Mitomycin Instillation

European Association of Urology Nurses

Name: _____

Date of birth: _____

	WEEKLY INSTILLATION								CYSTOSCOPY 4 WEEKS AFTER LAST INSTILLATION
DATE									
TREATMENT NUMBER	1	2	3	4	5	6	7	8	
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 mitomycin instillation.
- Remember to hand out the patient information about mitomycin instillation.