BCG Instillation



Name:																	
Date of birth:							INSTILLATION EVERY 4 TH WEEK										
DATE																	
TREATMENT NUMBER	1	2	3	N 0	4	5	6	<u>N</u>	7	8	9	<u>N</u>	10	11	12	NO	
SIGNATURE				ISTILLATI				LAST INSTILLATION				LAST INSTILLATION				LAST INSTILLATION	
BLOOD TESTS				AFTER LAST INSTILLATION				R LAST IN									
NORMAL				AFTE				AFTER				AFTER				AFTER	
ABNORMAL – APPROVED BY PHYSICIAN				EKS				EEKS				WEEKS				EKS /	
URINE DIPSTICK				CYSTOSCOPY 4 WEEKS				CYSTOSCOPY 4 WEEKS				4				CYSTOSCOPY 4 WEEKS	
NORMAL				TOSC				TOSC				CYSTOSCOPY				rosc	
ABNORMAL – APPROVED BY PHYSICIAN				CYS				CYS				CYS				CYST	

- Remember to document the findings in the patient chart.
- See the local guideline about BCG instillation.
- Remember to hand out the patient information about BCG instillation.