

## Clinical Management Plan for Radiotherapy related Toxicity: Upper G.I. Radiotherapy

<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	
<b>Condition(s) to be treated</b> <b>Diagnosis:</b>  <b>Radiotherapy course/schedule:</b>  <b>Radical/Adjuvant/Palliative:</b>  <b>Concurrent chemo:</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>Paracetamol</b> (orally or via PEG)	Pain from oesophagitis	As detailed in Section 4.7.1 BNF	Pain not controlled
<b>Co-codamol 30/500</b> (orally or via PEG)	Pain not controlled with full dose of Paracetamol	As detailed in Section 4.7.1 BNF	If pain not controlled refer to medical team
<b>Omeprazole</b>	Dyspepsia	As detailed in Section 1.3.5 BNF	If symptoms not controlled or side effects troublesome
<b>Nystatin oral suspension</b>	Mucosal candidiasis	As detailed in Section 12.3.2 BNF	Oral irritation and sensitisation. No response
<b>Fluconazole</b>	Unresponsive mucosal candidiasis	As detailed in Section 5.2 BNF	Nausea, abdominal discomfort, diarrhoea
<b>Metoclopramide</b> (orally or via PEG) OR <b>Domperidone</b> (orally, rectally or via PEG)	Nausea or as prophylaxis if radiotherapy has moderate emetic potential	As detailed in Section 4.6 BNF	If nausea not controlled or side effects

## BRISTOL HEAMATOLOGY AND ONCOLOGY CENTRE

<b>Ondansetron</b>	Nausea not controlled by Metoclopramide /Domperidone or as prophylaxis if radiotherapy has high emetic potential	As detailed in Section 4.6 BNF	If nausea not controlled or side effects	
<b>Guidelines or protocols supporting Clinical Management Plan:</b> ASWCS Network Anti-emetic Policy (Version 2006.1) WHO Pain Ladder UH Bristol Foundation Trust Medicines Code: Non-medical prescribing policy				
<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			
<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				
<b>Shared record to be used by IP and SP:</b> Radiotherapy Treatment Sheet and Oncology notes Patient Held Records (when available)				
<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>