



XC000020

_____ Hospital /Health Service WACHS Cancer Services Medical Alert Cancer Treatment Alert Commenced: _____ Date to be reviewed: _____	Surname		UMRN / MRN	
	Given Name		DOB	Gender
	Address			Post Code
				Telephone

MEDICAL ALERT CANCER TREATMENT

This patient is receiving **MEDICAL TREATMENT FOR CANCER**

Diagnosis:
Protocol:
Alert Type: <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Targeted Therapy <input type="checkbox"/> Immune Therapy <input type="checkbox"/> BCG Sepsis

This document is to be used for additional information in accordance with the WA Health Clinical Alert Policy.

Chemotherapy - Neutropenic sepsis (neutropenia +/- fever) is a time dependent medical emergency. Delay in the administration of antibiotics is associated with increased morbidity and mortality. Refer to the "Immediate management of neutropenic fever" at eviQ www.eviq.org.au

Targeted therapy adverse events differ from conventional chemotherapy side effects. This requires adherence to eviQ protocols.

Immune therapy adverse events result from dysregulation of the immune system and management differs from conventional side effects. May result in severe or life threatening inflammation of a range of organs.

BCG Treatment carries a small but potentially fatal risk of developing BCG infection. Any patient who is suspected of developing BCG sepsis should be:

- admitted to hospital and blood cultures taken for BCG
- reviewed and treated in consultation with an infectious disease specialist.

Note: eviQ Cancer Treatment online is endorsed for use in clinical practice and is to be used as a reference related to the management of neutropenic sepsis, immune therapy and other treatment related toxicities and side effects.

Direct communication with the treating oncologist / haematologist is recommended.

Contact the treating cancer team for 24 hour information and treatment advice:

METROPOLITAN CANCER CENTRE		<input type="checkbox"/> Public <input type="checkbox"/> Private
Name:	Phone:	
Office Hours		
Dr:	Phone:	
After Hours		
On-call Medical Oncologist/Haematologist:	Phone:	
REGIONAL CANCER CENTRE (If applicable)		
Name:	Phone:	
Office Hours		
Dr:	Phone:	
After Hours		
On-call Medical Oncologist/Haematologist:	Phone:	

Please place this form at the front of the health record with other alert forms / or within the Alert Divider (if applicable).