatment May proceed with doses as written if within 28 days <b>creatinine clearance greater than 60 mL/minute.</b> Dose modification for: <input type="checkbox"/> <b>Renal dysfunction</b> <input type="checkbox"/> <b>Other Toxicity</b> _____ <b>Proceed with treatment based on blood work from</b> _____					
<b>TREATMENT:</b>					
<b>Every 4 week option:</b> <b>zoledronic acid 4 mg</b> Dose Modification*: <input type="checkbox"/> <b>3.5 mg</b> OR <input type="checkbox"/> <b>3.3 mg</b> OR <input type="checkbox"/> <b>3 mg</b> (select one) IV in 100 mL NS over 15 min every <b>4 weeks</b> x _____ treatments <b>OR</b> <b>Every 12 week option:</b> <b>zoledronic acid 4 mg</b> Dose Modification*: <input type="checkbox"/> <b>3.5 mg</b> OR <input type="checkbox"/> <b>3.3 mg</b> OR <input type="checkbox"/> <b>3 mg</b> (select one) IV in 100 mL NS over 15 min every <b>12 weeks</b> x _____ treatments * see protocol for dose modification guidelines for renal <b>dysfunction</b>					
<b>RETURN APPOINTMENT ORDERS</b>					
Return in _____ weeks for doctor.					
<b>Book to:</b> <input type="checkbox"/> Daycare or <input type="checkbox"/> chemo room (select one) <input type="checkbox"/> every <b>4 weeks</b> x _____ treatment(s) <b>OR</b> <input type="checkbox"/> every <b>12 weeks</b> x _____ treatment(s)					
<b>Creatinine</b> prior to each treatment  If clinically indicated: <input type="checkbox"/> <b>calcium</b> <input type="checkbox"/> <b>albumin</b> <input type="checkbox"/> <b>ionized calcium</b> <input type="checkbox"/> <b>Other tests:</b> <input type="checkbox"/> <b>Consults:</b> <input type="checkbox"/> <b>See general orders sheet for additional requests.</b>					
<b>DOCTOR'S SIGNATURE:</b>			<b>SIGNATURE:</b>		
			<b>UC:</b>		