



# NCIS GUIDE Creating a Case & Physician Management of Medications

### 1. Background

This guide has been developed to assist you in managing medications in NCIS. It can also act as a training guide to introduce users to the use of the system, and to support familiarity with the system. Electronic prescribing has been proven to enhance medication safety; however, it may introduce new risks such as selection errors. This guide has been designed to outline the system functionality. We hope that you get the most out of this resource and that it aids you in your use of NCIS. If you have any queries or suggestions for improvement, do not hesitate in contacting the NCIS office ncis@cancercontrol.ie

### Important information about NCIS

NCIS users should use their clinical judgement when prescribing, verifying, dispensing, or administering patient treatments.

**REMEMBER:** Your electronic signature is considered equivalent to your written signature.

• Regimens built in NCIS are based on approved NCCP SACT Regimens. NCIS allows the modification of regimens at patient level. Use of NCIS regimens is the responsibility of the prescribing clinician.

 $\cdot$  Do not assume that the absence of a decision support alert means that the dose is appropriate for that patient.

• The Drug File in NCIS is built based on information provided by manufacturers, regulatory bodies and research on drug stability. NCIS assigned drug stability can be adjusted locally.

 $\cdot$  A number of laboratory results may be displayed in NCIS and may also be used in dose and decision support calculations. Laboratory results should continue to be reviewed outside NCIS as per the local hospital policy.

Commencing a Patient on Treatment	
2. Creating a Tumour Case2	
3. Changing the Diagnosis of a Tumour Case5	
4. Entering a Height and Weight in NCIS.Chart6	
5. Creating a Therapy Form in NCIS.Chart7	
6. Creating a Therapy Plan in NCIS.Med from a Regimen8	
7. Physician verifying Medications	
8. Modifying the Dose of a Medication13	
Managing Medications and Cycles	
9. Modifying the Vehicle of a Medication	
10. Cancelling a Medication17	
11. Adding a New Medication19	
12. Adding a New Medication from a Medication Selection21	
13. Copying and Pasting a Cycle	

14. Creating a Therapy Plan in NCIS.Med (from Scratch)......24

### 2. Creating a Tumour Case in NCIS.Chart

The Tumour Case is created in NCIS.Chart and is used for all information, progress and treatment associated with a single cancer over time in a patient's NCIS record. If the patient has another cancer a separate Tumour Case should be created. See below for an example of how an NCIS record is structured





### In the My Workspace screen of NCIS.Chart click Search/Add case

c37.CancerCenter UH Galway						Online: doctor/do Doc 1	cumentar
My Workspace	🖞 lists Follow-up care	e Calendar				8880	
Patients lis Search/A	d case Ast of HIS patie	ents			CIS med	[Help]	
My last edited tumou	cases		-My work lis	t entries			
My last edited tumou NCIS ID Name	cases Primary diagn. date	Tumour	-My work lis Date	t entries	Subject		

### Search for the patient

**Note:** this search will search return patients registered on the National NCIS Master Patient Index (MPI). It will be possible for you to view all patients that have a PAS record in the hospital(s) to which you have permission to access. Given the large number of patients in the MPI it is recommended to search using Last Name, First Name and Date of Birth. For users with access to multiple hospitals ensure to select the correct hospital when logging in.

Search/Add pa	itient				
Please enter last	name, firs	st name or date of bir	th		
Surname	0	flourine	×		
First name		mary			
Date of Birth		15.08.1976			
Health insurance n	umber				
or use a Hospital	ID				
Hospital ID		1			
Search Emer he following patie NCIS ID Hospital ID	gency acces ents were f Name	iound	Date of birth gender	Address	Hospital
				TESTING NCIS SOFTWARE TESTING	

The search will return all patients in the MPI that match the search criteria entered

- If the patient has no current Tumour Case the Hospital will be listed as MPI
- The Patient ID for the hospital to which you are signed into will be shown
- If the patient already has an existing Tumour Case, the name of the hospital and an NCIS ID will be displayed
- The NCIS ID is a 11-digit number that is unique to each NCIS patient and is generated when a Tumour Case is first created
- If a record has become unlinked, then the NCIS ID will appear but with no local ID underneath. This record should be reviewed and established if this is the required patient and record relinked with HIS matching.

Click on the patient you wish to create a tumour case for. The following box will appear that gives the option of adding a date of initial diagnosis, the diagnosis, and the hospital to which you wish to add the case. For users with access to multiple hospitals ensure to select the correct hospital

**Note:** It is not mandatory to add a diagnosis or date at this point, however, to maximise the functionality available it is recommended to do so where possible. If not entered at this point it is recommended to enter the diagnosis in the Tumour Case as soon as it becomes available/agreed.

Click "New case"

Surname	FLUORINE, MARY (15.08.1976)		
Date of initial diagnosis			
Diagnosis	*		
Hospital	UH Galway		

The following screen will now show. Information from the local PAS (IPMS) system will populate in this screen and should be confirmed before continuing. It is also possible at this point to add a photo of the patient by clicking the "Browse" button in the "Picture of the Patient" section. Once complete click "Save" at the bottom of the screen.

Title	MRS				
Surname	FLUORINE	×		TESTING NCIS SOFTWARE	^
First name	MARY		Postal address	TESTING FUNCTIONALITY	~
Surname at birt	th		Eircode		
Date of Birth	15.08.1976		County	Galway City	
Gender	female		Telephone	091 47698	
Marital status	married 🗸		Telephone (business)		
Ethnicity		$\checkmark$	Telephone (mobile)	0861247996	
			E-mail address		
1 Health in	surance		E-mail address		
1 Health in ndividual Healt	surance h Identifier		E-mail address		
1 Health in Individual Healt Health insurance	surance h Identifier		E-mail address		
T Health in Individual Healt Health insurance Insurance group	h Identifier		E-mail address		
<b>1</b> Health in Individual Health Health insurance Insurance group	surance h Identifier	V	E-mail address		
1 Health in ndividual Health fealth insurance nsurance group 1 Picture of	surance h Identifier		E-mail address		

### The patient's new Tumour Case will now be visible

c37.CancerCenter UH Galway General info Diagnostics Conference Assessme	Patient D.O.B. NCIS ID Hospital I nt Therapy Communicatio	MRS FLUORINE, MA 15.08.1976 (43) 12638000070 D GM1234675 (GUH) () On	
Personal info Tumour case Clinical history			
			Edit
Basic data			
Referring physician       Primary consultant       Family doctor/Specialist       Comorbidities			
1 Primary diagnosis			
Primary diagn. date 01.04.2020 Primary diagnosis C20 Malignant nec	oplasm of rectum		
Colorectal cancer			
Tumour type Localisation Tumour biology Diagnosis confirmation	V	on	

Note: There are multiple fields in the Tumour Case form, some specific to the diagnosis entered. No fields are mandatory, but information entered here may be useful for MDMs and case reporting.

### 3. Changing the Diagnosis of a Tumour Case

Occasionally it may be necessary to change the diagnosis of a tumour case after it has been created. For example, if further diagnostic information becomes available. In this case we will change the diagnosis from Hodgkin's Lymphoma to Non-Hodgkin's Lymphoma

Click Edit on the tumour case window.	
	Edit
Basic data	

Click on the star beside Primary Diagnosis, search for and select the new diagnosis

8	C81.9	Hodgkin ly	mph	oma, unspecified			
	Suspicion of	Search ICD-1	0				
		Search text		non hodgkin		$\mathbf{P}$	Version IC
		C85.7	Oth	er specified types of non-Ho	dgkin lympl	homa	
		C85.9	Nor	-Hodgkin lymphoma, unspe	cified		
neopl	asias (Core are						

A new drop-down box will appear where you can select the reason for changing the diagnosis, select and click save on the tumour case form.

	// 00 /0// 0888	~	
·····			
rimary diagnosis	C85.9	1	ed
Ē	Suspicion of	01: New diagnostic information	

A new diagnostic history button will appear to indicate there has been a change to diagnosis. Clicking on this will show the changes to diagnosis in the tumour case

Diagnostic histor	Suspicion of Diagnostic history Free text [ + / - ]		Assessment: Extravasatio Biopsy / Puncture / Cytolo Bone marrow transplanta
Diagnosis date	Diagnosis	Reason for change	edited on / by
22.08.2022	C85.9, Non-Hodgkin lymphoma, unspecified	01: New diagnostic information	29.08.2022 / Doc1, GC
22.08.2022	C81.9, Hodgkin lymphoma, unspecified		

Any therapy plans in the tumour case will show all the diagnoses that have been associated with the tumour case. If a therapy plan existed before the diagnosis was changed and if you wish to use the new diagnosis click 'Transfer diagnosis and diagnosis date of the associated disease'.

To transfer the diagnosis to NCIS.Med click the in-context transition button

Therapy (NCIS	ned), Therapy line		NCIS med
	Therapy type	Therapy line 🗸	1
Decision to treat Dat	e 29.08.2022 🛄 🚳	Concept Form Completed	0
Ready to treat Date		Consent Form Completed	Uyes Uno
Diagnosis	C85.9 Non-Hodgkin	lymphoma, unspecified	
Diagnosis date	22.08.2022		
Transfer diagnosis a	nd diagnosis date of the associated disease		
Diagnosis date	Diagnosis	Reason for change	edited on 🛛 🗔
22.08.2022	C85.9, Non-Hodgkin lymphoma, unspecified	01: New diagnostic information	29.08.2022
22.08.2022	C81.9 Hodakin lymphoma unspecified		

### 4. Entering Height and Weight in NCIS.Chart

The height and weight form in NCIS.Chart was developed specifically to allow a recorded double check of height and weight as well as for population of assessment forms and letters where applicable.

It is also possible to enter height and weight directly in NCIS.Med in the Medical Results tab. It is important to note that when signing a Height & Weight assessment form in NCIS.Chart the values will populate in NCIS.Med, however, when entering results in NCIS.Med they will not be sent to NCIS.Chart. Each site should consider this functionality and decide where and when they wish to utilise the points of height and weight entry. For example, a hospital may wish to use NCIS.Chart to gather a baseline height and weight in the out-patient clinic then use NCIS.Med only for ongoing recordings each cycle.

Click on the Assessment Tab, then Choose Height and weight from the 'Add' drop down menu.



Enter the patient's height, weight, or both, change the drop down at the bottom of the page to signed, then click save. Note:

- Height and weight do not need to be entered immediately however it is recommended to enter an initial height and weight before creating the patient's Therapy Form and Therapy Plan
- Further information may be entered in the height and weight form such as the user who checked and verified the height and weight. These fields are not mandatory and can be used if required by local processes.
- It is essential to SIGN and SAVE the form to ensure the height and weight are populated in the Therapy Form and in NCIS.Med

Height and weight	
Date	02.04.2020
Time	
Duration in minutes	
Medical personnel	i *
Chemotherapy	
Height	150 cm
Weight	62 kg
Checked and verified by	
	·
progress	
igned i Save	Back
ntered in error	http://10.0.1.71/cancercenter/doc.php?action=r

### 5. Creating a Therapy Form in NCIS.Chart

Therapy Forms are created within a Tumour Case, and each represents a line or type of SACT treatment. There may be multiple Therapy Forms within the same Tumour Case.

Click on the Therapy Tab and choose "Therapy (NCIS med)" from the Add drop down list.

c37.CancerCenter		Patient	MRS FLUORINE, MA
UH Galway General info Diagnostics Confe	rence Assessment Therapy	D.O.B. NCIS ID Hospital ID Communication	15.08.1976 (43) 12638000070 GM1234675 (GUH) 🚯
Add: Please choose Do Therapy (NCIS med)	cument upload Results from Int	erface	

The new Therapy Form appears:

- The height and weight and diagnosis have been populated from the Height and Weight Form and the Tumour Case respectively. Note: the height and weight value will always be the most recent value entered into a height and weight assessment form.
- The decision to treat date is automatically populated with the date of Therapy Form creation but this can be changed as appropriate
- The Ready to Treat Date will be automatically populated when the patient is planned for SACT in NCIS.Med

Fields highlighted red are recommended however are not mandatory to move forward with prescribingAssociated diseaseTumour Case Diagnosis: C50.4 from 29.12.2022

Therapy (NCIS	med), Therapy li	ne						NCIS me	ed
		Therapy typ	e	Therapy line	~	•		1	
Decision to treat Dat	te	04.05.2023	H 🕦	Concept Fo		lated	0	0.55	
Ready to treat Date			0	Consent Fo	rm comp	leten	⊖ yes	∪ no	
Working days betwe Date - Start of treat	en Ready to treat ment								
Diagnosis		C50.4	Malignant neopl	asm of upper-out	er quadrant	t of breast			
Diagnosis date		29.12.2022							
Transfer diagnosis	and diagnosis date	of the associat	ed disease						
Diagnosis date		Dia	ignosis			Reason fo	r change	edited on	
29.12.2022	C50.4, Malignant r	eoplasm of upp	er-outer quadra	ant of breast				29.12.2022	
03.02.2020	R69, Unknown and	unspecified cau	ises of morbidit	.y					
Height and Weight A	ssessment Date	04.05.2023							
Performance Status		$\bigcirc$ ecog $\bigcirc$	Lansky score	◯ Karnofsky	score				i
		Height	150 cm	Weight	62	kg			
		BSA Dubois	1.57 m²	BMI BMI	27.6				

Click the NCIS Med button to Transition to NCIS.Med and create a Therapy Plan

DECISION TO TREAT DATE: The date on which it was decided that the patient required a specific planned SACT treatment. This is the date that the consultation between the patient and the Medical Oncologist/Haematologist clinician took place and a planned SACT treatment was agreed and consented by the patient

READY TO TREAT DATE: The date on which it was agreed that the patient is deemed fit to receive a specific planned SACT Treatment. The date Ready to Treat must be specified by the treating Medical Oncologist/Haematologist

### 6. Creating a Therapy Plan in NCIS.Med from a Regimen

Each Therapy Form is linked with a Therapy Plan in NCIS.Med. The Therapy Plan is the order for a given regimen or line of treatment and governs: prescribing, verification, preparation/dispensing and administration.

- Regimens are built in NCIS.Med on the basis of NCCP SACT Regimens
- Regimens act as order sets and are an efficient way to prescribe a treatment for a patient
- It is also possible to create a therapy plan from scratch, see next section, without using a regimen.

Any medication available in the NCIS drug file can then be used for the patient, as and when required.

When you transition in patient context (as we did in the previous step) from the Therapy Form to the Therapy Plan in NCIS.Med a linkage will be established between NCIS.Chart and NCIS.med, and information will flow between them.

After clicking NCIS.Med in the patient's Therapy Form the NCIS.Med application will launch in the patient's record and the Add Therapy Plan window will appear.

To create a therapy plan from a regimen, ensure "Create therapy plan from regimen" is ticked. This will be remembered for subsequent logins.

BD Cato <sup>14</sup> 2.46.08.24 • DB 12508 • cato_test	New therapy plan	×	EN English (ireland) 😧 Help 📜 📕 🥙 🗙
🏗 🏠 🔿 🊔 🕕 🛔   Therap	New therapy pla	an	I 🐨 🖻 🖀 C E
Mrs. FLUORINE MARY • d.o.b. 1	Patient FLUORINE MARY 1976-08-15	D.o.b.: 15/08/1976	≍ ↑ ↓ @ ⊗  🗎
Today	Patient no.: 12638000070	⇒ SocSec.#	
	Unit (Alterna)	Deceased E Blocked	
	Create therapy plan from regimen	Preview Show filter	
	Regimen:	0	
	Only display regimens with suitable diagnos	is Only diagnoses with the status: Active	
	UID:	0	
	Start:		
	Place of delivery: Cost cen	iter:	
		Round dose	
		Save Kancel	6

It is now possible to:

- Select a regimen for the patient from the NCIS Regimen Library (based on NCCP SACT Regimens)
- Filter available regimens by diagnosis by selecting the check box
- Complete the planned start date for treatment (this is the date that will populate the Ready to Treat Date in the Therapy Form)
- Complete the Place of Delivery (ward or day centre where treatment will be given) and Cost Centre (Primary Consultant). It is strongly advised to complete the Place of Delivery and Cost Centre at this point, otherwise they must be completed cycle by cycle.

Create	therapy plan from regimen		Preview Show filter
Regimen:	FOLFOX-6 Modified 14 day Adj (00209.1)		4
		Only display regimens with suitable diagnosis	Only diagnoses with the status: Active $\checkmark$
UID:	00209.1		Ŷ
Start:	12/06/2023 = corresponds to day 1 in the regimen		
Cycles			
☑ 12/	06/2023: Cycle 1 FOLFOX-6 Modified		Repeat: 11 times Interval: 14 Days
No take I	nome medication cycles included in regimen		
Place of de	livery: CUH - Oncology Heamatology Day Ward	Cost center: GUH - Dr.	中
			✓ Round dose
			Save 🔀 Cancel

Once all fields are completed, click Save and the patient's Therapy will be planned. Click the Arrows on the brown cycle banner to view medications within each cycle.

Therapy plans	Compact	List	Complete	Patient data	a Medical results	Diagnoses	Cumu	ul. doses
12 Jun 2023 - 13 Nov 2 FOLFOX-6 Mod	<sup>023</sup> dified 14 day A	dj (00209.	1) Version 10 • Therapy p	plan number: 4284		B	Ð	~
Cycles: 12 • Days: 155								$\sim$
الله This regir version o	men is a copy of Proa f the regimen. For us	luction Regime ers with no ac	n 00209.1 version 11 Pk ess to the Production e	esse refer to the NCCP website and the NCCP website and the NCIS Office can supplet of the NC	he Production environment for t ly a printed copy of the regimen	the most up to date details		^
12 Jun 2023 - 12 Jun <b>Cycle 1 FO</b>	<sup>n 2023</sup> LFOX-6 Modifi	ed 1 Day					Ð	*
Interval: 14	days after Cycle 1 FO	LFOX-6 Modifie	:d					
26 Jun 2023 - 26 Jun <b>Cycle 2 FO</b>	LFOX-6 Modifi	ed 1 Day					÷	≫
Interval: 14	days after Cycle 2 FO	LFOX-6 Modifie	d					
10 Jul 2023 - 10 Jul <b>Cycle 3 FO</b>	2023 LFOX-6 Modifi	ed 1 Day					$( \div )$	≫

Scroll to the cycle to see all the medications contained within the cycle. The status of the medication is visible (green circle)

23 May 2023 - <b>Cycle 1</b>	23 May 2023 • No FOLFOX-6	istance Modified 1 Day		$\oplus$	*
					$\sim$
1 Tue <b>23</b> May 2023	07:30	Smin Ondansetron Tablet	16mg • Tabs: 2 x 8mg	PLANNED E	$\sim$
	07:30	5min Dexamethasone Tablet <b>x / ?</b> PO	8mg • Tabs: 4 x 2mg	PLANNED =	$\sim$
	08:00	120min         Oxaliplatin           x         in 500mL Glucose 5% • by intravenous infusion	<b>179.42mg •</b> (85mg/m <sup>2</sup> BSA Dubois)	PLANNED	$\sim$
	08:00	120min         Calcium folinate 10 mg/mL Solution for injection           x 2         injection           in 250mL Glucose 5% • by intravenous infusion	844.32mg • (400mg/m <sup>2</sup> BSA Dubois)	PLANNED (=)	$\sim$

Regimens include all supportive care that is in the NCCP SACT regimen, e.g. hypersensitivity pre-medications. Medical Oncology regimens include antiemetics as agreed by ISMO (Antiemetic Medicines for inclusion in NCIS, available on the NCCP website). Haematology regimens do not include antiemetics, they have medication selections which allow selection of specific antiemetics on a case by case basis.

### Click Define on the Medication Selection

20 Apr 2023 - 04 May 2023 Cycle 1 ABVD 15 day	s	$\oplus$
		$\sim$
Thu <b>20</b> Apr 2023	<b>Medication selection</b> High risk of emesis - Select medications required.	DEFINE (E)

Choose the required Medication(s) and click OK. It is also possible to Skip the Medication Selection by clicking Skip.

### Define medication selection

Medication selection: High risk of emesis - Select medications required Version 7	,
Select all	
Aprepitant Capsule (Caps: 1 x 80mg) PO over 5 min	
Aprepitant Capsule (Caps: 1 x 125mg) PO over 5 min	
Cyclizine Tablet (Tabs: 1 x 50mg) PO over 5 min	
Cyclizine Solution for injection (Division: 1 x 50mg) by intravenous injection over 5 min	
Dexamethasone Tablet (Tabs: 6 x 2mg) PO over 5 min	
Dexamethasone phosphate Solution for injection/infusion (Division: 1 x 8mg + 1 x 4mg) by intravenous in	njection over 5 min
E Fosaprepitant Powder for solution for infusion (Division: 1 x 150mg) by intravenous infusion over 30 min	
LORazepam Tablet (Tabs: 1 x 1mg) PO over 5 min	
Metoclopramide Tablet (Tabs: 1 x 10mg) PO over 5 min	
□ Metoclopramide Solution for injection (Division: 1 x 10mg) by intravenous injection over 5 min	
Akynzeo Capsule (Caps: 1 x 300mg/0.5mg) PO over 5 min	
OLANZapine Tablet (Tabs: 1 x 10mg) PO over 5 min	
☑ Ondansetron Tablet (Tabs: 1 x 8mg) PO over 5 min	
Ondansetron Tablet (Tabs: 2 x 8mg) PO over 5 min	
Ondansetron Solution for injection/infusion (Division: 1 x 8mg) by intravenous injection over 5 min	
Palonosetron Capsule (Caps: 1 x 0.5mg) PO over 5 min	
Palonosetron Solution for injection (Division: 1 x 0.25mg) by intravenous injection over 5 min	
Skip	V OK K Cancel

### The chosen Medication(s) will now appear in the cycle in the Planned Status

				,				
20 Apr 2023 - 04 Cycle 1 A	May 2023 BVD 15 day	/S				$\oplus$	~	
							$\sim$	
1 Thu <b>20</b> Apr 2023	07:30	5min X A	Ondansetron Tablet PO	8mg • Tabs: 1 x 8mg	PLANNED		$\sim$	^
	08:00	30min X 🥖 ?	DOXOrubicin Bolus • by intravenous injection	<b>52.77mg •</b> (25mg/m <sup>2</sup> BSA Dubois)		Ρ	$\sim$	=
	08:30	10min X _ ?	vinBLAStine in 50mL NaCl 0.9% • by intravenous infusion	12.66mg • (6mg/m <sup>2</sup> BSA Dubois)		P	$\sim$	

### 7. Physician Verifying Medications

Physician verification needs to be completed for each medication. It is possible to select all medications in the cycle for verification, by either one of the two methods described below:



### **OPTION 2**

Click on one medication in the cycle Press "Ctrl + A" to select all medications in the cycle





 PLANNED

 by TOOL on 62 Apr

 by TOOL on 62 Apr

 Edit flags:

 Edit flags:

It is also possible to PHYSCIAN-VERIFY each medication individually if desired. Select the medication, click the Status/Flag icon, and click PHYSICIAN-VERIFIED

PLANNED	Р	$\sim$
PHYSICIAN-VERIFIED		
	PLANNED E	PLANNED P PHysician-verified

below)

### 8. Modifying the Dose of a medication

It is possible to change any aspect of a medication that is planned, or physician verified. This section describes the Modify functionality which is the most efficient way to alter the dosage of a medication.

Right click on the Medication to open the context menu for that medication and click modify

		, , ,		121				M	lodify	
Cycles: 13 • Days: 155									louity	
p This regimen is a copy of Production Regimen 00209.1 version 11 Please refer to the NCCP website and the Production environment for the most up to date version of the regimen.							E S	dit		
to the Production environment the NCIS Office can supply a printed copy of the regimen details							🗐 D	elete		
								↑ N	love up	Ctrl+↑
23 May 2023 - 23 M	May 2023 • No di	tance						↓ N	love down	Ctrl+↓
Cycle 1 FC	DLFOX-6	lodified 1 Day						D	efine products	- 1
								E E	dit comments	
1	07-30	5min Dexame	ethasone Ta	blet	8mg • Tabs: 4	x 2mg		1 -		أ
Tue <b>23</b> May	07.50	v d 2 PO			ong tabbi	A Ling		⊨== B	ed planning	
2023								S	ervices/additional articl	es
	08:00	120min Oxalipla	atin		179.42mg • (	85mg/m² BSA Dubois)		D	isplay regimen	
		x A ? in 500mL (	Glucose 5% • by	intravenous infusion				-		
		120-uia Coloium	folinato 10	ma/mL Solution for	944.22mg . (/	100mg/m <sup>2</sup> PSA Dubois)		S	et place of delivery	-
	08:00	injection	n	ing/inc solution for	044.52111g • (-	Booling/III BSA Dubois)		S	et cost center	
		X 🥂 ? in 250mL (	Glucose 5% • by	intravenous infusion				S	et order number	
	10:00	30min Fluorou	uracil		844.32mg • (	400mg/m <sup>2</sup> BSA Dubois)		S	et delivery time	
		K A? Bolus • by	r intravenous inj	ection	2			-	-	
		10						E ال	vent log	=
	10:30	10min Infuso	or connection	n				S	how deviations	
		A Place o	of delivery: GUH	- Haematology Oncology Day W	ard			A	djust subsequent medi	cations
								_		
	TIONS EC	R LISE-						L C	ору	Ctrl+C
	TIONSTO	NUSE.		Regimen	Reimbursement			×c	ut	Ctrl+X
				Selected medica	ations: 1				Status / flag	≣

### Click on the "Dose modification" check box and type in the % dose reduction or the Target Dose

6	Modify X	
	Modify	
	Postponement	
	Postponement: Plus V 0 d 0 h 0 min	
	✓ Dose modification	
	Dose modification: 80 %	
	Target dose: O absolute I relative 68.00 mg v /m²	
	Vehicle	
	Vehicle: Do not change vehicle v <unchanged> ImL</unchanged>	
	✓ Modify 🎽 Cancel	
(Fc	or Cycle Postponement see the NCIS TRAINING GUIDE—MEDICATION POSTPONEMENT. For Changing Vehicle see	

If the Dose Modification is greater than 5% the Dosage Modification Wizard will ask if subsequent medications with the same active ingredient and same administration route should also be changed. Click the appropriate button and click OK

Dose Modification Wizard
Dose Modification Wizard
Should subsequent medications with <b>Oxaliplatin</b> also be modified to <b>80%</b> with an administration route <b>by intravenous infusion</b> ?
● No
O Adjust all subsequent medications: 11 more
✓ ОК

The Medication (and subsequent medication if applicable) will now be dose reduced (The percentage shown is compared to the original planned dose)

120min	Oxaliplatin	143.53mg • 80% (68mg/m² BSA Dubois)		
x 🦪 ?	in 500mL Glucose 5% • by intravenous infusion		Р	$\sim$

### 9. Modifying the Vehicle of a medication

It is possible to change any aspect of a medication that is planned or physician verified. This section describes the Modify functionality which is the most efficient way to alter the vehicle of a medication. To note, it is also possible to change the vehicle during pharmacist verification (provided more than one allowable vehicle is built for the product in the drug file).

### Right click on the Medication and click modify

			Modify	
men is a copy	of Production Regimen	00209.1 version 11 Please refer to the NCCP website and the Production environment for the most up to date version of the regimen.	🖉 Edit	
oduction envi	oduction environment the NCIS Office can supply a printed copy of the regimen details			
			↑ Move up	Ctrl+↑
ug 2023 • Interva	l: 14 days after Cycle 5 FOLFOX-I	6 Modified	↓ Move down	Ctrl+↓
OLFOX-6 N	<b>lodified</b> 1 Day		Define products	
			토 Edit comments	
08:00	120min Oxalip	latin 179.42mg • (85mg/m <sup>2</sup> BSA Dubois) Glucose 5% • by intravenous infusion	🛏 Bed planning	
	X A ?	•	Services/additional articl	es
08:00	120min Calciun	n folinate 10 mg/mL Solution for 844.32mg • (400mg/m² BSA Dubois)	Display regimen	
	x A? in 250mL	n Glucose 5% • by intravenous infusion	Set place of delivery	
10:00	30min Fluoro	uracil 844.32mg • (400mg/m² BSA Dubois)	Set cost center	
	Set order number		Set order number	
10:30	10min Infus	or connection	Set delivery time	
	Place	of delivery: GUH - Haematology Oncology Day Ward	🖑 Event log	
10:40	46h Fluoro	uracil 5065.92mg • (2400mg/m² BSA Dubois)	Show deviations	
	q.s. to 115	5mL NaCl 0.9% • in SV2.5 Infusor • by intravenous infusion	Adjust subsequent medi	cations
TIONS 50	D LIGE.		Copy	Ctrl+C
TIONS FO	K USE:	Regimen Reimbursement	X Cut	Ctrl+X
		Selected medications: 1	Status / flag	≣

### Click on the "Vehicle" check box and select the new vehicle or type the new vehicle volume

۵	Modify	x
	Modify	
Postponement		
Postponement:	Plus V 0 d 0 h 0 min	
Date:	01/08/2023 📰 10:40	
Dose modificatio	on	
Dose modification:	100.00 %	
Target dose: 🔿 al	bsolute <ul> <li>relative</li> <li>2,400.00</li> <li>mg</li> <li>/m<sup>2</sup></li> </ul>	
Vehicle		
Vehicle:	Glucose 5%  V <unchanged>V 500 mL</unchanged>	
	🛩 Modify 🛛 👗 Cancel	

(For Cycle Postponement see the NCIS GUIDE—MEDICATION POSTPONEMENT. For Modifying Dose see above)

#### The Medication will now have a new vehicle and/or volume

Г	46h	Fluorouracil	5065.92mg • (2400mg/m <sup>2</sup> BSA Dubois)	PLANNED			
)	x	q.s. to 500mL Glucose 5% • in SV2.5 Infusor • by intravenous	nfusion		<b>I</b>	Р	$\sim$

Changing Vehicle and/or Volume for multiple medications

If the same medication appears more than once in a cycle it is possible to change the vehicle and/or volume at the same time by selecting multiple medications (hold down the "Ctrl" key).

Medications are highlighted blue when they are selected

### 10. Cancelling a Medication

Medications cannot be deleted from a Therapy Plan; however, they can be marked as cancelled with an associated reason code.

To cancel a single Medication, click on the Medication, click on the Status/Flag icon and click CANCELLED



To cancel multiple Medications, select the Medications, click on Status/Flags icon in the blue banner and click CANCELLED

PLANNED	$\sim$
PHYSICIAN-VERIFIED	^
Set CONS.CO-SIGN RQD Set FOR PHYSICIAN REVIEW	$\sim$
 A Set URGENT	*
<b>⊘</b> CANCELED	$\sim$
Status / flag	Ξ

Enter a reason for cancelling the medication(s) either by clicking the checkbox or clicking "Other — please outline below" and free typing the reason

🍪 Cancel medication	×
Cancel medication	
Possible reasons	
Cumulative life exposure level reached	<u> </u>
Not required	
Other-please outline below	
Keason	
	<u>^</u>
	-
	OK Cancel
	Cancer
	///

## You will now be asked if you wish to cancel just the current medication or all future medications with the same active ingredient and route of administration

Dosage Modification Wizard		
Dosage Modification Wizard		
Should subsequent medications with <b>CARBOplatin</b> and administration route <b>by</b> <b>intravenous infusion</b> be canceled as well?		
© No		
C Adjust all subsequent medications: 5 more		
✓ OK		

### The medication(s) chosen will now appear with a CANCELLED flag and a strike through

				$\wedge$
60min X	<b>CARBOplatin</b> in 500mL Glucose 5% - by intravenous infusion	<del>7.5mg/mL/min AUC (GFR +25)</del>	PLANNED (CANCELED)	$\vee$
	Danal Impairment			

### **Cancelling Cycles**

It is not possible to cancel an entire cycle, all the medications in the cycle should be cancelled as described above. It is possible to change the title of the cycle to indicate to other users, at a glance, that the cycle has been cancelled.

### Click on the brown cycle context menu and click Edit

16 Jun - 16 Jun Cycle 1 CARBO	platin 1 Day		Select only main medications	~	
Cycle postponement ru TODAY 16 Jun	ules: If NEUT less than 1	x10(9)/L, then postponement by 7 days • If PLT less than 100x10(9)/L, then postponement by 7 days Ondansetron Solution for injection/infusion 8mg • Division: 1 x 8mg by intravenous injection	Select time period Crop all comments and appointments Postpone cycle Ø Edit	×	
07:35	5 5min  x _d?	Dexamethasone Solution for injection/infusion 8mg • Division: 1 x 8mg by intravenous injection	Billing codes Cycle postponement rules	$\sim$	
08:00	0 60min X	CARBOplatin (2mg/ml/min AUC (GFR +25)) in 250mLGlucote 5% - by intrevenous influsion	Set place of delivery Set cost center	~	
	ē	Renal impairment • Patients with creatinine clearance values of <60ml/min are at greater risk to develop myelosuppre • In case of CFR ≤ 20ml/min CARBOplatin should not be administered at all. • If Cockroft & Gault or Wright formula are used, the dose should be adjusted per cycle based on a	Print Ctrl+P Ctrl+C Ctrl+C	^	*
		Cycle 1 CARBOplatin	E	×	

### The name of the cycle can now be changed to include cancellation information if desired

😚 Edit cycle	×
Edit cycle	16 Jun - 16 Jun
Designation: Cycle {z} CARBOplatin - cycle cancelled	
Cycle no.:	Distance: 7 days a
Cycle postponement rules Billing codes	23 Jun - 23 Jun Cycle 2 CARBC

16 Jun - 16 Jun Cycle 1 CARBOplatin - cycle cancelled 1 Day
Distance: 7 days after Cycle 1 CARBOplatin - cycle cancelled
23 Jun - 23 Jun <b>Cycle 2 CARBOplatin</b> 1 Day

### 11. Adding a New Medication

Users may add any medication to a cycle in a Therapy Plan, provided the medication is in the NCIS Drug File. Adding a medication as described in this section requires the user to complete all the information manually. The next section describes Medication Selections which may be more expedient for common medications.

In the cycle you wish to add a medication to click on the PLUS icon on the cycle banner

n - 16 Jun cle 1 CARBOpl	<b>atin</b> 1 Day		(+)	*
e postponement rule	s: If NEUT less than 1x10(9)/L, then po	tponement by 7 days $\cdot$ If PLT less than 100x10(9)/L, then postponement by 7 c	lays Planned medication	$\sim$
			Physician-verified medication	
16 07:30	5min Ondansetro x 2 ? 8mg by intravenous	n Solution for injection/infusion 8mg • Division: 1 x	Planned infusion solution Physician-verified infusion solution	$\sim$
07:35	5min Dexametha x A? 1 x 8mg by intravenous	sone Solution for injection/infusion 8mg • Division:	On-demand cycle Medication selection Appointment	~
08:00	60min CARBOpla in 250mL Glue	tin (2mg/ml/min AUC (GFR +25)) see 5% • by intravenous infusion	Cycle	~
Planned mee Physician-ve	dication	Medications or infusion solutions Verified Status	can be added in ether the Pl	anneo
Planned infu Physician-ve	sion solution rified infusion solution	Click whichever applies		

The Insert Medication Window appears. At a minimum the following information must be defined: Active ingredient, dose, date of administration, administration route, duration

Insert planned medication				
		Insert planned medication		
Check cycle postponement rules 🔲 To be	e dispensed 🔲 Urgent			Medical res
Active ingredient / Product	Usual dose	Calculation	Dose	Volume 🕀
Aprepitant	125.00mg	100.00% = 125.00mg	125.00mg	i + /
Active ingredient Aprepitant	Product	Usual dose	Absolute	1
Dose: 125mg x 100	.00 % = mg	= 125.00 mg		
Form: Empty container Container:		Material:		Û
Vehicle: <no vehicle=""> 🖵</no>				Show container
Administration: PO	Duration: Day:	s 5 min		
• Date C R stive Date: 16/06/2020	Days in cycle: 1		e.g. 1-	3,5,7-9,10:3 Time:
Place of delivery: SLH - SLH Ward	⊂> Cost center		Order no:	
		Create preparation notes Create comm	nents Insert rules Insert services / ad	ditional articles Bed plan
				Save X Ca

Click Save when complete. If all required information is not entered a warning box will appear.

- For Oral Medications the time can be entered as 5mins—this is to facilitate bed planning
- The Due date can either be entered as the date the medication is due or the day of the cycle
- Route of Administration will auto-populate if there is only one possible route

The new medication will now be entered in the cycle

₿ R	Renal Impairment Patients with creatinine	clearance values of < 60ml/min are at oreater risk to develoo mvelosuooression.	
5min x _d ?	Aprepitant PO	125mg	PLANNED (=)

## It is not possible to add a medication to multiple cycles automatically—however it is possible to copy and paste a medication into cycles.

Click on the medication you wish to copy, open its context menu and click copy

Selected medications: 1		<b>E</b>	×	
	Сору	Ctrl+C		•
	Adjust subse	quent medications		
	🖑 Event log			-
x # ? PO	Set delivery t	lime	$\sim$	
5min Aprepitant 125mg	Set cost cent	er		
	Set place of o	delivery	$\sim$	
PO PO	· · ›co pianing	9		

It is then possible to move through cycles by clicking the large arrows at the top of the screen

NT MARY •	d.o.b. 15 Aug 1	1976 43.8 Years • Pati	ent no.: \$12368 • GUH -	GUH Ward			• م	Ð	В	$\otimes$	+ +	$\uparrow$
Today	Therapies	Compact	Complete	Patient data	Medical results	Diagnoses	Cumul. dose	s				
16 Jun - 21 J CARBO	platin (AUC 2)	Weekly with Ra	diotherapy (R	Version 2 • Therapy pl	lan number: 572				Ð	(  e )	*	

Once in the desired cycle click the Brown Cycle context menu and select Paste Copied Medicine

23 Jun - 23 Jun • Distance: 7 days a Cycle 2 CARBOpla	er Cycle 1 CARBOplatin I <b>n</b> 1 Day	Select tin	ne period	*
Cycle postponement rules:	NEUT less than 1x10(9)/L, then postponement by 7 days • If PLT less than 100x10(9)/L, then postponement by	7 days	comments and appointments	$\sim$
Tue 23 07:35	5min Dexamethasone Solution for injection/infusion 8mg • Division:	C Edit	: cycle	<b>-</b>
	X A ? 1 x 8mg by intravenous injection	Billing co Cycle pos	des tponement rules	$\sim$
08:00	60min CARBOplatin (2mg/ml/min AUC (GFR +25)) in 250mL Glucose 5% • by intravenous infusion	Set place	of delivery	
	Renal Impairment     Patients with relatione clearance values of <60ml/min are at oreater risk to develo	on myelosuppre 🗴 Event log	enter	$\sim$
		🖶 Print	Ctrl+P	
		[] Сору	Ctrl+C	
		🛱 Paste cop	vied medication Ctrl+V	<u> </u>
	Cycle 2 CARBOplatin		E	×

Enter the day of the cycle or date for the copied medication and click save pied medication and click save

Administration: PO	Duration: 0 Days 0 h 5 min		
C Date C Relative Date: 23/06/2020	Days in cycle: 1		e.g. 1-3,5,7-9,10:3 Time:
Place of delivery: SLH - SLH Ward	Cost center: SLH - Dr. Austin Duffy	⇒ Order no:	
	Create preparation notes	Create comments Insert rules	Insert services / additional articles Bed planning
			Save 🔀 Cancel

### 12. Adding a New Medication from a Medication Selection

Medication selections contain medications with doses and administration details pre-populated. They can be added to any cycle in a Therapy Plan.

In the cycle you wish to add a medication selection to click on the PLUS icon on the cycle banner and click Medication selection



### Select the required medication selection, enter the date or day(s) it is due and click Ok

🍪 Medication se	selection	×
	Insert medication selection	
Designation:	n:	Û
- Timo	High risk of emesis - Select medications required.	
nine	Low risk of emesis - Select medication required	
O Date	Moderate risk of emesis-Select medication required	
	Supportive Medicines	
		OK Cancel

### Click Define on the Medication Selection

Medication selection	
Supportive Medicines	9

### Choose the medication or medications required and click OK

Contraction selection		×
Define medication selection		
Medication selection: Supportive Medicines - Version 1		
Select all		
Chlorphenamine maleate Solution for injection (Division: 1 x 10mg) by intravenous injection over 5	5 min	
F Hydrocortisone Powder for solution for injection/infusion (Division: 1 x 100mg) by intravenous inje	ection over 5	min
Mannitol 10% Solution for infusion (Division: 1 x 500mL) by intravenous infusion over 60 min		
Skip	✓ ОК	💥 Cancel

### The therapy plan now includes the chosen medications

23 Jun - 23 Jun • Distance: 7 days at Cycle 2 CARBOplat	fter Cycle 1 CARBOp <b>tin</b> 1 Day	latin
Cycle postponement rules: Tue 23	If NEUT less than	1x10(9)/L, then postponement by 7 days • If PLT less than 100x10(9)/L, then postponement by 7 days High risk of emesis - Select medications required.
Jun	5min X A	Chlorphenamine Solution for injection 10mg • Division: 1 x 10mg by intravenous injection
	5min x A?	Hydrocortisone Powder for solution for injection/infusion 100mg • Division: 1 x 100mg by intravenous injection

If the medications are required in future cycles, they can be copied and pasted as described above

### 13. Copying and Pasting a Cycle

It is possible to copy and paste an entire cycle. This may be useful when a change from the standard regimen is required for a patient. Rather than changing each cycle individually it is possible to schedule one cycle, make the changes then copy and paste the cycle.

This functionality is also useful for adding additional cycles to the patient's Therapy Plan

#### Cycle 12 FOLFOX-4 2 Days nt rules If NEUT less than 1.5x10(9)/L, then postponement by 7 days • If PLT less than 75x10(9)/L, then postponement by 7 days Cycle postpo Ondansetron Solution for injection/infusion by intravenous injection 8mg • Division: 1 x 8mg 07:30 Smin PLANNED Wed 12 Jul x 07:35 5min Dexamethasone phosphate Solution for injection/infusion 8mg · Division: 1 x 8mg Select all medications and app х Select only main medications Select time period Administration Oxaliplatin is inc omnatible with 0.9% NaCl Crop all comments and appoi Oxaliplatin in 500mL Glucose 5% • by intravenous infusion 176.47mg • (85mg/m<sup>2</sup> BSA Dubois) 120mi 08:00 Postpone cycle Compare cycle â Renal Impairment if CrCl >20 mL/min\_treat at normal dose and monitor renal function 🖉 Edit Ę Administration Folinic Acid (Calcium Leucovorin/calcium folinate) must be ad 🗊 Delete nuracil. It enhances the effects of fluorouracil by in Calcium folinate Solution for injection by intravenous infusion 120mir 415.23mg • (200mg/m<sup>2</sup> BSA Dubois) 08:00 Billing codes Cycle postponement rules Iministration Ish line with glucose 5% before administering 5-FU ute neurotoxicity is common with oxaliplatin and c Ę Display regimen d can be precipitated on exposure to the cold therefore in this regimen patients should NOT suck on ice chips during the bolus injection of fluorouraci Set place of delivery 830.46mg • (400mg/m<sup>2</sup> BSA Dubois) Fluorouracil 10:00 Set cost center 圁 Impairment der dose reduction in severe renal impairment only. 🖑 Event log blue does not patic Impairment ilirubin <85 micromol/L, give 100% of dose. Copy SUPPORTIVE CARE:

### In the cycle you wish to copy click on the brown cycle context menu and click Copy

### Click back into the cycle context window and click Paste copied cycle

Cycle 12 F	OLFOX-	4 2 Days	yper i ruouve	(  i )
ycle postpone	ement rules	If NEUT less	than 15x10(9)/L, then postponement by 7 days • IF PLT less than 75x10(9)/L, then postponement by 7 days	
1 ed <b>12</b> Jul 2023	07:30	5min X	Ondansetron Solution for injection/infusion 8mg • Division: 1 x 8mg by intravenous injection	PLANNED (=
	07:35	5min X	Dexamethasone phosphate Solution for injection/infusion 8mg • Division: 1 x 8mg by intravenous injection	Select all medications and appointments Select only main medications
		Ð	Administration Crealinatin is inconnatible with 0.96 NaCl	Select time period
	08:00	120min X	Oxaliplatin 176.47mg • (85mg/m² BSA Dubois) in 500mL Glucese 5% • by intravenous infusion	Postpone cycle
		â	Renal Impairment if Cr(1-32 m in/min treat at normal doke and monitor renal function. Administration	Compare cycle
		(E)	Folinit activity of the second s	vlate synthetase
	08:00	X	Calcium foilnate solution for injection 415.25mg • (200mg/m° BSA Dubois) by intravenous infusion	Billing codes
		Ð	Administration Flush line with glucose 5% before administering 5-FU Acute neurotoxicity is common with oxaliplatin and can be precipitated on exposure to the cold therefore in this regimen patients should NOT suck on ice chips during the bolus injection of fluor	Display regimen
	10:00	30min X	Fluorouracil 830.46mg • (400mg/m² BSA Dubois) Bolus - by intravenous injection	Set place of delivery Set cost center
		â	Renal Impairment Consider dose reduction in severe renal Impairment only. Hepatic Impairment If bilinubin <85 micromol/L, give 100% of dose. UK AST_100LL_00_mis 100% of dose.	ل) Event log کا Print Ctri-P
SUPPO	ORTIVE C	CARE:	s he handwritten as an interim measure until oxtem develonment is complete	Paste copied cycle
			Cycle 12 FOLFOX-4	:=)

The Insert cycle anew as copy window appears. Enter the date you wish the new cycle to appear. It is also possible to enter the interval between the copied and the new cycle rather than the date.

O How should the cycle be inserted?
Insert cycle anew as copy
New cycle
Designation: Cycle (z) FOLFOX-4
Day 1 = 02/08/2023 = 21 days interval = day 176 of the therapy plan
V OK 🎉 Cancel

The new cycle will now be available in the therapy plan. Further cycles can be pasted by clicking on the brown cycle context menu.

02 Aug 2023 - 03 Cycle 13	Aug 2023 • Inter	val: 21 days aft 4 2 Days				$\oplus$	
Cycle postpon	Cycle postponement rules if NEUT less than 1.5x10(9)/L, then postponement by 7 days + if PLT less than 75x10(9)/L, then postponement by 7 days						
1 Wed <b>02</b> Aug 2023	1 Wed D2 Aug 2023 X Smin Ondansetron Solution for injection/infusion 8mg • Division: 1 x 8mg						
	07:35	5min X	Dexamethasone phosphate Solution for injection/infusion by intravenous injection	8mg • Division: 1 x 8mg			
	Administration         Oxalipilatin is compatible with 0.9% NaCI.         For oxalipilatin doses 1 04mg use 250ml glucose 5%.         Oxalipilatin administration must always precede the administration of 5-FU.         Oxalipilatin may be owing at the same time as following cadic (addicum Leucovorin) using a Y connector.						
	08:00         120min         Oxaliplatin         176.47mg • (85mg/m² BSA Dubois)         PLANNED           x         in 500mL Glucose 5% • by intravenous infusion         176.47mg • (85mg/m² BSA Dubois)         PLANNED					Р	
<ul> <li>Real Impairment if CrCl &gt; 20 ml /min treat a normal dose and monitor renal function.</li> <li>Administration</li> <li>Folinic Acid (Calcium Leucovorin/calcium folinate) must be administered prior to fluorouracil. It enhances the effects of fluorouracil by increasing fluorouracil binding to the target enzyme thymidylate synthetase. Calcium folinate is a administeria in 250ml cluorous 5%.</li> </ul>							
	08:00	120min X	Calcium folinate Solution for injection by intravenous infusion	415.23mg • (200mg/m² BSA Dubois)			
		¢	Administration Flush line with glucose 5% before administering 5-FU Acute neurotoxicity is common with oxaliplatin and can be precipitated on exposure to	o the cold therefore in this regimen patients should NOT suck on ice chips during the bolus injection of fluorouracil.			
	10:00	30min X	Fluorouracil Bolus • by intravenous injection	830.46mg • (400mg/m² BSA Dubois)		р	
E SUPP	ORTIVE C	ARE:	he handwritten as an interim measure until system develonment is complete				
				Cycle 13 FOLFOX-4		≔	

### 14. Creating a Therapy Plan in NCIS. Med without a Regimen (from scratch)

It is possible to create a therapy plan from scratch without using a regimen. Any medication available in the NCIS drug file can then be used for the patient, as and when required.

After clicking NCIS.Med in the patient's Therapy Form (see section 5) the NCIS.Med application will launch in the patient's record and the Add Therapy Plan window will appear.

To create a regimen from scratch, untick the box 'Create therapy plan from regimen'

0	New therapy plan	×
	New therapy plan	
Patient:	AGOSTO BETH 2020-02-28 🗢 D.o.1	o.: 28/02/2020 😨
Patient no.:	9999900004 🖒 SocSec#:	Û
Unit:	(No restriction) 🖾 Deceased	Blocked
Create th	erapy plan from regimen	
Place of deliv	ery: 🕘 Cost center:	Ŷ
● fir	st day is "Day 1" 🔿 first day is "Day 0"	Round dose
		Save 📕 Cancel

It is now possible to:

- Choose whether to start the regimen on "Day 1" or "Day 0" (default = day 1)
- Complete the Place of Delivery (ward or day centre where treatment will be given) and Cost Centre (Primary Consultant)

It is strongly advised to complete the Place of Delivery and Cost Centre at this point otherwise they must be completed cycle by cycle.

Place of delivery: TRN - Training Oncology/Haematology Day Ward	🔿 Cost center: TRN - Training - Non SACT Consultant	фп
In the second secon		Round dose
		Save Kancel

After clicking Save the insert cycle window appears

- Add a start date for the therapy
- It is possible to use a cycle from an existing regimen by clicking the "from regimen" button, or creating a cycle entirely from scratch
- Complete the Designation field. To ensure that cycle numbers appear in the cycle banner, add in the name of the cycle after 'Cycle {z}' (as below) the '{rv}' text can be removed
- The cycle number field is not required

0	Insert cycle	x
	Insert cycle	
Start date: 17/01/2022	📓 = days interval (beginning marked cycle) = Day1 in the therapy plan	
from regimen		
Designation: Cycle {z} Fro	m Scratch Regimen	
Place of delivery: TRN - T	raining Oncology/Haematology Day Ward 🛛 🕴 Cost center: TRN - Training - Non SACT Consultant 🔯 Cycle number:	
	✓ Save	样 Cancel

Click Save and the patient's Therapy will be planned. Note the therapy plan cannot be named but is given a number. Click the PLUS icon on the brown cycle banner to add medications to the cycle.

Mrs. AGOSTO	BETH • d.o.b. 28 Feb	2020 1.9 Year	s - Patient no.: 5179	1 + TRN - Training Word			imes  o  imes a
Therapy plans	Compact	List	Complete	ruser data	Medical results	Diagnoses	Cumul. doses
Therapy plan	number: 2548					E	
Cycles 1							$\sim$
17 Jan 2022 - 17 Cycle 1 F	rom Scratch Regim	nen					$\oplus \forall$
	_						
		(+					
	Planned medication		$\sim$				
	Physician-verified me	dication	-				
	Planned infusion solu	ition		Medications and infusion solutions can then be add	ed to the	e cycle	as Planned or
	Physician-verified infu	usion solution		Physician Verified (depending on your permissions)			
	On-demand cycle						
	Medication selection			It is also possible to add Medication Selections and	Appointr	nents a	at this point
	Appointment						are time period
	Comment						
	Cycle						

When clicking on add medication the "Insert a Medication" window opens. At a minimum the following information must be defined Active ingredient, dose, date of administration, administration route, duration

	o	Insert a Medication Verified By Physician		x				
	Insert a Medication Verified By Physician							
	To be dispensed Urgent			Medical results				
	Active ingredient / Product Usual dose	Calculation		Dose Volume 🕀				
StrateZamab         Smg/kg Weight         100% = Smg/kg x 80kg = 400mg         100mg         100mg								
Q	Active ingredient Product Bevacizumab	Usual dose	Reference mg v /kg Weight	₽.				
	Dose: 5mg/kg x 100.00 % = 5.00							
	Form: Pre-filed container V Container:							
	Vehicle: Molecular v in v mL per mg			Show container				
(	Administration: by intravenous infusion	min.						
	Date Relative Date: 17/01/2022 🖸 Days in cycle: 1			e.g. 1-3,5,7-9,10:3 Time:				
	Place of delivery: TRN - Training Oncology/Haematology Day Ward	st center: TRN - Training - Non SACT Consultant	🔿 Order no:	]				
		Creat	te preparation notes Create comments Insert rules	Insert services / additional articles Bed planning				

Click Save when complete. If not, all required information is entered a warning box will appear For Oral Medications the time can be entered as 5mins—this is to facilitate bed planning The Due date can either be entered as the date the medication is due or the day of the cycle Route of Administration will auto-populate if there is only one possible route

# The new medication is now visible in the cycle 12 Jan 2022 - 12 Jan 2022 Thrapy plan number: 2548 Cycles 1 - Days 1

Therapy plan number	: 2548					
Cycles: 1 • Days: 1					$\sim$	Г
17 Jan 2022 - 17 Jan 2022 Cycle 1 From Scrat	ch Regim	en 1Day				
					$\sim$	E
1 Mon <b>17</b> Jan 2022	30min X /# ?	Bevacizumab in NaCl 0.9% • by intravenous infusion	<b>400mg •</b> (5mg/kg)	PHYSICIAN-VERIFIED	$\sim$	

It is not possible to insert repeating cycles into a new therapy plan, however it is possible to copy and paste existing cycles.

Image: Sevacizumab       MAGLS 3PK - bry vitra-errora initiation         Image: Sevacizumab       MAGLS 3PK - bry vitra-errora initiation         Select all medications and appointment       Select all medications and appointment         Select all medications and appointment       Select all medications and appointment         Select all medications and appointment       Select all medications and appointment         Select all medications and appointment       Select all medications and appointment         Select all medications and appointment       Select all medications and appointment         Select all medications and appointment       Select all medications and appointment         Select all medications and appointment       Select all medications and appointment         Select all medications and appointment       Select all medications and appointment         Select all medications and appointment       Select all medications and appointment         Select all medications and appointment       Select all medications and appointment         Select all medications and appointment       Select all medications and appointment         Select all medications and appointment       Select all medications and appointment         Select all medications and appointment       Select all medications and appointment         Select all medications and appointment       Select all medications and appointment         Select all medication	Mon T Jan 2022 B Seval USA No. 0.5% - by intractional intaion 400mg - (5mg/kg)	cle 1 From Scra	atch Regimen 1 Day		Ģ
Image: Domage Benearizamab       Moding - (Sing/kg)       PHYSICIAL VERIEID       Image: Domage Control of	100m (Smg/kg)				
Select all medications and appointment         Select all medications and appointment         Select all medications and appointment         Data comments and appointment         Data comments and appointment         Oppare cycle         If list         Oppare cycle         Select all medications and appointment         Oppare cycle         If list         Data comment and appointment         Oppare cycle         If list         Select all medications and appointment         Oppare cycle         If list         Select all medications and appointment         Oppare cycle         If list         Select all medications and appointment         Select all medications and appointment         If list         Select all medications and appointment         If list         Select all medications and appointment         Select all medications and appointment         If list         Select all medications and appointment         Select all medications and appointmen		<b>7</b> Jan 2	30min Bevacizumab in NaCl 0.9% • by intravenous infusion	<b>400mg •</b> (5mg/kg)	PHYSICIAN-VERIFIED
Deplay regimen Set place of delivery Set cost center ⊕ Theory C					Select all medications and appointmen Select only main medications Select time period Crop all comments and appointments Postpore cycle Compare cycle Ealt Billing codes Cycle postporement rules
یں آئا فیصد امن ایک است است کا است کا مالا می مالا می کار است کا است کار است کار است کار است کا است کا دار داری می می کار است کا است کا کار می کار می کار کار است کا است کا دار داری می کار داری می کار داری می کا است کا است کا در در در می کا در در در می کا در می کار در در دار در در مست کار دار					Set place of delivery Set cost center
					① Event log

Close the cycle by clicking the brown arrows on the cycle banner, right click and choose "Paste copied cycle"

nazz-11an.ozz	$\oplus$
ce i rion scrach keymen i tøy	
	Select all medications and appointments
	Select only main medications
	Select time period
	Postpone cycle
	Compare cycle
	🖉 Edit
	Billing codes
	Cycle postponement rules
	Display regimen
	Satalasa of delivery
	Set prace or derivery
	Set Cost certer
	Event log
	Print Ctri-
	Copy Ctrl+
	Paste copied cycle

The insert cycle anew as copy window appears. Select the date, therapy plan day, or interval to the cycle and click OK

How should the cycle be inserted?	x
Insert cycle anew as copy	
New cycle Designation: Cycle (2) From Scratch Regimen	
Day 1 = 07/02/2022 = 21 days interval = day 22 of the therapy plan	
	✓ OK K Cancel

### The new cycle is now visible in the Therapy Plan

Cycles: 2 - Days: 22	-	$\sim$
17 Jan 2002 - 17 Jan 2002 Cycle 1 From Scratch Regimen 1 Day	Ŧ	≈
Interval: 21 days after Cycle 1 From Scratch Regimen		
ानः 2002- जानः 2002 Cycle 2 From Scratch Regimen 1 Day	÷	≈

### To add additional cycles, complete the same steps as above but right click on the last cycle when clicking paste

Interval: 21 days after Cycle 1 From Scratch Regimen		
Urlea 2022 urlea 2022 Cwcle 2 From Scratch Renimen 1 p.,	Œ	$\Theta \otimes $
Cate thom Setter Regiment 100		
	Select all medications and appointmen	nts
	Select only main medications	
	Select time period	
	Postpone cycle	
	Compare cycle	
	/ Edit	_
	Billing codes	
	Cycle postponement rules	
	Display regimen	
	Set place of delivery	
	Set cost center	
	Bivent log	
	Print Ct	rl+P
	Ctr	/I+C
	Paste copied cycle Ctr	rl+V
Cycle 2 From Scratch Regimen		

How should the cycle be inserted?	x
Insert cycle anew as copy	
New cycle	
Designation: Cycle (2) From Scratch Regimen	
Day 1 = 28/02/2022 3 = 21 days interval = day 43 of the therapy plan	
	🖌 OK 🛛 🖊 Cancel

17 Jan 2022 - 22 Feb 2022 Therapy plan number: 2548	⊡   ⊕	
Cycles: 3 • Days: 43		$\sim$
الاله المعالم ا Cycle 1 From Scratch Regimen المعالم الم	Ð	♦
Interval 21 days after Cycle 1 Fram Scattel Regimen		
জনক স্বায়-জনক সময় Cycle 2 From Scratch Regimen া চন্দ	Ð	≈
Interval: 21 days after Cycle 2 Fram Scratch Regimen		
area sec - area sec Cycle 3 From Scratch Regimen 10xy	÷	♦