

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

| <b>Name of Patient/ID:</b>                             |                                                                                                             | <b>Sensitivities/allergies:</b>                                                                                                      |                                                                                                                                    |
|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <b>Independent Prescriber(s):</b>                      |                                                                                                             | <b>Supplementary Prescriber(s)</b><br>Alison Snook, Sarah Griffiths, Pauline Humphrey,<br>Jancis Kinsman Hazel Boyce Helen Cullimore |                                                                                                                                    |
| Contact details:                                       |                                                                                                             | Contact details:                                                                                                                     |                                                                                                                                    |
| <b>Condition(s) to be treated</b><br><b>Diagnosis:</b> |                                                                                                             | <b>Aim of treatment:</b><br>Control of radiotherapy related toxicity                                                                 |                                                                                                                                    |
| <b>Radiotherapy course/schedule:</b>                   |                                                                                                             |                                                                                                                                      |                                                                                                                                    |
| <b>Radical/Adjuvant/Palliative:</b>                    |                                                                                                             |                                                                                                                                      |                                                                                                                                    |
| <b>Concurrent Chemo:</b>                               |                                                                                                             |                                                                                                                                      |                                                                                                                                    |
| <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 induced diarrhoea RTOG grade 1 and 2                                                     | As detailed in Section 1.4.2 BNF                                                                                                     | Diarrhoea not controlled with 16mg Loperamide daily.<br>Evidence of onset of dehydration.<br>Development of RTOG grade 3 toxicity. |
| <b>Scheriproct Ointment</b>                            | Anal/perianal skin reaction or soreness due to diarrhoea                                                    | As detailed in Section 1.7.2 BNF                                                                                                     | Significant rectal bleeding                                                                                                        |
| <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.<br>Symptoms not resolving after course completed.                              |
| <b>Paracetamol</b>                                     | Pain as per WHO Pain Ladder Step 1a                                                                         | As detailed in Section 4.7.1 BNF                                                                                                     | Pain not controlled                                                                                                                |

## BRISTOL HEAMATOLOGY AND ONCOLOGY CENTRE

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| <b>Ibuprofen</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Pain as per WHO Pain Ladder Step 1b                                                                                       | As detailed in Section 10.1.1 BNF            | Pain not controlled                          |                                       |
| <b>Co-codamol 30/500</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Pain as per WHO pain Ladder Step 2                                                                                        | As detailed in Section 4.7.1 BNF             | If pain not controlled refer to medical team |                                       |
| <b>Metoclopramide</b><br>OR<br><b>Domperidone</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Nausea or as prophylaxis if radiotherapy has moderate emetic potential                                                    | As detailed in Section 4.6 BNF               | If nausea not controlled or side effects     |                                       |
| <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><br>ASCO guidelines: Recommended Guidelines for the Treatment of Cancer Treatment-Induced Diarrhoea. Journal of Clinical Oncology; 22 (14): 2918-2026<br>WHO Pain Ladder<br>ASWCS Network Anti-emetic Policy (Version 2006.1)<br>BHOC Radiotherapy Protocol for Lower GI Cancers<br>UH Bristol Foundation Trust Medicines Code: Non-medical prescribing policy<br>UH Bristol Foundation Trust Medical division Empirical Antibiotic Guidelines |                                                                                                                           |                                              |                                              |                                       |
| <b>Frequency of review and monitoring by:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                           |                                              |                                              |                                       |
| <b>Supplementary Prescriber</b><br>Weekly or sooner if patient reports problems                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Supplementary Prescriber and Independent Prescriber</b><br>At request of Supplementary Prescriber or Patient's request |                                              |                                              |                                       |
| <b>Process for reporting ADRs:</b><br>Yellow Card system in BNF<br>UH Bristol Foundation Trust Clinical Incident Form as per Medicine Management Policy<br>Documentation in medical notes and radiotherapy treatment sheet<br>Inform IP                                                                                                                                                                                                                                                                           |                                                                                                                           |                                              |                                              |                                       |
| <b>Shared record to be used by IP and SP:</b><br>Radiotherapy Treatment Sheet and Oncology notes<br>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> |
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