



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](http://www.bccancer.bc.ca) and according to acceptable standards of care

PROTOCOL CODE: **BRAJPAM**

<b>DOCTOR'S ORDERS</b>		Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>				
<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</b> <u>greater than or equal to 30 mL/min.</u>				
Dose modification for: <input type="checkbox"/> <b>Renal Function</b> <input type="checkbox"/> <b>Other Toxicity</b> _____				
<b>Proceed with treatment based on blood work from</b> _____				
TREATMENT:				
<input type="checkbox"/> <b>pamidronate 90 mg</b> IV in 250 mL NS over 1 hour every 6 months x _____ treatments.				
<b>RETURN APPOINTMENT ORDERS</b>				
Return in <b>six</b> or _____ months (circle one) for doctor and treatment.				
Book Daycare x <b>one</b> or <b>three</b> treatments (circle one)				
Every treatment: <b>Serum Creatinine</b>				
If clinically indicated: <input type="checkbox"/> <b>Serum Calcium</b> <input type="checkbox"/> <b>Albumin</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>				
DOCTOR'S SIGNATURE:		SIGNATURE:		
		UC:		