

BRISTOL HEAMATOLOGY AND ONCOLOGY CENTRE

Clinical Management Plan for Head and Neck Radiotherapy related Toxicity

Name of Patient/ID: <i>Attach patient sticker if available</i>		Sensitivities/allergies:	
Independent Prescriber(s): Contact details:		Supplementary Prescriber(s) Alison Snook, Sarah Griffiths, Pauline Humphrey, Jancis Kinsman Hazel Boyce Helen Cullimore Contact details:	
Condition(s) to be treated Diagnosis: Radiotherapy course/schedule: Radical/Adjuvant/Palliative: Concurrent Chemo:		Aim of treatment: Control of radiotherapy related toxicity	
Medicines that may be prescribed by SP:			
Preparation	Indication	Dose schedule	Specific indications for change in management/ referral back to the IP
Corsodyl mouthwash	Poor oral hygiene/high risk of infection	As detailed in Section 12.3.4 BNF	If no benefit
Artificial saliva	Xerostomia	As detailed in Section 12.3.5 BNF	If no benefit
Benzydamine Hydrochloride	Painful inflamed oral cavity	As detailed in Section 12.3.1 BNF	If no benefit or symptomatically worse
Soluble Aspirin	Painful inflamed oral cavity	As detailed in Section 4.7.1 BNF	If no benefit
Nystatin oral suspension	Oral thrush or as prophylaxis if poor oral hygiene and mucositis	As detailed in Section 12.3.2 BNF	Oral irritation and sensitisation. No response
Fluconazole (orally or via PEG)	Unresponsive oral thrush	As detailed in Section 5.2 BNF	Nausea, abdominal discomfort, diarrhoea
Paracetamol (orally or via PEG)	Pain as per WHO Pain Ladder Step 1a	As detailed in Section 4.7.1 BNF	Pain not controlled

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Ibuprofen	Pain as per WHO Pain Ladder Step 1b	As detailed in Section 10.1.1 BNF	Pain not controlled	
Co-codamol 30/500 (orally or via PEG)	Pain as per WHO pain Ladder Step 2	As detailed in Section 4.7.1 BNF	Pain not controlled	
Oramorph (orally or via PEG)	Pain uncontrolled with previous medication	As detailed in Section 4.7.2 BNF	Pain not controlled	
Metoclopramide (orally or via PEG)	Nausea with Oramorph or as a result of radiotherapy	As detailed in Section 4.6 BNF	If no benefit or symptomatically worse	
Domperidone (orally, rectally or via PEG)				
Docusate Sodium (orally or via PEG)	Constipation with analgesia	As detailed in Section 1.6.2 BNF	If no benefit or symptomatically worse	
Movicol (orally or via PEG)	Constipation with analgesia	As detailed in Section 1.6.4 BNF	If no benefit or symptomatically worse	
Guidelines or protocols supporting Clinical Management Plan: BHOC Head and Neck Protocol ASWCS Network Anti-emetic Policy (Version 2006.1) WHO Pain Ladder UH Bristol Foundation Trust Medicines Code: Non-medical prescribing policy				
Frequency of review and monitoring by:				
Supplementary Prescriber Weekly or sooner if patient reports problems		Supplementary Prescriber and Independent Prescriber At request of Supplementary Prescriber or Patient's request		
Process for reporting ADRs: Yellow Card system in BNF UH Bristol Foundation Trust Clinical Incident Form as per Medicine Management Policy Documentation in medical notes and radiotherapy treatment sheet Inform IP				
Shared record to be used by IP and SP: Radiotherapy Treatment Sheet and Oncology notes Patient Held Records (when available)				
Agreed by Independent Prescriber(s)	Date	Agreed by Supplementary Prescriber(s)	Date	Date agreed with Patient/carer