



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: BRAJZOL2

(Page 1 of 1)

<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 greater than or equal to 60 mL/min.</b>				
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> _____				
<b>TREATMENT:</b>				
<b>zoledronic acid    4 mg</b>				
<input type="checkbox"/> Dose Modification*: <input type="checkbox"/> <b>3.5 mg OR</b> <input type="checkbox"/> <b>3.3 mg OR</b> <input type="checkbox"/> <b>3 mg (select one)</b>				
IV in 100 mL NS over 15 min every 3 months x _____ treatments.				
* see protocol for dose modification guidelines for renal insufficiency				
<b>RETURN APPOINTMENT ORDERS</b>				
Return in <input type="checkbox"/> <b>three</b> or <input type="checkbox"/> _____ months (select one) for doctor and treatment.				
Book <input type="checkbox"/> Daycare or <input type="checkbox"/> chemo room (select one) x <input type="checkbox"/> <b>one</b> or <input type="checkbox"/> <b>three</b> treatments (select 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>				
<b>DOCTOR'S SIGNATURE:</b>		<b>SIGNATURE:</b>		
		UC:		