

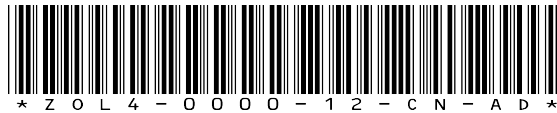


مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

ZOLEdronic Acid (Zometa®), every 3 months



Ministry of Health



Name:
Nationality:
Gender/Age:

File #:
Civil ID:
DOB:

Ht (cm):
Wt (Kg):
BSA (m²):

Approved indication(s): Bone metastasis.

Central line: Available NA

Allergies: NKA Yes, specify; _____

Parameters: Firstly, Dental clearance. CrCl > 45 ml/min

Standard Protocol:

DRUG	DOSE	INSTRUCTIONS	DAYS
ZOLEdronic Acid (Zometa®)	4 mg	IV in 50 mL NS over 15 min.	D1
To be repeated every 3 months until intolerable toxicity.			

Treatment Description:

Cycle	DATE	Zometa®	Physician	Consultant

Post-treatment Medications: (The recommended home medications)

Calcium and Vit D supplementation may be needed to prevent hypocalcemia.

Comments: