

BCG Instillation

Name: _____

Date of birth: _____

WEEKLY INSTILLATION

DATE							CYSTOSCOPY 4 WEEKS AFTER LAST INSTILLATION
TREATMENT NUMBER	1	2	3	4	5	6	
SIGNATURE							
BLOOD TESTS							
NORMAL							
ABNORMAL – APPROVED BY PHYSICIAN							
URINE DIPSTICK							
NORMAL							
ABNORMAL – APPROVED BY PHYSICIAN							

- 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.