



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

DOCTOR'S ORDERS

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form**

DATE:

TREATMENT:

**clodronate 800 mg** PO once daily for \_\_\_\_\_ weeks, then increase to **1600 mg** PO once daily x \_\_\_\_\_ months.  
*Refill x \_\_\_\_\_*

OR

**clodronate 1600 mg** PO once daily x \_\_\_\_\_ months. *Refill x \_\_\_\_\_*

RETURN APPOINTMENT ORDERS

Serum Creatinine every 3<sup>rd</sup> treatment (clarify) \_\_\_\_\_

If clinically indicated:  Serum Calcium  Albumin

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: