

**Clinical Management Plan for Radiotherapy related Toxicity: For Pelvic/Abdominal  
Radiotherapy for Urology Cancers**

<b>Name of Patient/ID:</b> <i>Attach patient sticker if available</i>		<b>Sensitivities/allergies:</b>	
<b>Independent Prescriber(s):</b>  Contact details:		<b>Supplementary Prescriber(s)</b> Alison Snook, Sarah Griffiths, Pauline Humphrey, Jancis Kinsman Hazel Boyce Helen Cullimore  Contact details:	
<b>Condition(s) to be treated</b>  <b>Diagnosis:</b>  <b>Radiotherapy course/schedule:</b>  <b>Radical/Adjuvant/Palliative:</b>		<b>Aim of treatment:</b>  Control of radiotherapy related toxicity	
<b>Medicines that may be prescribed by SP:</b>			
<b>Preparation</b>	<b>Indication</b>	<b>Dose schedule</b>	<b>Specific indications for change in management/ referral back to the IP</b>
<b>Loperamide Hydrochloride</b>	Onset of radiation-diarrhoea RTOG grade 1 and 2	As detailed in Section 1.4.2 BNF	Diarrhoea not controlled with 16mg Loperamide daily. Evidence of onset of dehydration. Development of RTOG grade 3 toxicity.
<b>Scheriproct Ointment</b>	Haemorrhoids/ Anal/perianal skin reaction or soreness due to diarrhoea	As detailed in Section 1.7.2 BNF	Significant rectal bleeding
<b>Tamsulosin Hydrochloride</b>	Poor urinary flow or outflow obstruction	As detailed in Section 7.4.1 BNF	If no benefit or symptomatically worse within 1 week. If not tolerating drug
<b>Amoxicillin</b> Or <b>Trimethoprim</b>	Uncomplicated lower urinary tract infection – symptomatic and positive dipstick test or positive microscopy	3 day course, as detailed in Section 5.1 BNF	Microscopy sensitivity requires another antibiotic. Symptoms not resolving after course completed.

## BRISTOL HEAMATOLOGY AND ONCOLOGY CENTRE

<b>Metoclopramide</b>	Radiation induced nausea	As detailed in Section 4.6 BNF	If no benefit or symptomatically worse	
<b>Domperidone</b>	Radiation induced nausea	As detailed in Section 4.6 BNF	If no benefit or symptomatically worse	
<b>Ondansetron</b>	Radiation induced nausea	As detailed in Section 4.6 BNF	If no benefit or symptomatically worse	
<p><b>Guidelines or protocols supporting Clinical Management Plan:</b>            ASCO guidelines: Recommended Guidelines for the Treatment of Cancer Treatment-Induced Diarrhoea. Journal of Clinical Oncology; 22 (14): 2918-2026            ASWCS Network Anti-emetic Policy (Version 2006.1)            BHOC Radiotherapy Protocol for Prostate Cancers            UH Bristol Foundation Trust Medicines Code: Non-medical prescribing policy            UH Bristol Foundation Trust Medical division Empirical Antibiotic Guidelines</p>				
<b>Frequency of review and monitoring by:</b>				
<b>Supplementary Prescriber</b> Weekly or sooner if patient reports problems		<b>Supplementary Prescriber and Independent Prescriber</b> At request of Supplementary Prescriber or Patient's request		
<p><b>Process for reporting ADRs:</b>            Yellow Card system in BNF            UH Bristol Foundation Trust Clinical Incident Form as per Medicine Management Policy            Documentation in medical notes and radiotherapy treatment sheet            Inform IP</p>				
<p><b>Shared record to be used by IP and SP:</b>            Radiotherapy Treatment Sheet and Oncology notes            Patient Held Records (when available)</p>				
<b>Agreed by Independent Prescriber(s)</b>	<b>Date</b>	<b>Agreed by Supplementary Prescriber(s)</b>	<b>Date</b>	<b>Date agreed with Patient/carer</b>