



Patient treatment record

We care, we discover, we teach



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Please bring this booklet to every appointment

This booklet does not form part of your hospital held clinical record and the Trust does not take any responsibility for the protection of the information in this booklet. If lost please return to PO Box 585, Manchester M14 0LJ.

Introduction

This booklet is a record of your anti-cancer treatments and the side effects you have experienced. There is a section telling you who to contact if you get an infection and a chart for you to note any medications that you take regularly. Please bring this booklet to every appointment so that the nursing and medical staff can fill in the treatment details and any district nurse instructions. If you need a district nurse to visit you at home, please show him/her this booklet as it contains information that the district nurse will need.

This record booklet contains confidential information about your treatment. You are responsible for the safe keeping of this booklet and its contents.

The Christie Hotline
0161 446 3658

Useful contact numbers:

Patient details

Name: _____

Hospital number: _____

Consultant: _____

SACT - Systemic anti-cancer therapy: _____

District nurse

Tel: _____

Fax: _____

Drug allergies

Emergency information

Getting a fever or developing an infection?

Chemotherapy temporarily reduces your ability to fight infection. Infections develop rapidly. If you think you have an infection you will need prompt treatment in hospital. You will not get better on your own. Early infections can usually be treated easily. Delay could be dangerous.

Some of the signs of an infection are:

- temperature is 37.5°C or above
- feeling unwell and temperature is below 36°C
- shivery / hot and cold sweats
- a burning feeling when you pass urine
- cough, sputum
- feeling breathless / rapid breathing
- confusion / disorientation
- redness or swelling (especially around lines or drains)
- sore throat
- diarrhoea

If you feel unwell, do not delay, call The Christie Hotline immediately on 0161 446 3658.

For further information about chemotherapy side effects, please see 'Chemotherapy – A guide for patients and their carers'.

Urgent advice for clinicians

The treatment is potentially myelosuppressive.

Antibiotic guidance

- If patient is unwell and/or pyrexial with a temperature of 38°C or above, give IV antibiotic.
- **Do not wait** for blood results; adhere to one hour to antibiotic target.

For all patients give:

Antibiotic as per local policy

Please note, many chemotherapy regimens contain platinum agents. If received in the last 7 days, avoid aminoglycosides and give Meropenem 1g TDS instead.

Christie local policy:

Piperacillin/Tazobactam (Tazocin) 4.5g TDS. Gentamicin 5mg per kilogram OD (maximum dose 500mg).

If penicillin allergic (non anaphylaxis) or renal failure, give Meropenem 1g TDS.

If there is no improvement within 24-48 hours, contact the relevant oncologist or haematologist on 0161 446 3000.

Guidelines for treatment of neutropenic sepsis are available on our website at www.christie.nhs.uk/neutropenic

Current medications

List of all medications that you take normally

Drug	Start date	Dose	Time/Day
Comments:			
Comments:			
Comments:			
Comments:			
Comments:			
Comments:			
Comments:			
Comments:			
Comments:			
Comments:			

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Comments:			
Comments:			
Comments:			
Comments:			
Comments:			
Comments:			
Comments:			
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Comments:			

Treatment record

Date: _____ Cycle number: _____

Week: 1, 2, 3, 4 (please circle) Day: 1, 8 (please circle)

Blood results: Hb: _____ WCC: _____

Neutrophils: _____ Platelets: _____

SACT - systemic anti cancer therapy: _____

Doses and route (IV/PO): _____

Other medications given during treatment: (e.g. anti-emetics)

Medications to take home (including injections):

Drug	Start date	Dose	Time/Day
Comments:			
Comments:			
Comments:			
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District nurse referral completed Yes No

Authorisation section completed Yes No

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Your side effects *(please tick)*

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Nausea	None	Loss of appetite	Can eat/drink but intake significantly decreased with no weight loss	Not able to eat or drink
Vomiting	Normal	1-2 episodes in 24 hours	Occasional vomiting helped by anti-sickness medicine (3-5 episodes in 24 hours)	Vomiting not helped by anti-sickness medicine or 6-10 episodes in 24 hours
Mouth	Normal	Painless ulcers, mild soreness, able to eat/drink	Painful ulcers, redness or swelling but can eat/drink	Painful mouth and difficulty with eating and drinking
Diarrhoea	Normal	An increase to 2-3 bowel movements a day more than normal	Increase to 4-6 episodes a day or movement at night/moderate cramping	Increase to 7-9 episodes a day or incontinence. Severe cramping
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Skin/rash	Normal	Rash with or without itching or tenderness	Dry, peeling, blisters, itching	Moist, peeling, ulcers, blistering
Nerves and weakness	Normal	Numbness, tingling	Numbness, tingling with noticeable weakness	Severe numbness, tingling with weakness
Fatigue/tiredness	No change	Fatigue relieved by rest	Fatigue not relieved by resting up to half a day – limiting some of your activities	Fatigue not relieved by rest. Loss of ability to perform activities
Eating/drinking	Normal	Loss of appetite but able to eat and drink as usual	Eating and drinking less but with no weight loss	Unable to eat and drink enough. Loss of weight
Shortness of breath	Normal	Feeling breathless during moderate activity	Feeling breathless during normal activity	Breathless at rest – limiting your ability to self-care
Hair loss	No change	Hair thinning	Complete hair loss	

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Shortness of breath	Normal	Feeling breathless during moderate activity	Feeling breathless during normal activity	Breathless at rest – limiting your ability to self-care
Hair loss	No change	Hair thinning	Complete hair loss	

Treatment record

Date: _____ Cycle number: _____

Week: 1, 2, 3, 4 (please circle) Day: 1, 8 (please circle)

Blood results: Hb: _____ WCC: _____

Neutrophils: _____ Platelets: _____

SACT - systemic anti cancer therapy: _____

Doses and route (IV/PO): _____

Other medications given during treatment: (e.g. anti-emetics)

Medications to take home (including injections):

Drug	Start date	Dose	Time/Day
Comments:			
Comments:			
Comments:			
Comments:			

District nurse referral completed Yes No

Authorisation section completed Yes No

Signature _____ Title _____

Your side effects *(please tick)*

Note to patient: please contact The Christie Hotline on **0161 446 3658** if you experience any of the symptoms highlighted in pink.

Remember to contact The Christie Hotline immediately if you have a temperature of 37.5°C or above or below 36°C or you feel unwell as you may have an infection/fever.

Side effect	None	Mild	Moderate	Severe
Nausea	None	Loss of appetite	Can eat/drink but intake significantly decreased with no weight loss	Not able to eat or drink
Vomiting	Normal	1-2 episodes in 24 hours	Occasional vomiting helped by anti-sickness medicine (3-5 episodes in 24 hours)	Vomiting not helped by anti-sickness medicine or 6-10 episodes in 24 hours
Mouth	Normal	Painless ulcers, mild soreness, able to eat/drink	Painful ulcers, redness or swelling but can eat/drink	Painful mouth and difficulty with eating and drinking
Diarrhoea	Normal	An increase to 2-3 bowel movements a day more than normal	Increase to 4-6 episodes a day or movement at night/moderate cramping	Increase to 7-9 episodes a day or incontinence. Severe cramping
Constipation	Normal	No bowel movement in last 24 hours	No bowel movement in last 48 hours	No bowel movement in last 72 hours and regular use of laxatives
Skin/rash	Normal	Rash with or without itching or tenderness	Dry, peeling, blisters, itching	Moist, peeling, ulcers, blistering
Nerves and weakness	Normal	Numbness, tingling	Numbness, tingling with noticeable weakness	Severe numbness, tingling with weakness
Fatigue/tiredness	No change	Fatigue relieved by rest	Fatigue not relieved by resting up to half a day – limiting some of your activities	Fatigue not relieved by rest. Loss of ability to perform activities
Eating/drinking	Normal	Loss of appetite but able to eat and drink as usual	Eating and drinking less but with no weight loss	Unable to eat and drink enough. Loss of weight
Shortness of breath	Normal	Feeling breathless during moderate activity	Feeling breathless during normal activity	Breathless at rest – limiting your ability to self-care
Hair loss	No change	Hair thinning	Complete hair loss	

Treatment record

Date: _____ Cycle number: _____

Week: 1, 2, 3, 4 (please circle) Day: 1, 8 (please circle)

Blood results: Hb: _____ WCC: _____

Neutrophils: _____ Platelets: _____

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Doses and route (IV/PO): _____

Other medications given during treatment: (e.g. anti-emetics)

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Comments:			
Comments:			
Comments:			
Comments:			

District nurse referral completed Yes No

Authorisation section completed Yes No

Signature _____ Title _____

Your side effects *(please tick)*

Note to patient: please contact The Christie Hotline on **0161 446 3658** if you experience any of the symptoms highlighted in pink.

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Shortness of breath	Normal	Feeling breathless during moderate activity	Feeling breathless during normal activity	Breathless at rest – limiting your ability to self-care
Hair loss	No change	Hair thinning	Complete hair loss	

District nurse authorisation for injections

For example: GCSF (Granulocyte Colony Stimulating Factor)

Anti-coagulants

Drug prescribed				
Date of commencement				
Completion date				
Dosage				
Prescriber's signature				
Prescriber name (print)				
Contact/bleep number				

Other:

Central access device district nurse authorisation

(Tunnelled CVC/PICC/Implanted Port)

Type of device Date of insertion.....

PICC: Single / Double / Clamp /

Total length of catheter..... Insertion length.....

Tunnelled CVC: Single / Double

Implanted Port: recommended needle size

@ time of insertion.....

Sutures: Date to remove sutures Top..... Bottom.....

First dressing due

District nurse referral:

Completed and placed in medical notes Yes/No

Given to patient/carer to give to chemotherapy
team at their local treatment centre Yes/No

Referral faxed directly to community nurses Yes/No

Inpatient N/A

Urgent advice for doctors

**For device-related infection please follow algorithm
on page 40-43**

Device access record *(please insert a Y, N or N/A)*

Date																				
Device bled																				
Has the device been used for treatment today?																				
Blood return observed? If no please refer to algorithms on pages 40-43																				
Device flush freely? If no please refer to CVC algorithm on pages 40-43																				
Any erythema/pain at exit site?																				
If yes, take swabs & take temp and inform doctor																				
Dressings changed																				
Are sutures intact?																				
If no, how secured?																				
If device not bleeding, have the doctors reviewed go ahead?																				
Statlock change Y/No/NA																				
If yes, is this recorded in the patient's notes/Medway?																				
For PICCs																				
Flushed with 10ml 0.9% sterile N saline 0.9% and 20mls after viscous solutions, contrast medium																				
No. of times used for IV contrast (Please mark with an X) Maximum 5 CT injections																				
For tunnelled CVCs																				
Flushed with 10ml 0.9% sterile N saline																				
TIVADs (Portacaths)																				
Flush with 10mls sterile N saline 0.9%																				
Signature																				

Please remember: Use firm pressure when flushing all vascular access devices to avoid blockage.

Device access record *(please insert a Y, N or N/A)*

Date																			
Device bled																			
Has the device been used for treatment today?																			
Blood return observed? If no please refer to algorithms on pages 40-43																			
Device flush freely? If no please refer to CVC algorithm on pages 40-43																			
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Device access record *(please insert a Y, N or N/A)*

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Flushed with 10ml 0.9% sterile N saline and																			
TIVADs (Portacaths)																			
Flush with 10mls sterile N saline 0.9%																			
Signature																			

Please remember: Use firm pressure when flushing all vascular access devices to avoid blockage.

Flush authorisation for district nurses

Information for district nurses:

Inclusion criteria: All patients with a central venous access device.

Exclusion criteria: Documented hypersensitivity to any components of the preparation.

Action if excluded: Refer to medical staff if appropriate.

Action if patient declines: Record in medical notes and refer to medical staff if appropriate.

For more information please refer to The Christie booklets 'Care of your central venous catheter' or 'Care of your peripherally inserted central catheter'.

Drug: 0.9% Saline 10mls per lumen _____

Frequency: Weekly / or as per tunnelled CVC/clamped PICC protocol _____

Signature of prescriber: _____

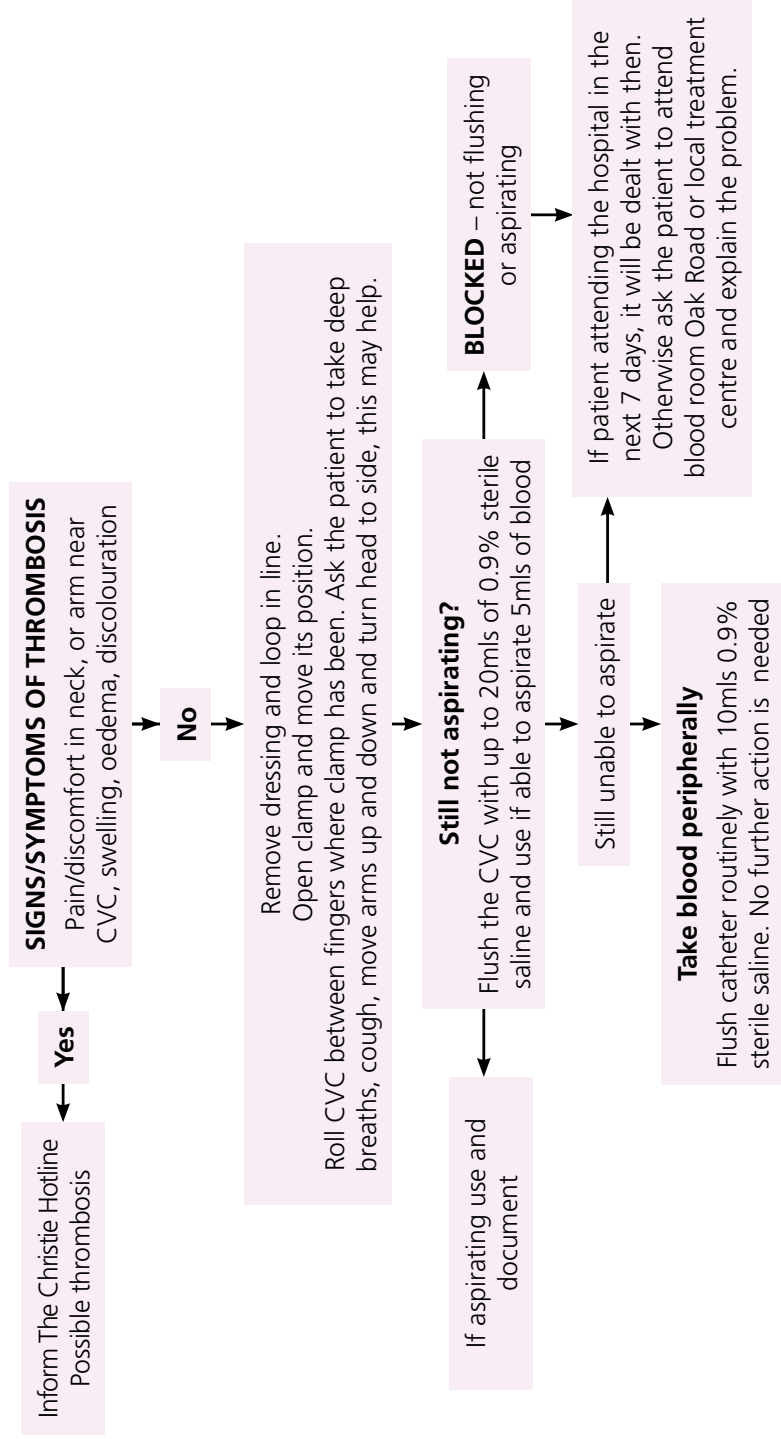
Prescriber name (print): _____

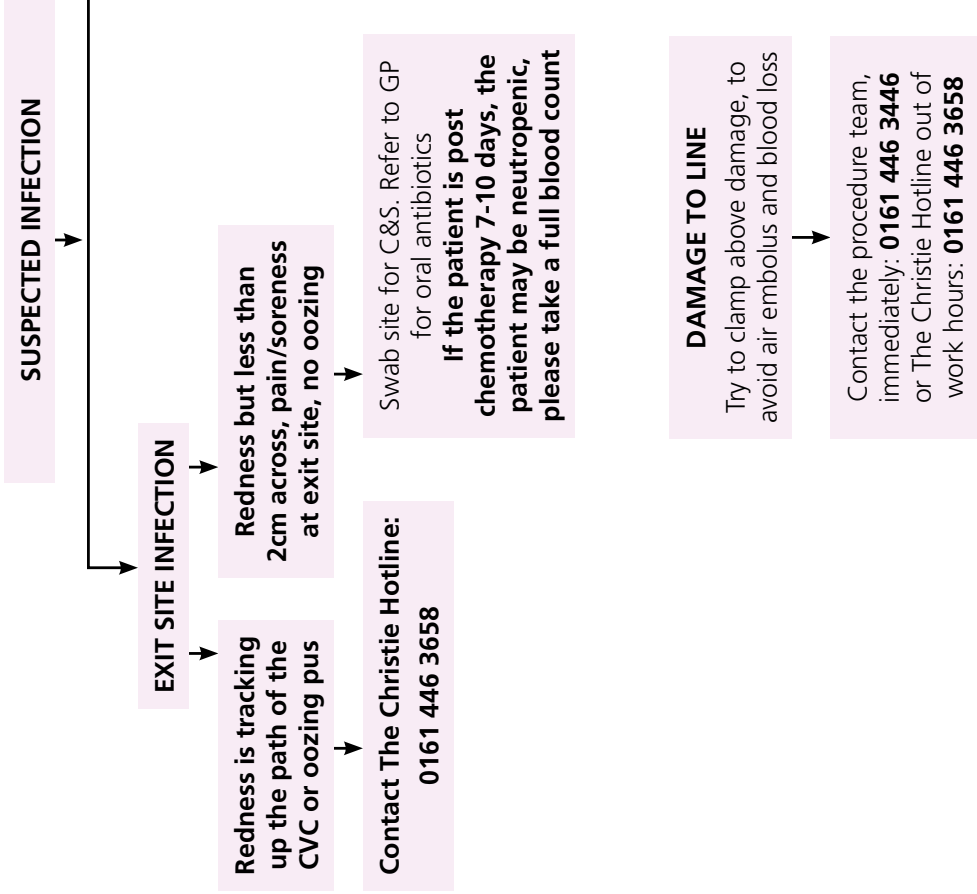
Contact/bleep no: _____

NB Please record and sign each administration on district nurse access record.

Tunneled CVC occlusion algorithm – community guide

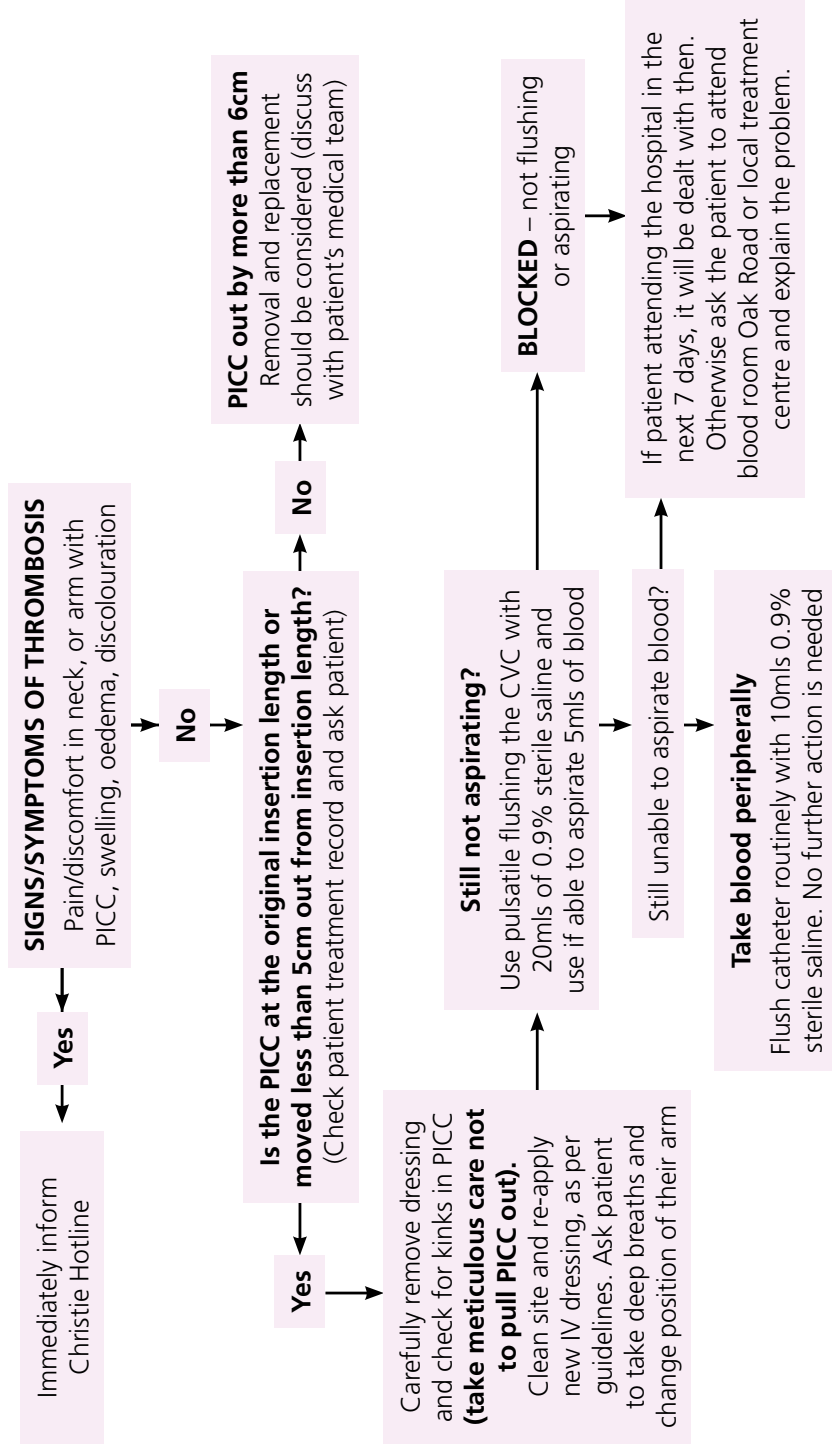
For routine flushing of tunneled CVCs, aspiration blood first is **NOT** required. If obtaining blood samples via tunneled CVC but it is not aspirating, please follow the algorithm below.

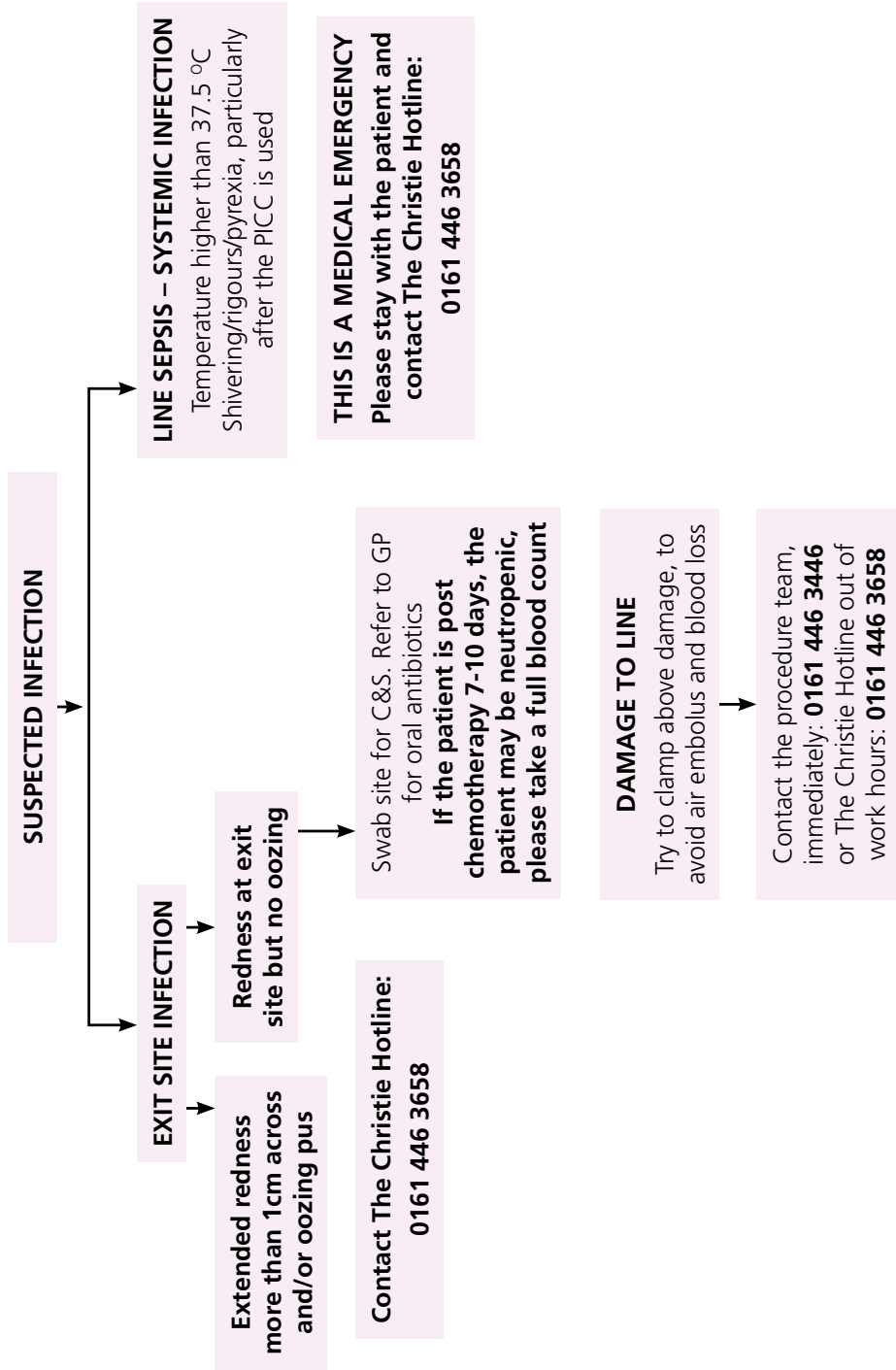




PICC occlusion – community guide

For routine flushing of tunnelled PICCs, aspiration blood first is **NOT** required. If attempting to take blood samples via a PICC but it is not aspirating, please follow the algorithm below.





SUSPECTED INFECTION

EXIT SITE INFECTION

Extended redness more than 1cm across and/or oozing pus

Contact The Christie Hotline: 0161 446 3658

Redness at exit site but no oozing

Swab site for C&S. Refer to GP for oral antibiotics
If the patient is post chemotherapy 7-10 days, the patient may be neutropenic, please take a full blood count

LINE SEPSIS – SYSTEMIC INFECTION

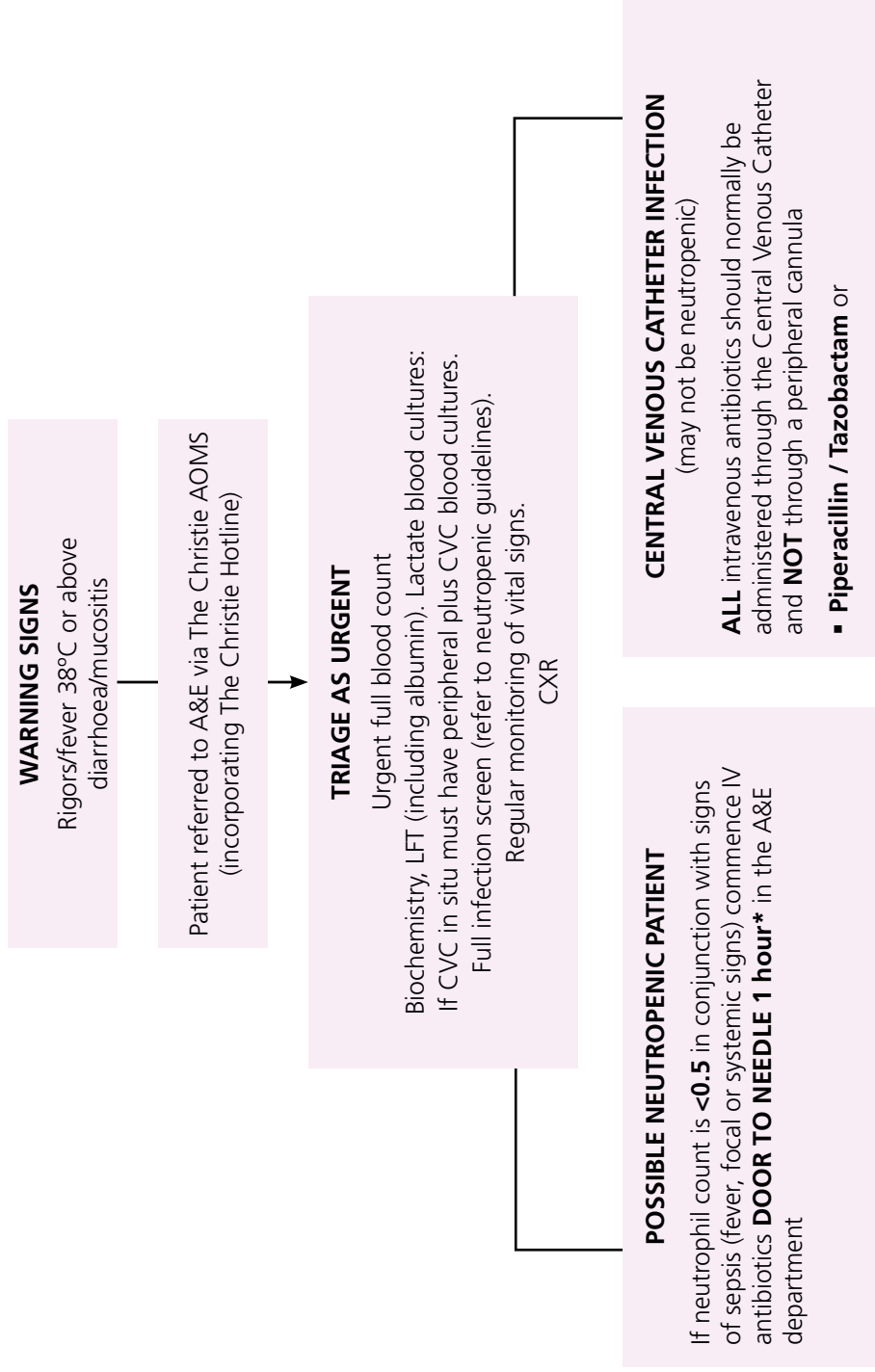
Temperature higher than 37.5 °C
 Shivering/rigours/pyrexia, particularly after the PICC is used

THIS IS A MEDICAL EMERGENCY
Please stay with the patient and contact The Christie Hotline: 0161 446 3658

DAMAGE TO LINE
 Try to clamp above damage, to avoid air embolus and blood loss

Contact the procedure team, immediately: **0161 446 3446** or The Christie Hotline out of work hours: **0161 446 3658**

Management of patients with signs of sepsis following chemotherapy treatment or with a possibly infected Central Venous Catheter (CVC)



***NOTE** Do not wait for FBC results.
Commence antibiotics within one hour.

For all patients give:

Piperacillin / Tazobactam (Tazocin) 4.5g TDS (3 times a day) and **Gentamicin** 5mg per kilogram OD (once daily). Maximum dose 500mg.

If penicillin allergic, has poor renal function or received reno-toxic SACT (eg Cisplatin, Ifsofamide, high dose Methotrexate and Trabectedin) < 6 weeks –

alternative treatment choice Meropenem 1g TDS

Stabilise and admit

If stable, all cultures negative and neutrophil count is >1.0 then consider discharge with a 5 day course of oral **Ciprofloxacin 750mgs bd** or **Co-Amoxiclav 625mgs tds**.

▪ **Meropenem**

And

▪ **Vancomycin** or **Teicoplanin**

Recommended antibiotics until blood culture results are available.

Stabilise and admit

WARNING

**Initial treatment with these antibiotics should be adequate for most patients.
Ensure renal function is regularly monitored and reviewed.**

Please note: All patients on Systemic Anti-Cancer Therapy (SACT) at The Christie receive 24 hour access to advice and support through the AOMS. Where suitable, acute admission will be offered at The Christie. If this is not appropriate, patients will be referred to their local A&E under current acute oncology arrangements with each Trust. Please contact The Christie AOMS incorporating the Hotline **(0161 446 3658)** to discuss further management.



Contact The Christie Hotline for urgent support and specialist advice

The Christie Hotline: 0161 446 3658

Open 24 hours a day, 7 days a week

Visit the Cancer Information Centre:

The Christie at Withington Tel: 0161 446 8100

The Christie at Oldham Tel: 0161 918 7745

The Christie at Salford Tel: 0161 918 7804

Open Monday to Friday, 10am to 4pm.

Opening times can vary, please ring to check before making a special journey.

The Christie NHS Foundation Trust
Wilmslow Road
Manchester M20 4BX

T. 0161 446 3000
www.christie.nhs.uk

The Christie Patient Information Service
March 2017 – Review March 2020

