

SA Health

Cancer Chemotherapy Protocol Registration Form and Template

SA Health Cancer Drug Committee

July 2017



Government
of South Australia

SA Health

Applicant Details

Consultant Name:	
Position:	
Clinical Unit, Hospital/LHN:	
Telephone:	Pager:
Mobile:	Email:

Supporting Tumour Stream Lead Details

Consultant Name:	
Position:	
Clinical Unit, Hospital/LHN:	
Telephone:	Pager:
Mobile:	Email:

Supporting Specialist Pharmacist Details

Name:	
Position:	
Clinical Unit, Hospital/LHN:	
Telephone:	Pager:
Mobile:	Email:

Supporting Specialist Nurse Details

Name:	
Position:	
Clinical Unit, Hospital/LHN:	
Telephone:	Pager:
Mobile:	Email:

SA Health Cancer Drug Committee Use only:

Application received (date):	
Confirmation of costing confirmed* <input type="checkbox"/>	
Approval Status	
APPROVED <input type="checkbox"/>	
Conditions of approval (if any):	
REJECTED <input type="checkbox"/>	
Reason(s) for rejection:	
Treatment Risk Level allocated:	
SAH-CDC comments (if any)	
I acknowledge the application and to the best of my knowledge the information contained within is correct and confirm the decision made by the SA Health Cancer drug Committee in submitting this protocol to the SA Health Approved Cancer Chemotherapy Protocol Register:	
SAH-CDC Chair (or delegate):	Position:
Signature:	Date:

Protocol Name	
Protocol Number	

Protocol Title (INDICATION, Regimen Name) -

Treatment Schedule - Summary

Drug	Dose	Route	Day

Frequency:

Notes (e.g. 1st line treatment, alternate scheduling options):

Number of Cycles:

Protocol

Indications and Patient Population:

Indications for use:

Exclusions (e.g. low GFR):

Notes:

Drug Status (PBS status, formulation etc.):

Clinical Information:

Venous access requirements	
Supportive Care/ Premedication	
Hypersensitivity/infusion related reaction	
Emetogenicity	
Drug reactions	
Blood tests	
Hepatitis B screening and prophylaxis	
Vaccinations	
Effects of cancer treatment on fertility	
Other:	

Treatment Schedule - Detailed

Drug	Dose	Administration/frequency

Frequency:

Number of Cycles:

Dose Modifications:

Haematological Toxicity

ANC

Platelets

Haemoglobin

Other:

Renal Impairment

Creatinine clearance (mL/min):

Hepatic Impairment

Mucositis and stomatitis

Neurotoxicity

Other Toxicities

Interactions:

Drug	Interaction	Clinical management

General Interactions

	Interaction	Clinical management

Administration details

General patient assessment:

Pre-treatment medications:

Chemotherapy - ☹ Time out checklist

Discharge Information

Monitoring

Tests/assessments	Frequency
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Blood tests	

Side-effects

Immediate (onset hours to days)

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Early (onset days to weeks)

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Late (onset weeks to months)

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Supporting Documents

For more information

Medicines and Technology Programs (MTP) and Out of Hospital Pharmacy Services
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11 Hindmarsh Square
Adelaide, SA 5000
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www.sahealth.sa.gov.au



www.ausgoal.gov.au/creative-commons



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