

Clinical Management Plan for Treatment of Head and Neck cancer

Name of Patient	Patient medication sensitivities/allergies:
Patient identification-(Unit number and DOB)	
Patient history summary	
Independent Prescriber(s): Dr Mererid Evans Dr N Palaniappan Dr Naomi Cole	Supplementary Prescriber(s) Jane Mathlin Sherryl Jenkins
Condition(s) to be treated Head and Neck Cancer.	Aim of treatment To alleviate symptoms of Head and Neck cancer and its treatment.
Further treatment and tests to be arranged. FBC and RLB	
Medicines that may be prescribed by SP	

Preparation	Indication	Dose schedule	Specific indications for referral back to the IP
Oral care:			
Oral Care Pack	Maintain good oral hygiene throughout radiotherapy.	Use 4 times daily	
Caphosol Mouthwash	To prevent mucositis from radiotherapy, chemotherapy and cetuximab	Use 4 times daily, can be increased up to 10 times daily	
Diffiam mouth wash	Treatment related oral mucositis	10mls 3-4 hourly As detailed in BNF.	<i>Treatment ineffective or patient has RTOG grade 3 toxicity.</i>
Gelclair	Mouth ulcers and mucositis relating to treatment.	One sachet 3 times daily.	<i>RTOG Grade 3 toxicity.</i>
Raspberry mucilage	Treatment related dysphagia. Oral thrush	10mls 4 times daily.	<i>RTOG Grade 3 toxicity</i>
Fluconazole	<i>Thick sticky mucus secretions</i>	50mg once a day as per BNF.	<i>Thrush not resolved after 1 week.</i>
Carbocisteine	<i>Nebulised saline for thick secretions</i>	500mg tds	<i>Treatment ineffective after 3 days use.</i>
Saline for nebuliser 0.09% Sterineb	<i>Pain relating to head and neck cancer.</i>	5mls qds	<i>Stop using if not effective</i>
Analgesia: Paracetamol	<i>Pain relating to head and neck cancer not relieved by paracetamol.</i>	1 gram 4 times daily as per BNF.	<i>Side effects from paracetamol.</i>
Co-codamol 30/500	<i>Pain relating to head and neck cancer not relieved by paracetamol.</i>	2 tablets 4 times daily as per BNF.	<i>Unexpected side effects from co-codamol.</i>
Tramadol hydrochloride (not to be initiated at VCC but may continue treatment)	<i>Pain relating to head and neck cancer not relieved by paracetamol.</i>	50-100mg qds as per BNF	<i>Unexpected side effects from Tramadol.</i>
Diclofenac (not to be initiated at VCC)	<i>Pain relating to head and neck cancer that has an inflammatory component and NSAID's not contra-indicated.</i>	50mg 3 times daily as per BNF.	<i>Unexpected side effects from diclofenac.</i>
	<i>As above</i>	400mg tds	
		5 mls 4-6 hourly as	

Guidelines or protocols supporting Clinical Management Plan: RTOG common toxicity criteria Velindre cancer centre oral care policy Velindre Cancer Centre constipation policy. Velindre Cancer Centre pain policy WHO pain ladder. Velindre Cancer Centre Potassium guidelines				
Frequency of review and monitoring by:				
Supplementary prescriber Weekly		Supplementary prescriber and independent prescriber Every month.		
Process for reporting ADRs: Discuss with IP. Complete yellow card if serious, unexpected or black triangle drug.				
Shared record to be used by IP and SP: Velindre NHS Trust Medical Record and CANISC. CMP expires 2 months after treatment completed				
Agreed by independent prescriber(s)	Date	Agreed by supplementary prescriber(s)	Date	Date agreed with patient/carer

April 2015