



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: BRAVCLOD

|  |  |                   |             |                          |
|--|--|-------------------|-------------|--------------------------|
| <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>TREATMENT:</b>  |  |                   |             |                          |
| <input type="checkbox"/> <b>clodronate 800 mg</b> PO once daily for _____ weeks, then increase to <b>1600 mg</b> PO once daily x _____ months.<br>Take on an empty stomach.<br><b>Refill x</b> _____ |  |                   |             |                          |
| <b>OR</b>  |  |                   |             |                          |
| <input type="checkbox"/> <b>clodronate 1600 mg</b> PO once daily x _____ months. <b>Refill x</b> _____. Take on an empty stomach.  |  |                   |             |                          |
| <b>RETURN APPOINTMENT ORDERS</b>   |  |                   |             |                          |
| <b>Serum Creatinine every 3<sup>rd</sup> treatment (clarify)</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> |             |                          |
|  |  | <b>UC:</b>        |             |                          |