

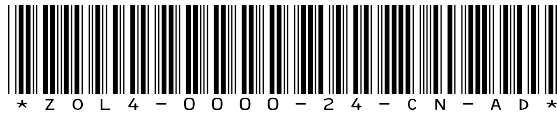


مركز الكويت لمكافحة السرطان  
Kuwait Cancer Control Center

# ZOLEdronic Acid (Zometa®), every 6 months



Ministry of Health



**Name:** \_\_\_\_\_ **File #:** \_\_\_\_\_ **Ht (cm):** \_\_\_\_\_  
**Nationality:** \_\_\_\_\_ **Civil ID:** \_\_\_\_\_ **Wt (Kg):** \_\_\_\_\_  
**Gender/Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **BSA (m<sup>2</sup>):** \_\_\_\_\_

**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
<b>To be repeated every 6 months until intolerable toxicity.</b>			

**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:**