

BCG Instillation

Name: _____

Date of birth: _____

INSTILLATION EVERY 4TH WEEK

DATE				CYSTOSCOPY 4 WEEKS AFTER LAST INSTILLATION				CYSTOSCOPY 4 WEEKS AFTER LAST INSTILLATION				CYSTOSCOPY 4 WEEKS AFTER LAST INSTILLATION				CYSTOSCOPY 4 WEEKS AFTER LAST INSTILLATION
TREATMENT NUMBER	1	2	3		4	5	6		7	8	9		10	11	12	
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.