INTRAVESICAL IMMUNOTHERAPY TREATMENT CHART

Patient's Name		DOB			Regime	
Address Affix Addressograph Here		Hospital	Number			BCG duction
Diagnosis/Staging:						
Consultant:		Ext:	Star	t Date:		
TREATMENT INT	ENTION		NG AFTER ENT CYCLE			TREATMENT ITENDED
	R	Regimen Deta	ils			
BCG Immucyst 81mg in 50ml chloride	0.0% sodium	vesical	Weekly for 6 v pause	veeks ther	n another 1-3	after 6 week
Clinical Area: (please ✓)		Clinic PCH	Ward A2	(Other	
	F	PRESCRIPTION	N			
INTRAVESICAL BCG	Signature	Date	Please	Regim	en	
(IMMUCYST 81MG) IN 50ML SODIUM CHLORIDE 0.9%			,	and aft	on (weekly er 6 week r 1-3 week	
	Additiona	al Information	/Remarks			
		nended Dose Mo	difications			
Active tube History of s	systemic BCG reaction t immunosuppressive		gra			any cycle is o management
ALLERGIES			Prens	red by:		
				y Nurse S	pecialist	
				oved by: gy CMT		

Prepared by: Sue Thompson – Urology Nurse Practitioner

Date: March 2011

Last Review: Next Review: March 2012

Pati	ent's Name		DO	DВ						
	Affixdressograph Here		Ho	ospital Numb	per					
Pa	tient to be ass	sessed by Registere	-		SES AT WEEKI			Signatur	e	
С	Drug	Dose	Administr	ation Date	Route	Nursing care document	Administ	ration	Duration	Batch No
Y C L	Diag	2000	Scheduled	Deferred	110010	checked	7.0		(hours)	241011110
E 1	BCG	81MG IMMUCYST IN 50ML SODIUM CHLORIDE 0.9%			Intravesical	Highest toxicity score Grade	Given by Checked by			
Pa	tient to be ass	sessed by Registere	d Nurse and	I VERBAL C	ONSENT obtain	ned prior to this	s cycle:	Signatur	e	
C	Drug	Dose	Administr	ation Date	Route	Nursing care document	Administ	ration	Duration	Batch No
v			Scheduled	Deferred		checked			(hours)	
C Y C						Highest toxicity score	Given by			
	BCG	81MG IMMUCYST IN 50ML SODIUM CHLORIDE 0.9%			Intravesical	00010	Checked by			

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

С	Drug	Dose	Administra	ation Date	Route	Nursing care document	Administration	Duration	Batch No
Y C	Diug	Dose	Scheduled	Deferred	Route	checked	Administration	(hours)	Daten No
E	BCG	81MG IMMUCYST IN 50ML SODIUM			Intravesical	Highest toxicity score	Given by		
3	ВОО	CHLORIDE 0.9%			muavesicai	Grade	Checked by		

Pati	ient's Name		D	OB						
	Affix — dressograph Here —		Ho	ospital Num	ber					
Pat	tient to be ass	sessed by Registere	d Nurse and		CTION CONTINU		s cycle:	Signatur	e	
С	Drug	Dose	Administr	ation Date	Route	Nursing care document	Adminis	stration	Duration	Batch No
Y C	Drug	Dose	Scheduled	Deferred	Koute	checked	Adminis	Stration	(hours)	Batch No
L E		81MG IMMUCYST			Introvesiant	Highest toxicity score	Given by			
	DOO	INTEGRAL CODULINA								
4	BCG	IN 50ML SODIUM CHLORIDE 0.9%			Intravesical	Grade	Checked by			
4			d Nurse and	VERBAL (Signatur	e	
4 Pat		CHLORIDE 0.9%		VERBAL (Nursing care			Duration	Batch No
Pat C Y C	tient to be ass	CHLORIDE 0.9%			CONSENT obtain	Nursing care document checked	s cycle:			
Pat C Y C L E	tient to be ass	CHLORIDE 0.9% Sessed by Registere Dose 81MG IMMUCYST	Administr	ation Date	CONSENT obtain	Nursing care	s cycle:		Duration	
Pat C Y C L	tient to be ass	CHLORIDE 0.9% sessed by Registere Dose	Administr	ation Date	CONSENT obtain	Nursing care document checked	s cycle:		Duration	
Pat C Y C L E	Drug BCG	CHLORIDE 0.9% Sessed by Registere Dose 81MG IMMUCYST IN 50ML SODIUM	Administr Scheduled	ation Date Deferred	Route Intravesical	Nursing care document checked Highest toxicity score Grade	Adminis Given by Checked by	stration	Duration	Batch No
Pat C Y C L E 5 Pat	Drug BCG tient to be ass	Dose 81MG IMMUCYST IN 50ML SODIUM CHLORIDE 0.9% 8essed by Registere	Administr Scheduled	ation Date Deferred	Route Intravesical	Nursing care document checked Highest toxicity score Grade	Adminis Given by Checked by	Signatur	Duration (hours)	Batch No
Pat C Y C L E	Drug BCG	Dose 81MG IMMUCYST IN 50ML SODIUM CHLORIDE 0.9%	Administr Scheduled	Deferred	Route Intravesical	Nursing care document checked Highest toxicity score Grade	Adminis Given by Checked by	Signatur	Duration (hours)	Batch No

Grade

ent's Name		DO	OB						
Affix — Aressograph Here		Ho	ospital Numb	per					
tient to be as	sessed by Registere	d Nurse and		CTION CONTINU		s cycle:	Signatu	ıre	
D		Administr	ation Date	Pouts	Nursing care	Adminis	-4 w - 4 i o w	Duration	Batah N
Drug	Dose	Scheduled	Deferred	Route	document checked	Adminis	stration	(hours)	Batch N
	81MG IMMUCYST			Intravesical	Highest toxicity score	Given by			
BCG	I IIV SUIVII SUIJIUIVI			inti a v o o i o a i		Chaokad by			
BCG	IN 50ML SODIUM CHLORIDE 0.9%	d Nurse and	VERBAL C	ONSENT obtain	Grade	Checked by	Signatu	ıre	
tient to be as	sessed by Registere	d Nurse and			ned prior to this	s cycle:		Duration	
	CHLORIDE 0.9%			CONSENT obtain	ned prior to this				Batch N
tient to be as	CHLORIDE 0.9% sessed by Registere Dose 81MG IMMUCYST	Administr	ation Date	Route	Nursing care	s cycle:		Duration	
tient to be as	CHLORIDE 0.9% sessed by Registere	Administr	ation Date		Nursing care document checked	s cycle:		Duration	
Drug	CHLORIDE 0.9% sessed by Registere Dose 81MG IMMUCYST IN 50ML SODIUM	Administr Scheduled	ation Date Deferred	Route Intravesical	Nursing care document checked Highest toxicity score Grade	Adminis Given by Checked by	stration	Duration	Batch N
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Drug	Dose 81MG IMMUCYST IN 50ML SODIUM CHLORIDE 0.9%	Administr Scheduled d Nurse and	ation Date Deferred VERBAL C	Route Intravesical	Nursing care document checked Highest toxicity score Grade	Adminis Given by Checked by	Signatu	Duration (hours)	Batch N
Drug BCG	CHLORIDE 0.9% Sessed by Registere Dose 81MG IMMUCYST IN 50ML SODIUM CHLORIDE 0.9% sessed by Registere	Administr Scheduled d Nurse and	ation Date Deferred VERBAL C ation Date	Route Intravesical CONSENT obtain	Nursing care document checked Highest toxicity score Grade Nursing care document	Adminis Given by Checked by S cycle:	Signatu	Duration (hours) Ire	Batch N

Patient's Name	DOB
Address Affix Addressograph Here	Hospital Number

NURSING CARE DOCUMENTATION

					INDU	CTION							
					PLE	ASE INS	SERT TO	XICITY	SCORE A		E AT EA	CH TREAT	MENT
Toxicity	Grade 0	Grade 1	Grade 2	Grade 3	Cycle 1 Date	Cycle 2 Date	Cycle 3 Date	Cycle 4 Date	Cycle 5 Date	Cycle 6 Date	Cycle 7 Date	Cycle 8 Date	Cycle 9 Date
Temperature	None	Pyrexia	>38.5 for 24 hours	>38.5 for 48 hours									
Fever	None	Sweats	Chills	Rigors									
Cystitis	None	Mild	Moderate	Severe									
Rash	None	Asymptomatic	Local	Generalised exfoliation									
Bladder symptoms	None	1 – 3 days	4 – 6 days	More than 7 days									
MSU/UTI	None	N/A	N/A	Yes									
Blood test	No	N/A	N/A	Yes									
Acute severe illness	None	Mild	Moderate	Severe									
Sepsis	None	Mild	Moderate	Severe									
Arthritis	Normal	Mild	Decrease in ability to move	Disabled									
				Leakage Y/N									
				Please sign									

Patient's Name		DOB							
Address Affix Addressograph Here		Hospital	Number						
				<u>IN</u>	IDUCTIO	<u>N</u>			
Post procedure advice given:									
Course Number	1	2	3	4	5	6	7	8	9
Sepsis									
Cystitis									
24 hour contact numbers									
Increase fluid intake									
Use of sheaths/condoms									
Empty bladder directly into toilet									
Wash hands									

Discharge letter

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END OF TREATMENT EVALUATION

Number of treatment cycles intended	
Number of treatment cycles undertaken	

At restaging:	Please ✓	Date	
End of treatment cystoscopy			Evaluation