

INTRAVESICAL IMMUNOTHERAPY TREATMENT CHART

Patient's Name	DOB
Address	Hospital Number
Affix Addressograph Here	

Regime

BCG

**MAINTENANCE
AS BELOW**

Diagnosis/Staging:

Consultant:	Ext:	Start Date:
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TREATMENT INTENTION	RESTAGING AFTER TREATMENT CYCLE	NUMBER OF TREATMENT CYCLES INTENDED

Regimen Details			
BCG	Immucyst 81mg in 50ml 0.9% sodium chloride	Intravesical	Weekly for 1-3 weeks at 6 months following the initial dose and then every 6 months thereafter until 36 months

Clinical Area: (please ✓)	Clinic PCH	Ward A2	Other	
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PRESCRIPTION				
INTRAVESICAL BCG (IMMUCYST 81MG) IN 50ML SODIUM CHLORIDE 0.9%	Signature	Date	Please ✓	Regimen
				Maintenance as above 6 monthly

Additional Information/Remarks

Recommended Dose Modifications	
Defer treatment if : <ul style="list-style-type: none"> <14 days since biopsy Active tuberculosis History of systemic BCG reaction Concurrent immunosuppressive therapy is contraindicated UTI Gross Haematuria Sepsis Arthritis 	If highest toxicity score for any cycle is grade 2 or 3 please refer to management guidelines.

ALLERGIES

Prepared by:
Urology Nurse Specialist

Approved by:
Urology CMT

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INDUCTION 6 DOSES AT WEEKLY INTERVALS

Patient to be assessed by Registered Nurse and VERBAL CONSENT obtained prior to this cycle: Signature

C Y C L E	Drug	Dose	Administration Date		Route	Nursing care document checked	Administration		Duration (hours)	Batch No
			Scheduled	Deferred						
1 0	BCG	81MG IMMUCYST IN 50ML SODIUM CHLORIDE 0.9%			Intravesical	Highest toxicity score Grade	Given by Checked by			

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1 4	BCG	81MG IMMUCYST IN 50ML SODIUM CHLORIDE 0.9%			Intravesical	Highest toxicity score Grade	Given by Checked by			

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Additional information:

END OF TREATMENT EVALUATION

Number of treatment cycles intended	
Number of treatment cycles undertaken	

At restaging:	<i>Please</i> ✓	Date
End of treatment cystoscopy	<input type="checkbox"/>	

Evaluation

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End of treatment cystoscopy	<input type="checkbox"/>	

Evaluation

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