

NCIS – Creating a Case & Physician Management of Medications

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 relating to NCIS training

Please read the scenario in **full**, and any tips and warning points before attempting the tasks. Learning points are included to guide you through particular aspects of system functionality.

Important information about NCIS

NCIS users should use their clinical judgement when prescribing, validating, 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 Chemotherapy Regimens. NCIS allows the modification of regimens at patient level. Use of NCIS regimens is the responsibility of the prescribing clinician.
- If there is a dose range in the regimen (for example Carboplatin AUC 3-6) the dose prescribed should be adjusted to the required dose.
- NCIS regimens have some Decision Support rules inbuilt, however it does not alert for all potential modifications.
- **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.
- A number of laboratory results are 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.

This Training Guide Contains the following Scenarios:

Commencing a Patient on Treatment

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KEY



Warning point



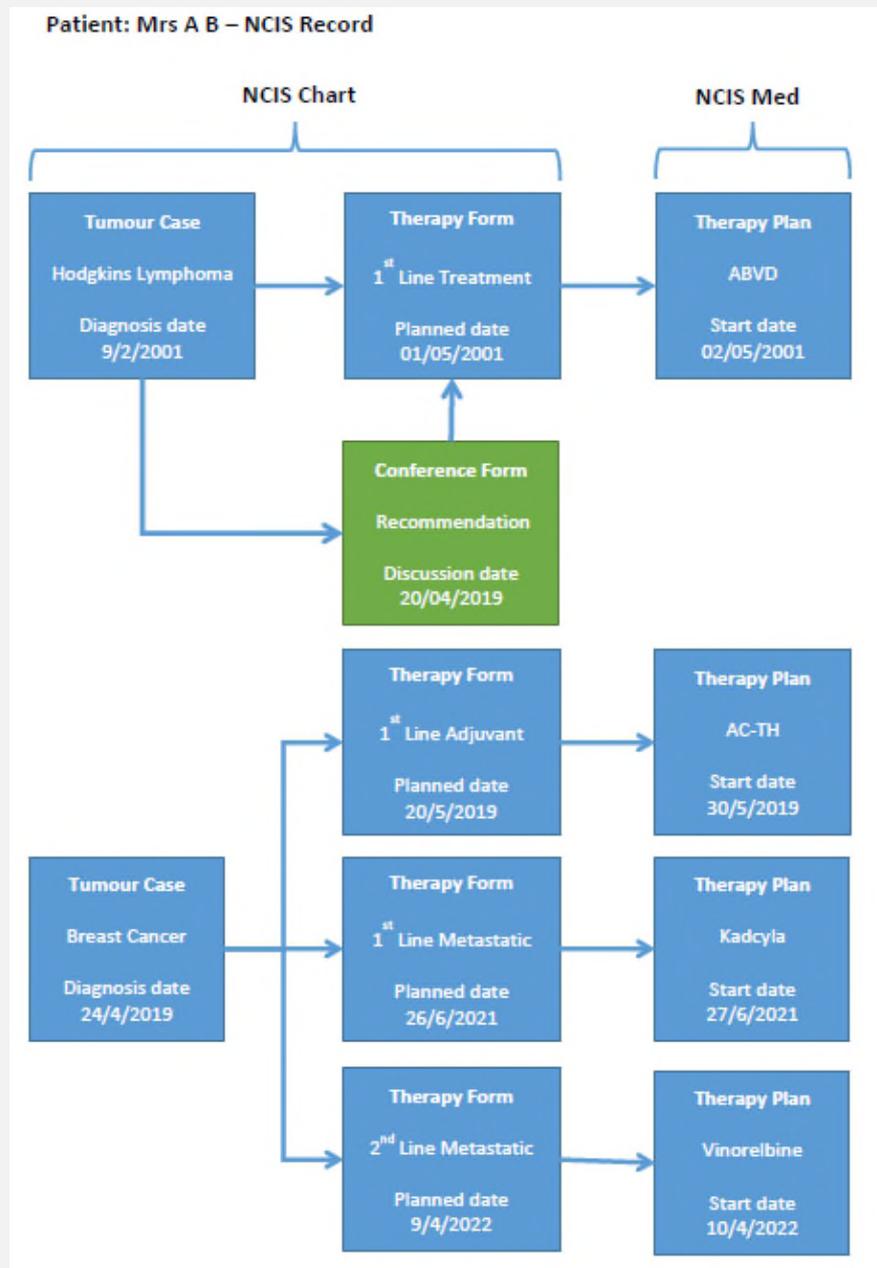
Tips



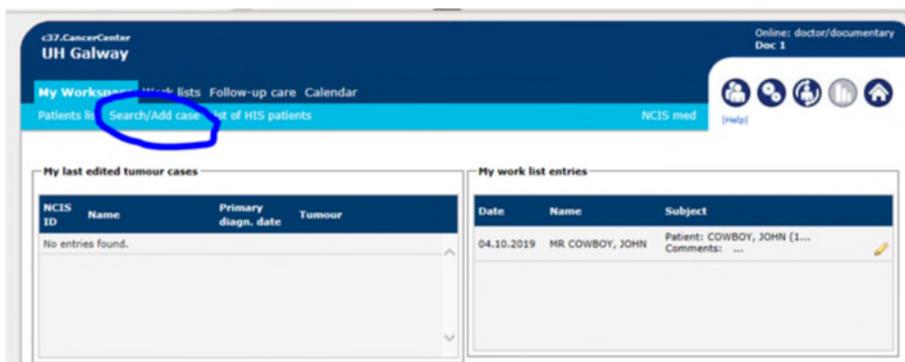
Learning point

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





Search for the patient. **Note:** this search will search return patients registered on the National 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 patient

Please enter last name, first name or date of birth

Surname

First name

Date of Birth

Health insurance number

or use a Hospital ID

Hospital ID

The following patients were found

NCIS ID Hospital ID	Name	Date of birth gender	Address	Hospital
GM1234675 (GUH)	MRS FLUORINE, MARY	15.08.1976 (f)	TESTING NCIS SOFTWARE TESTING FUNCTIONALITY TEST DUBLIN ROAD DUBLIN	MPI

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, that tumour case will be displayed, the name of the hospital and an NCIS ID will be also 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



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"

Add a new Document

Surname **FLUORINE, MARY (15.08.1976)**

Date of initial diagnosis

Diagnosis

Hospital



The following screen will now show. Information from the local PAS 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.

Personal information

<p>Title: <input type="text" value="MRS"/></p> <p>Surname: <input style="border: 1px solid red;" type="text" value="FLUORINE"/></p> <p>First name: <input type="text" value="MARY"/></p> <p>Surname at birth: <input type="text"/></p> <p>Date of Birth: <input type="text" value="15.08.1976"/></p> <p>Gender: <input type="text" value="female"/></p> <p>Marital status: <input type="text" value="married"/></p> <p>Ethnicity: <input type="text"/></p>	<p>Postal address: <input type="text" value="TESTING NCIS SOFTWARE TESTING FUNCTIONALITY"/></p> <p>Eircode: <input type="text"/></p> <p>County: <input type="text" value="Galway City"/></p> <p>Telephone: <input type="text" value="091 47896"/></p> <p>Telephone (business): <input type="text"/></p> <p>Telephone (mobile): <input type="text" value="0881247996"/></p> <p>E-mail address: <input type="text"/></p>
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Health insurance

Individual Health Identifier: ⓘ

Health insurance number:

Insurance group:

Picture of patient

Upload file:



The patients new Tumour Case will now be visible.

c37.CancerCenter
UH Galway
Patient: **MRS FLUORINE, MA...**
D.O.B. 15.08.1976 (43)
NCIS ID 12638000070
Hospital ID GM1234675 (GUH) ⓘ

General info
Diagnostics Conference Assessment Therapy Communication

Personal info
Tumour case Clinical history

Basic data

Referring physician:

Primary consultant:

Family doctor/Specialist:

Comorbidities:

Primary diagnosis

Primary diagn. date:

Primary diagnosis: Malignant neoplasm of rectum
 Suspicion of

Colorectal cancer

Tumour type:

Localisation:

Tumour biology:

Diagnosis confirmation: 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.

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.

The screenshot shows the top navigation bar of the NCIS.Chart interface for 'c37.CancerCenter UH Galway'. The 'Assessment' tab is highlighted in blue. Below the navigation bar, there is an 'Add:' dropdown menu with a blue background and white text. The dropdown is open, showing a list of options: '-- Please choose --', 'Height and weight', and 'Document upload'. The 'Height and weight' option is currently selected and highlighted in white with a blue border.

Enter the patient's height and weight, 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**

The screenshot shows the 'Height and weight' form in the NCIS.Chart interface. The form has a dark blue header with the title 'Height and weight'. Below the header, there are several input fields:

- Date:** A text box containing '02.04.2020' with a calendar icon to its right.
- Time:** An empty text box.
- Duration in minutes:** An empty text box.
- Medical personnel:** An empty text box with 'i' and '*' icons to its right.
- Chemotherapy:** An empty text box.
- Height:** A text box containing '150' followed by 'cm'.
- Weight:** A text box containing '62' followed by 'kg'.
- Checked and verified by:** An empty text box with 'i' and '*' icons to its right.

 At the bottom of the form, there is a status bar with a dropdown menu showing 'in progress', 'signed', and 'entered in error'. The 'signed' option is currently selected. To the right of the dropdown are 'i', 'Save', and 'Back' buttons. At the very bottom, there is a URL: 'http://10.0.1.71/cancercenter/doc.php?action=new'.

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
UH Galway
 Patient: MRS FLUORINE, MA...
 D.O.B.: 15.08.1976 (43)
 NCIS ID: 12638000070
 Hospital ID: GM1234675 (GUH) ⓘ
 General info Diagnostics Conference Assessment **Therapy** Communication
 Add: **Therapy (NCIS med)** Document upload Results from Interface

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 yellow are recommended however are not mandatory to move forward with prescribing

Associated disease: Initial disease: C20 from 01.04.2020
Therapy (NCIS med), Therapy line NCIS med
 Therapy type: Therapy line 1
 Decision to treat Date: 02.04.2020
 Ready to treat Date: []
 Diagnosis: C20
 Diagnosis date: 01.04.2020
 Assessment Date: 02.04.2020
 Performance Status: ECOG Lansky score Karnofsky score
 Height: 150 cm Weight: 62 kg
 BSA: 1.57 m² BMI: 27.6
 Consent Form Completed: yes no
 Therapy Plan from NCIS med [+ / -]
 Therapy intent: Curative Disease-control Palliative
 Specify therapy intent:
 Therapy setting: Neo-adjuvant specified Adjuvant Definitive Intraoperative Maintenance Not
 Start date: Access:
 Comments [+ / -]
 Save Back

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

Creating a Therapy Plan in NCIS.Med

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



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

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

It is now possible to:

- Select a regimen for the patient from the NCIS Regimen Library (based on NCCP National 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, not completing these fields effect the ability to postpone cycles and modify doses. They must be completed cycle by cycle if not completed at this point.



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.

Mrs. FLORINE MARY • d.o.b. 15 Aug 1976 43.7 Years • Patient no. G00014675 • GUH - GUH Ward

Today Therapies Compact Complete Patient data Medical results Diagnoses Cumul. doses

02 Apr - 28 May
Bleomycin, Etoposide and CISplatin (BEP) Version 1 • Therapy plan number: 515

Cycles: 3 • Days: 57

REIMBURSEMENT STATUS:
Not defined, the indication has yet to be assessed through the formal HSE reimbursement process.

02 Apr - 16 Apr
Cycle 1 Bleomycin, Etoposide and CISplatin 15 days

Distance: 21 days after Cycle 1 Bleomycin, Etoposide and CISplatin

23 Apr - 07 May
Cycle 2 Bleomycin, Etoposide and CISplatin 15 days

Distance: 21 days after Cycle 2 Bleomycin, Etoposide and CISplatin

14 May - 28 May
Cycle 3 Bleomycin, Etoposide and CISplatin 15 days

Take home prescriptions are to be handwritten as an interim measure until system development is complete

SUPPORTIVE CARE:
EMETOGENIC POTENTIAL:
Days 1-5 High
Days 8-15 Minimal (Refer to local policy).

PREMEDICATIONS:
Bleomycin, Etoposide and CISplatin (BEP)



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

02 Apr - 16 Apr
Cycle 1 Bleomycin, Etoposide and CISplatin 15 days

Thu 02 Apr

08:00 30min Administration
Bleomycin dosing may be referred to in III or in mg. 1.000IU = 1mg
Bleomycin 30mg
in Bolus • by intravenous injection
PLANNED by TDD1 on 02 Apr
Edit flags P

Renal Impairment
If creatinine clearance > 50 ml/min bleomycin dose 100%

Administration
Hypotension following rapid IV administration has been reported.
Longer infusion times may be required based on the patient's tolerance

08:30 60min Administration
Etoposide 167.83mg (100mg/m² BSA Dubois)
in 1000mL NaCl 0.9% • by intravenous infusion
PLANNED by TDD1 on 02 Apr
Edit flags P

Renal Impairment

Cycle 1 Bleomycin, Etoposide and CISplatin



Some regimens that do not have agreed standard supportive care contain Medication Selections. These should be defined or skipped when planning a therapy.

Click Define on the Medication Selection

17 Jun - 21 Jun
Cycle 1 R-CVP - 21 days (standard ritUXimab infusion rate) 5 days

Cycle postponement rules: If NEUT less than 1x10(9)/L, then postponement by 7 days • If PLT less than 75x10(9)/L, then postponement by 7 days

TODAY 17 Jun 11:30

Medication selection
Moderate risk of emesis-Select medication required

DEFINE

Choose the required Medication or Medications and click OK. It is also possible to Skip the Medication Selection by clicking Skip.

Define medication selection

Medication selection: **Moderate risk of emesis-Select medication required - Version 3**

Select all

- Aprepitant Capsule (Caps: 1 x 80mg) PO over 5 min
- Dexamethasone Tablet (Tabs: 4 x 2mg) PO over 5 min
- Dexamethasone Tablet (Tabs: 6 x 2mg) PO over 5 min
- Dexamethasone phosphate Solution for injection/infusion (Division: 1 x 8mg) by intravenous injection over 5 min
- Dexamethasone phosphate Solution for injection/infusion (Division: 1 x 8mg + 1 x 4mg) by intravenous injection over 5 min
- Granisetron Tablet (Tabs: 1 x 1mg) PO over 5 min
- Granisetron Tablet (Tabs: 1 x 2mg) PO over 5 min
- LORazepam Tablet (Tabs: 1 x 1mg) 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
- Ondansetron Solution for injection/infusion (Division: 2 x 8mg) by intravenous infusion over 15 min

Skip OK Cancel

The chosen Medications will now appear in the cycle in the Planned Status

17 Jun - 21 Jun
Cycle 1 R-CVP - 21 days (standard ritUXimab infusion rate) 5 days

Cycle postponement rules: If NEUT less than 1x10(9)/L, then postponement by 7 days • If PLT less than 75x10(9)/L, then postponement by 7 days

TODAY 17 Jun

Time	Duration	Medication	Status
11:30	5min	Dexamethasone Solution for injection/infusion 8mg • Division: 1 x 8mg by intravenous injection	PLANNED by TDO1 on 17 Jun
11:30	5min	Ondansetron Solution for injection/infusion 8mg • Division: 1 x 8mg by intravenous injection	PLANNED by TDO1 on 17 Jun
12:00	30min	Cyclophosphamide 1297.95mg (750mg/m ² BSA Dubois) in 250mL NaCl 0.9% • by intravenous infusion	PLANNED by TDO1 on 17 Jun

Cyclophosphamide may also be administered as an IV bolus over 5-10mins

Physician Verifying Medications

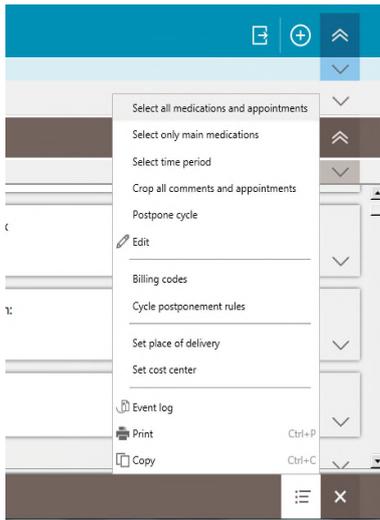
Physician verifying a medication is analogous to signing the medication, it needs to be completed for each medication in the cycle



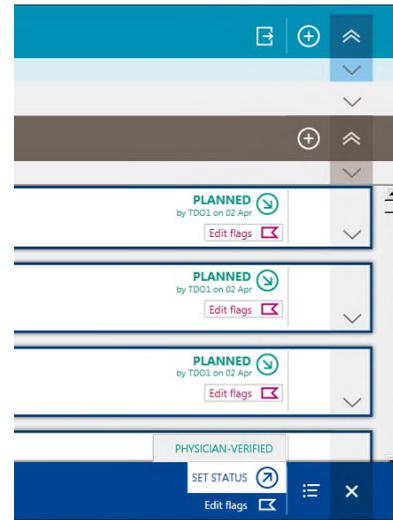
is possible to select all medications in the cycle for verification , by one either of the two methods described below:

OPTION 1

Click on the Cycles context manual and Click "select all medications and appointments"

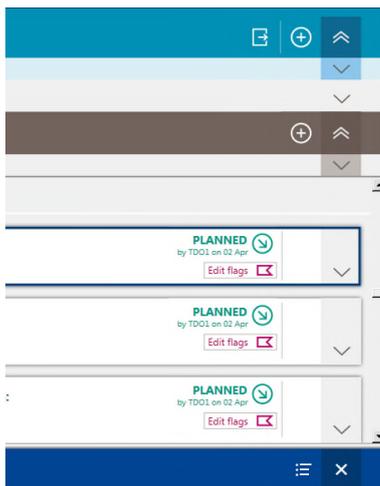


Click on "SET STATUS" Click "PHYSICIAN-VERIFIED"

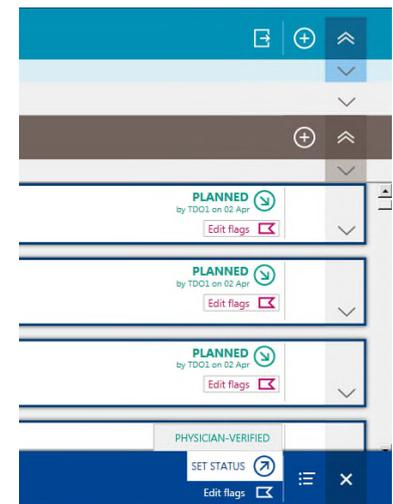


OPTION 2

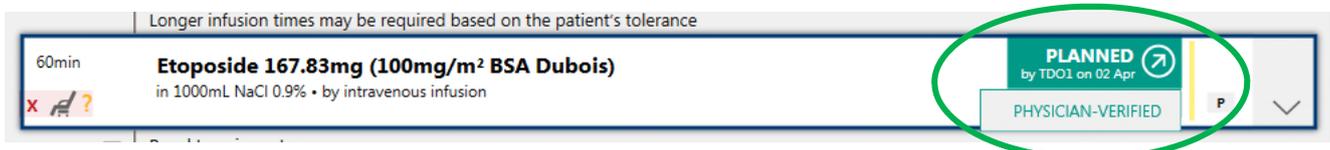
Click on one medication in the cycle Press "Ctrl + A" to select all medications in the cycle



Click on "SET STATUS" Click "PHYSICIAN-VERIFIED"



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



Modifying the dose of a medication

Prescribers may 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

Click on the Medication, then open the context menu for that medication and click modify

Click on the “Dose modification” check box and type in the % dose reduction or the Target Dose

For Cycle Postponement see the NCIS TRAINING GUIDE—MEDICATION POSTPONEMENT

For Changing Vehicle see below

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

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

Modifying the Vehicle of a medication

Prescribers may 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



Click on the Medication, then open the context menu for that medication and click modify



Click on the “Dose modification” check box and select the new vehicle or type the new vehicle volume



For Cycle Postponement see the NCIS TRAINING GUIDE—MEDICATION POSTPONEMENT
For Modifying Dose see above



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



Changing Vehicle and/or Volume for multiple medications

It is possible to change the vehicle and/or volume for multiple medications within the same cycle by selecting more than one medication (click multiple medications while holding down the “Ctrl” key), then clicking Modify in the Medication context Menu

Medications are highlighted blue when they are selected

Canceling 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 Edit Flags and click CANCELLED

16 Jun - 16 Jun
Cycle 1 CARBOplatin 1 Day

Cycle postponement rules: If NEUT less than 1x10⁹/L, then postponement by 7 days • If PLT less than 100x10⁹/L, then postponement by 7 days

Time	Duration	Medication	Status
07:35	5min	Dexamethasone Solution for injection/infusion 8mg • Division: 1 x 8mg by intravenous injection	PLANNED by TDO1 on 16 Jun
08:00	60min	CARBOplatin (2mg/ml/min AUC (GFR +25)) in 250mL Glucose 5% • by intravenous infusion	PLANNED by TDO1 on 16 Jun

Renal Impairment

- Patients with creatinine clearance values of <60ml/min are at greater risk to develop myelosuppression.
- In case of GFR ≤ 20ml/min CARBOplatin should not be administered at all.
- If Cockcroft & Gault or Wright formula are used, the dose should be adjusted per cycle based on a serum creatinine



To cancel multiple Medications, select the Medications, click on Edit Flags in the blue banner and click CANCELLED

16 Jun - 16 Jun
Cycle 1 CARBOplatin 1 Day

Cycle postponement rules: If NEUT less than 1x10⁹/L, then postponement by 7 days • If PLT less than 100x10⁹/L, then postponement by 7 days

Time	Duration	Medication	Status
07:30	5min	Ondansetron Solution for injection/infusion 8mg • Division: 1 x 8mg by intravenous injection	PLANNED by TDO1 on 16 Jun
07:35	5min	Dexamethasone Solution for injection/infusion 8mg • Division: 1 x 8mg by intravenous injection	PLANNED by TDO1 on 16 Jun
08:00	60min	CARBOplatin (2mg/ml/min AUC (GFR +25)) in 250mL Glucose 5% • by intravenous infusion	PLANNED by TDO1 on 16 Jun

Renal Impairment

Selected medications: 3



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
- Not required
- Other—please outline below

Reason

OK Cancel



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 **CARBOplatin** and administration route by **intravenous infusion** be canceled as well?

No
 Adjust all subsequent medications: 5 more



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

16 Jun - 16 Jun
Cycle 1 CARBOplatin 1 Day

Cycle postponement rules: If NEUT less than 1x10(9)/L, then postponement by 7 days • If PLT less than 100x10(9)/L, then postponement by 7 days

TODAY 16 Jun	07:35	5min	Dexamethasone Solution for injection/infusion 8mg • Division: 1 x 8mg by intravenous injection	PLANNED by TDO1 on 16 Jun
	08:00	60min	CARBOplatin (2mg/ml/min AUC (GFR +25)) in 250mL Glucose 5% -- by intravenous infusion	PLANNED by TDO1 on 16 Jun CANCELLED

Renal Impairment
 • Patients with creatinine clearance values of <60ml/min are at greater risk to develop myelosuppression.
 • In case of GFR ≤ 20ml/min CARBOplatin should not be administered at all.
 • If Cockcroft & Gault or Wright formula are used, the dose should be adjusted per cycle based on a:



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 CARBOplatin 1 Day

Cycle postponement rules: If NEUT less than 1x10(9)/L, then postponement by 7 days • If PLT less than 100x10(9)/L, then postponement by 7 days

TODAY 16 Jun	07:30	3min	Ondansetron Solution for injection/infusion 8mg • Division: 1 x 8mg by intravenous injection	PLANNED
	07:35	5min	Dexamethasone Solution for injection/infusion 8mg • Division: 1 x 8mg by intravenous injection	PLANNED
	08:00	60min	CARBOplatin (2mg/ml/min AUC (GFR +25)) in 250mL Glucose 5% -- by intravenous infusion	PLANNED

Renal Impairment
 • Patients with creatinine clearance values of <60ml/min are at greater risk to develop myelosuppression.
 • In case of GFR ≤ 20ml/min CARBOplatin should not be administered at all.
 • If Cockcroft & Gault or Wright formula are used, the dose should be adjusted per cycle based on a:

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

Edit cycle

Designation:

Cycle no.:

[Cycle postponement rules](#) [Billing codes](#)

16 Jun - 16 Jun
Cycle 1 CARBOplatin - cycle cancelled 1 Day

Distance: 7 days after Cycle 1 CARBOplatin - cycle cancelled

23 Jun - 23 Jun
Cycle 2 CARBOplatin 1 Day

Adding a New Medication

Prescribers 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 prescriber 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

Medications or infusion solutions can be added in either the Planned or Physician Verified Status
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

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 will now be entered in the cycle



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 it's context menu and click copy

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

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

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

Adding a New Medication from a Medication Selection

Medication selections contain standard supportive 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

23 Jun - 23 Jun • Distance: 7 days after Cycle 1 CARBOplatin
Cycle 2 CARBOplatin 1 Day

Cycle postponement rules: If NEUT less than 1x10(9)/L, then postponement by 7 days • If PLT less than 100x10(9)/L, then postponement by 7 days

Time	Duration	Medication
Tue 23 Jun 07:35	5min	Dexamethasone Solution for injection/infusion 8mg • Division: 1 x 8mg by intravenous injection
08:00	60min	CARBOplatin (2mg/ml/min AUC (GFR +25)) in 250mL Glucose 5% • by intravenous infusion

Renal Impairment
 • Patients with creatinine clearance values of <60ml/min are at greater risk to develop myelosuppression



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

Medication selection

Insert medication selection

Designation: [Green Highlighted Field]

Time: High risk of emesis - Select medications required
 Low risk of emesis - Select medication required
 Moderate risk of emesis-Select medication required

Date: Supportive Medicines

OK Cancel



Click Define on the Medication Selection

Medication selection Supportive Medicines

DEFINE



Choose the medication or medications required and click OK

Define medication 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 min

Hydrocortisone Powder for solution for injection/infusion (Division: 1 x 100mg) by intravenous injection over 5 min

Mannitol 10% Solution for infusion (Division: 1 x 500mL) by intravenous infusion over 60 min

Skip OK Cancel



The therapy plan now includes the chosen medications

23 Jun - 23 Jun • Distance: 7 days after Cycle 1 CARBOplatin

Cycle 2 CARBOplatin 1 Day

Cycle postponement rules: If NEUT less than $1 \times 10^9/L$, then postponement by 7 days • If PLT less than $100 \times 10^9/L$, then postponement by 7 days

High risk of emesis - Select medications required.

Tue
23
Jun

5min	Chlorphenamine Solution for injection 10mg • Division: 1 x 10mg by intravenous injection	PLANNED by TDO1 on 16 Jun	
5min	Hydrocortisone Powder for solution for injection/infusion 100mg • Division: 1 x 100mg by intravenous injection	PLANNED by TDO1 on 16 Jun	

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

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



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

The screenshot shows the context menu for Cycle 6 CARBOplatin. The menu items include: Select only main medications, Select time period, Crop all comments and appointments, Postpone cycle, Edit, Billing codes, Cycle postponement rules, Set place of delivery, Set cost center, Event log, Print (Ctrl+P), and Copy (Ctrl+C). The 'Copy' option is highlighted.



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

The screenshot shows the context menu for Cycle 6 CARBOplatin. The menu items include: Select time period, Crop all comments and appointments, Postpone cycle, Edit, Billing codes, Cycle postponement rules, Set place of delivery, Set cost center, Event log, Print (Ctrl+P), Copy (Ctrl+C), and Paste copied cycle (Ctrl+V). The 'Paste copied cycle' option is highlighted.



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.

The dialog box titled 'Insert cycle anew as copy' has a subtitle 'How should the cycle be inserted?'. It contains a text field for 'Designation:' with the value 'Cycle (z) CARBOplatin'. Below it, there is a date field 'Day 1 = 11/08/2020' followed by an equals sign, a text field '21', the text 'days interval', another equals sign, a text field '57', and the text 'of the therapy plan'. At the bottom right, there are 'OK' and 'Cancel' buttons.



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

11 Aug - 11 Aug • Distance: 21 days after Cycle 6 CARBOplatin
Cycle 7 CARBOplatin 1 Day

Cycle postponement rules: If NEUT less than 1x10(9)/L, then postponement by 7 days • If PLT less than 100x10(9)/L, then postponement by 7 days

Time	Duration	Medication	Status
Tue 11 Aug 07:30	5min	Ondansetron Solution for injection/infusion 8mg • Division: 1 x 8mg by intravenous injection	PLANNED by TDO1 on 17 Jun
07:35	5min	Dexamethasone Solution for injection/infusion 8mg • Division: 1 x 8mg by intravenous injection	PLANNED by TDO1 on 17 Jun
08:00	60min	CARBOplatin (2mg/ml/min AUC (GFR +25)) in 250mL Glucose 5% • by intravenous infusion	PLANNED by TDO1 on 17 Jun

Renal Impairment
 Patients with certain degrees of renal impairment are at greater risk of developing acute renal impairment.

Cycle 7 CARBOplatin