



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: MYPAM**

<b>DOCTOR'S ORDERS</b>	
<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>Treatment # (s):</b>	
Date of Previous Treatment:	
<b>TREATMENT:</b>	
pamidronate 30 mg IV in 250 mL NS over 1 hour every _____ weeks x _____ treatments (up to 12 treatments if ordered every 4 weeks and up to 4 treatments if ordered every 12 weeks)	
<b>RETURN APPOINTMENT ORDERS</b>	
<input type="checkbox"/> Return in <input type="checkbox"/> four, <input type="checkbox"/> twelve or <input type="checkbox"/> _____ weeks (select one) for Doctor and treatment.  <input type="checkbox"/> Book to <input type="checkbox"/> Daycare or <input type="checkbox"/> chemo room (select one) every <u>4 weeks</u> x <input type="checkbox"/> one, <input type="checkbox"/> three, <input type="checkbox"/> six, or <input type="checkbox"/> twelve treatments (select one)	
<u>OR</u>  <input type="checkbox"/> Book to <input type="checkbox"/> Daycare or <input type="checkbox"/> chemo room (select one) every <u>12 weeks</u> x <input type="checkbox"/> one, <input type="checkbox"/> two, <input type="checkbox"/> three, or <input type="checkbox"/> four treatments (select one)	
Serum Creatinine every <u>12 weeks</u>  <input type="checkbox"/> Other tests:  <input type="checkbox"/> Consults:  <input type="checkbox"/> See general orders sheet for additional requests.	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>
	<b>UC:</b>