



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: BRAVPAM

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|  |              |             |             |                          |
|--|--------------|-------------|-------------|--------------------------|
| DOCTOR'S ORDERS  |              | 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>  |              |             |             |                          |
| DATE:  | To be given: | Cycle #:    |             |                          |
| Date of Previous Treatment:  |              |             |             |                          |
| TREATMENT:   |              |             |             |                          |
| pamidronate <b>90 mg</b> IV in 250 mL NS over 1 hour every month x _____ treatments.   |              |             |             |                          |
| RETURN APPOINTMENT ORDERS  |              |             |             |                          |
| Return in <u>one</u> or <u>three</u> months (circle one) for doctor and treatment.<br>Book Daycare x <b>one</b> or <b>three</b> treatments (circle one)  |              |             |             |                          |
| Every third treatment: <b>Serum Creatinine</b><br><br>If clinically indicated: <input type="checkbox"/> <b>Serum Calcium</b> <input type="checkbox"/> <b>Albumin</b><br><input type="checkbox"/> <b>Other tests:</b><br><br><input type="checkbox"/> <b>Consults:</b><br><br><input type="checkbox"/> <b>See general orders sheet for additional requests.</b> |              |             |             |                          |
| DOCTOR'S SIGNATURE:  |              |             | SIGNATURE:  |                          |
|  |              |             | UC:         |                          |