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| **A picture containing graphical user interface  Description automatically generated** | **Queensland Health****Physiotherapy****Aquatic physiotherapy and cytotoxic agents’ management plan**  |

This form can be used for aquatic physiotherapy patients on cytotoxic drugs.

Place the completed form in the patient’s medical record.

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| **Patient name:**  | **Patient’s UR:**  |
| **Cytotoxic agent(s):**    | **Name of drug(s):****Dosage (s):** **When taken:**  |
| **History of incontinence**  | Yes  (Exclude from aquatic physiotherapy) No   (Record any further details below) Unsure   (place referral on hold until risk resolved)  |
| **Appropriate for pool / aquatic physiotherapy**  | Yes  (Record any precautions and management plans below) No   Exclude from pool for following period:   |
| **Assessment outcomes discussed with patient**  | Yes No  Comments:   |    |
| **Precautions**  |
|   |
| **Management plan**  |
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