

Entity: Fairview Pharmacy Services

Department: Fairview Home Infusion

Manual: Policy and Procedure Manual

Category:	Home Infusion
Subject:	Chemotherapy
Purpose:	Ensure safe and appropriate utilization of chemotherapy in the home setting.
Policy:	Qualified staff will administer and dispense chemotherapy according to established policies and procedures.
Procedure:	<p>Dispensing</p> <ol style="list-style-type: none"> I. Prescriber orders will include either dose/kg, dose/m², or actual dose, and all of the pertinent information to determine the actual dose. II. Prescriber orders <ol style="list-style-type: none"> A. Will not be accepted as a telephone order or via voicemail. The order must be faxed or available electronically. B. If a change is made to a chemotherapy order after discussion with the prescriber, the prescriber should clearly write the change and refax the order to FHI. C. Will not include any abbreviations of the drug name. <ol style="list-style-type: none"> 1.If a prescriber writes an order with an abbreviation, an FHI clinician will clarify the abbreviation and document the clarification as a prescriber order. III. A signed medication order (faxed or electronically available) will be obtained/ reviewed to confirm the dose for each cycle of chemotherapy. IV. Generally the first cycle of a chemotherapeutic agent should be given in a controlled setting (i.e. hospital, clinic, outpatient infusion center) without evidence of allergic reaction before home administration except continuous fluorouracil, when patient received a bolus dose in the clinic. First doses may be administered in the home with prescriber order per FHI first dose policy protocol (See Policy and Procedure: <u>Initiation of Parenteral Drug Therapy (First Dose) in the</u>

	<p><u>Home</u> excludes asparaginase.)</p> <p>V. Baseline laboratory values appropriate for the therapy should be drawn prior to administration of chemotherapy. It is the responsibility of the clinic to evaluate the labs prior to administration of chemotherapy.</p> <p>VI. The compounding record will be independently double checked by two pharmacists against the prescriber order with every fill.</p> <p>A. Pump programs will be checked by two pharmacists.</p> <p>VII. If extravasation is suspected or experienced, the patient should be referred to the oncology clinic or emergency room.</p> <p>VIII. Elastomeric pumps are the preferred device for the administration of chemotherapy. Programmed electronic infusion pumps may be used under the following circumstances:</p> <p>A. Insurance directive</p> <p>B. Clinic/provider or patient preference</p> <p>C. Drug compatibility/stability/infusion time</p> <p>IX. Appropriate PPE (personal protective equipment) shall be available to all employees who prepare, transport or administer chemotherapy.</p> <p>A. Chemotherapy must be prepared in an appropriate biological safety cabinet.</p> <p>B. Chemotherapy spill kits will be dispensed to all patients, field nurses and delivery personnel will carry spill kits in their vehicles.</p> <p>C. A black chemotherapy/sharps container will be dispensed to all patients who will be initiated or disconnected in the home.</p> <p>1. Used containers will be transported back to FHI by the nurse or by an FHI driver. See <u>Hazardous Pharmaceutical and Waste Stream Collection and Disposal</u> policy for procedure for procedure related to transporting and delivery chemotherapy waste.</p> <p>X. Appropriate procedures will be instituted in the event of accidental contact or spill of a chemotherapeutic agent per FPS - Service Line Policy, <u>Hazardous Drug Spill Clean Up</u> .</p> <p>XI. Continuous infusions of vesicant or irritant chemotherapeutic agents will be administered via a central venous catheter.</p>
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	<p>XII. All IV supplies used in chemotherapy administration and PPE will be disposed of in a black chemotherapy waste container.</p> <p>XIII. The infusion center and home infusion staff collaborate to provide patient/ caregiver education.</p>
	<p>Administration</p> <ol style="list-style-type: none"> I. Prior to administration, bag/elastomeric device change and/or discontinuation of chemotherapy: II. RN typically manages IV chemotherapies, patient may be taught to discontinue chemotherapy with prescriber order III. Patients may be taught to administer subcutaneous chemotherapies and/or supportive medication (i.e. hydration, antiemetics, etc) IV. Medication administration or bag change by RN <ol style="list-style-type: none"> A. Identify patient using two (2) identifiers (i.e., name, DOB, address). B. Perform Hand Hygiene C. Prior to chemotherapy administration, perform a double check of the following: <ol style="list-style-type: none"> 1. Medication label (patient, drug, dose, frequency, beyond use date) 2. Pump program, if applicable D. Gather Supplies <ol style="list-style-type: none"> 1. Medication (bag and pump or elastomeric device), if completing bag/ elastomeric device change 2. Saline flushes 3. Heparin flushes if applicable 4. Alcohol wipes 5. Non-sterile Gloves (2 pairs) 6. Chemo Rated Gown 7. N95 Mask 8. Spill Kit, verify one in home 9. Black Chemotherapy Waste Container E. Don appropriate PPE. <ol style="list-style-type: none"> 1. Face Mask 2. Perform Hand Hygiene

3. First pair of Non-sterile gloves (under cuff of gown)
4. Chemo Rated Gown
5. Second pair of Non-sterile gloves (over cuff of gown)

F. Administer antiemetics and other pre-treatment medications as ordered. Utilize aseptic technique for parenteral medication administration. Flush with 0.9% normal saline 10 ml before and after each medication.

V. Bag Change

A. Don PPE and gather supplies

1. Face Mask
2. Perform Hand Hygiene
3. First pair of Non-sterile gloves (under cuff of gown)
4. Chemo Rated Gown
5. Second pair of Non-sterile gloves (over cuff of gown)
6. Barrier
7. Cap for end of tubing

B. Set up barrier and supplies.

C. Confirm infusion completed then discontinue/disconnect over barrier. Place cap on end of tubing. Discard medication and tubing or elastomeric device in black chemotherapy waste container.

D. Disinfect the needleless connector with alcohol pad using friction and a scrubbing motion for approximately 15 seconds; allow to air dry completely.

E. Verify correct placement of central venous catheter by confirmation of blood return and instillation of 10 ml of 0.9% Sodium Chloride without infiltration.

F. Disinfect the needleless connector with alcohol pad using friction and a scrubbing motion for approximately 15 seconds; allow to air dry completely.

G. Connect new bag and new pump or new elastomeric device and begin infusion.

H. Dispose of PPE and supplies in black chemotherapy waste container.

I. RN will contact FHI coordinator for black chemotherapy bin and pump pick up.

VI. Discontinue Infusion.

A. Don PPE and gather supplies

1. Face Mask
2. Perform Hand Hygiene
3. First pair of Non-sterile gloves (under cuff of gown)
4. Chemo Rated Gown
5. Second pair of Non-sterile gloves (over cuff of gown)
6. Barrier
7. Cap for end of tubing

- B. Set up barrier and supplies.
- C. Confirm infusion completed then discontinue/disconnect over barrier. Place cap on end of tubing. Discard medication and tubing or elastomeric device in black chemotherapy waste container.
- D. Disinfect with alcohol pad using friction and a scrubbing motion for approximately 15 seconds; allow to air dry completely.
- E. Verify correct placement of central venous catheter by confirmation of blood return and instillation of 10 ml of 0.9% Sodium Chloride without infiltration.
- F. Flush with heparin if ordered
- G. Dispose of PPE and supplies in black chemotherapy waste container.
- H. RN will contact FHI coordinator for black chemotherapy bin and pump pick up.
- I. If at any time during the administration infiltration or extravasation is suspected, instruct patient or caregiver to clamp or stop drug administration immediately and notify the prescriber. Patient must be seen in a clinical setting for further evaluation.
- J. For management of hypersensitivity and anaphylaxis, see FHI Policy and Procedure: Anaphylaxis and Allergy Reaction Protocol

VII. Patient Education

- A. Storage and retrieval (when $\frac{3}{4}$ full) of black chemotherapy waste container.
- B. Review potential side effects, their treatment, and when to report.
- C. Symptoms to report including signs and symptoms of extravasation, venous access complications and troubleshooting the infusion pump.

	<p>D. Actions to take in the event of chemotherapy spill or exposure.</p> <p>E. Pump Return Process</p> <p>F. Ordering supplies if needed.</p> <p>VIII. Documentation</p> <p>A. Complete documentation may include:</p> <ol style="list-style-type: none"> 1. Type and location of venous access device. 2. Agent(s) administered including name of drug, dose, route of administration, type of infusion, rate of infusion, infusion device or pump, time of administration and sequence of administration. 3. Type and amount of flushing agent used. 4. Description of IV site post treatment. 5. Pump program for chemotherapy infusions that will continue after the nurse has left the home. 6. Any side effects or adverse reactions experienced. 7. Patient/caregiver education completed.
External Ref:	<p>Infusion Nursing: An Evidence Based Approach; 3rd Edition; Infusion Nurses Society, 2010</p> <p>Policies and Procedures for Infusion Nursing; 5th Edition; Infusion Nurses Society, 2016</p> <p>Infusion Nursing Standards of Practice; Infusion Nurses Society, 2016</p>
Internal Ref:	
Source:	FHI Clinical Managers, Quality Manager
Approved by:	Director of Operations, FHI Medical Director
Date Effective:	3/6/1991
Date Revised:	2/15/1995, 10/13/1995, 3/19/1999, 1/1/2002, 3/31/2005, 10/2007, 7/2010, 12/2010, 3/2011, 3/2014, 8/2015, 7/2016
Date Reviewed:	3/2014, 8/2015, 7/2016