**Guideline for bladder instillation –**

**Training Document**

The aim of this document is to complement the EAUN Evidence-based Guidelines for Best Practice in Health Care in “Intravesical instillation with mitomycin C or bacillus Calmette-Guérin in non-muscle invasive bladder cancer*”.*

These pages can be downloaded to ensure that the practitioner has written evidence of assessment and competence in the various aspects of intravesical therapy.

The documentation should be kept in a safe place in case it should be required in the future.

Using the performance levels below, the practitioner should achieve at least Level 3 on 20 patients before undertaking the procedure independently.

|  |  |
| --- | --- |
| **Performance Levels Results** | |
| **Level 0** | Cannot perform this activity in the clinical environment but knows the key principles involved. |
| **Level 1** | Can perform this activity with constant supervision and some assistance. |
| **Level 2** | Can perform this activity with some supervision and assistance. |
| **Level 3** | Can perform this activity satisfactorily without supervision or assistance at an acceptable speed. |
| **Level 4** | Can perform this activity satisfactorily with more than acceptable speed and quality of work. |
| **Level 5** | Can perform this activity satisfactorily with more than acceptable speed and quality of work and with initiative and adaptability to special problem situations. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Performance criteria** | | | |
| **Competency** | **Competence level** | **Assessor’s**  **signature** | **Learner’s**  **signature** |
| Describe anatomy of the lower urinary tract |  |  |  |
| Outline physiology of the lower urinary tract |  |  |  |
| Undertake urethral catheterisation |  |  |  |
| Describe bladder cancer treatment pathway |  |  |  |
| Describe indications for intravesical therapy |  |  |  |
| Ability to counsel patients regarding intravesical therapy (prior to instillation) |  |  |  |
| Ability to counsel patients regarding intravesical therapy (during instillation |  |  |  |
| Ability to counsel patients regarding intravesical therapy (post-instillation) |  |  |  |
| Determine appropriateness of referral for treatment |  |  |  |
| Demonstrate understanding of how the drugs work |  |  |  |
| Demonstrate understanding of the drug hazards |  |  |  |
| Demonstrate understanding of the management of spillages |  |  |  |
| Demonstrate understanding of the management of waste |  |  |  |
| Describes personal protective equipment required |  |  |  |
| Explain side effects and their management |  |  |  |
| Describe the dose/schedule of administration |  |  |  |
| Ensure pre-procedure patient preparation is met (e.g., urinalysis) |  |  |  |
| Apply infection control procedures |  |  |  |
| Position patient correctly |  |  |  |
| Protect privacy and dignity |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Maintain communication with patient |  |  |  |
| Mix the drug correctly with all the required equipment |  |  |  |
| Assess patient’s needs following the procedure |  |  |  |
| Ensure patient is aware how to deal with any complications after discharge |  |  |  |
| Assess patient’s fitness for discharge |  |  |  |
| Discard all used equipment appropriately |  |  |  |
| Record details of the procedure in patient record |  |  |  |
| Recognise when help is needed |  |  |  |
| Aware of keeping up to date with procedure |  |  |  |

|  |
| --- |
| Assessor’s signature:  Assessor’s name: Designation: |
| Assessor’s signature:  Assessor’s name: Designation: |
| Assessor’s signature:  Assessor’s name: Designation: |

|  |
| --- |
| **Declaration of competency to administer intravesical therapy** |
| **I** confirm that I have assessed ……………………………………………(name)  to be competent at Level .. at administering intravesical therapy independently.  **I** am competent at undertaking this procedure independently.  **I** expect the named practitioner to maintain their knowledge and skills in this procedure or to undertake a period of re-training and competency assessment if this should lapse.  Assessor’s name: ………………………………………………………….….    Assessor’s signature: …………………………………………………………  Designation: ……………………………….. Date: ………………………....  **I** confirm that I have the necessary knowledge and skills to undertake this procedure independently.  **I** have been assessed as competent practitioner.  **I** will maintain my knowledge and skills in this area and if they lapse I will seek a period of re-training and assessment.  Learner’s name: …………………………………………………………..……  Learner’s signature: ………………………………………………………..….  Designation: ……………………………… Date: ……………………………. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Record of learning** | | | | | |
| Date | Case No. | Trainer | Observed | Performed | Level |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |