Intravesical BCG (Maintenance)







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Name: Nationality: Gender/Age:			File #: Civil ID: DOB:		Ht (cm): Wt (Kg): BSA (m²):
Indication(s): Non-muscle-invasive urothelial carcinoma of the bladder. Central line: □ Available □ NA Allergies: □ NKA □ Yes, specify;					
Parameters: Initiate treatment only if ANC ≥ 1000; HB ≥ 80; Plt ≥ 100,000					
Standard Protocol:					
DRUG	DRUG DOSE AD			TRATION	DAYS
BCG	BCG 81 mg In 50		In 50 mL NS	intravesical.	D1, 8, 15
Maintenance: to be repeated every week for 3 weeks at 3, 6, 12, 18, and 24 months.					
Treatment Description:					
Cycle	Day	Date	BCG	Physician	Consultant
C#	D1				
	D8				
	D15				
Cycle	Day	Date	BCG	Physician	Consultant
C#	D1				
	D8				
	D15				
Cycle	Day	Date	BCG	Physician	Consultant
C#	D1				
	D8				
	D15				
Important Notes: Reported grade 3/4 toxicities: □ None □ Hematological □ Non-Hematological If yes; Did it indicate hospitalization? □ Yes □ No Did it indicate chemo-delay for ≥ 7 days? □ Yes □ No Did it indicate dose reduction? □ Yes □ No Did it indicate G-CSF support? □ Yes □ No					