

INTRAVESICAL CHEMOTHERAPY TREATMENT CHART

Patient's Name	DOB
Address	Hospital Number
Affix Addressograph Here	

Regime MITOMYCIN C INTRAVESICAL Induction

Diagnosis/Staging:

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

Regimen Details			
Mitomycin C	40mg in 40ml water	Intravesical	Weekly for 6 weeks

Clinical Area: (please ✓)	Clinic PCH	Ward A2	Other	
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PRESCRIPTION

Mitomycin C 40mg in 40ml water intravesical (Mito-in giving set)	Signature	Date	Please ✓	Regimen
				Weekly for 6 weeks

Additional Information/Remarks

Recommended Dose Modifications	
Defer treatment if : History of hypersensitivity to Mitomycin C UTI Haematuria Sepsis	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

Patient's Name	_____	DOB	_____
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INDUCTION

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			Given by	Checked by		
1	Mitomycin C	40mg in 40ml water			Intravesical	Highest toxicity score Grade	Given by			
							Checked by			

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			Given by	Checked by		
2	Mitomycin C	40mg in 40ml water			Intravesical	Highest toxicity score Grade	Given by			
							Checked by			

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			Given by	Checked by		
3	Mitomycin C	40mg in 40ml water			Intravesical	Highest toxicity score Grade	Given by			
							Checked by			

Patient's Name	_____	DOB	_____
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INDUCTION CONTINUED

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			Given by	Checked by		
4	Mitomycin C	40mg in 40ml water			Intravesical	Highest toxicity score	Given by			
						Grade	Checked by			

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			Given by	Checked by		
5	Mitomycin C	40mg in 40ml water			Intravesical	Highest toxicity score	Given by			
						Grade	Checked by			

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			Given by	Checked by		
6	Mitomycin C	40mg in 40ml water			Intravesical	Highest toxicity score	Given by			
						Grade	Checked by			

CYSTOSCOPY BOOKED Date

Evaluation

Patient's Name	_____	DOB	_____
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NURSING CARE DOCUMENT

INDUCTION										
Toxicity	Grade 0	Grade 1	Grade 2	Grade 3	PLEASE INSERT TOXICITY SCORE AND DATE AT EACH TREATMENT CYCLE					
					Cycle 1 Date	Cycle 2 Date	Cycle 3 Date	Cycle 4 Date	Cycle 5 Date	Cycle 6 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										

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INDUCTION

Post procedure advice given:

Course Number	1	2	3	4	5	6
Sepsis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cystitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 hour contact numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase fluid intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of sheaths/condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empty bladder directly into toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wash hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

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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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