

INTRAVESICAL CHEMOTHERAPY TREATMENT CHART

Patient's Name	DOB
Address	Hospital Number
Affix Addressograph Here	

Regime
MITOMYCIN C
INTRAVESICAL
STAT DOSE

Diagnosis/Staging:

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

Regimen Details			
Mitomycin C	40mg in 40ml	Intravesical	Single dose

Clinical Area: (please ✓)	Ward A2	Main theatre	DTU	Other
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PRESCRIPTION				
Mitomycin C 40mg in 40ml water Intravesical (Mito-in giving set)	Signature	Date	Please ✓	Regimen
				Stat dose

Additional Information/Remarks

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

ALLERGIES

Prepared by:
Urology Nurse Specialist

Approved by:
Urology CMT

Patient's Name	_____	DOB	_____
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Patient to be assessed by Registered Nurse and VERBAL CONSENT obtained prior to this cycle: Signature

STAT	Drug	Dose	Administration Date		Route	Administration		Duration (hours)	Batch No
			Scheduled	Deferred		Given by	Checked by		
	Mitomycin C	40mg in 40ml water			Intravesical				

Post procedure advice given:

Course Number	
Sepsis	<input type="checkbox"/>
Cystitis	<input type="checkbox"/>
24 hour contact numbers	<input type="checkbox"/>
Increase fluid intake	<input type="checkbox"/>
Use of sheaths/condoms	<input type="checkbox"/>
Empty bladder directly into toilet	<input type="checkbox"/>
Wash hands	<input type="checkbox"/>