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Saint John's Health Center
Providence

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Chemotherapy Administration

I. PURPOSE

A. In keeping with the mission and values of Providence Health & Services and Providence Saint John's Health Center to provide evidence-based practice care to all patients receiving chemotherapy and immunotherapy. This policy is designated for the adult population only.

B. Adheres to the Oncology Nursing Society (ONS) Chemotherapy and Immunotherapy Guidelines and Recommendations for Practice to reduce the risk of environmental exposure to hazardous drugs (HD) and improve patient and caregiver safety.

II. Definition

A. Advanced Practice Providers (APP) – Nurse Practitioner or Physician Assistant.

B. Ambulatory Infusion Pump – portable or wearable medical device that delivers fluids, such as nutrients and medications, into a patient's body in controlled amounts.

C. Antineoplastic – Blocking the formation of neoplasms (growths that may become cancer) (NCI, 2024).

D. Biological Response Modifier (BRM) – A type of treatment that uses substances made from living organisms to treat disease. Types of biological response modifier therapy include immunotherapy (such as cytokines, cancer treatment vaccines, and some antibodies) and some targeted therapies. Also called biological therapy, biotherapy, and BRM therapy (NCI, 2024).

E. Closed System Drug-Transfer Device (CSTD) – a drug transfer device that mechanically prohibits the transfer of environmental contaminants into the system and the escape of the hazardous drug or vapor concentrations outside the system (NIOSH, 2020).

F. Cytotoxic agent – A substance that kills cells, including cancer cells. These agents may stop cancer cells from dividing and growing and may cause tumors to shrink in size (NCI, 2024).

G. Extravasation – The leakage of blood, lymph, or other fluid, such as an anticancer drug, from a blood vessel or tube into the tissue around it. Certain drugs can cause blistering and tissue damage.

H. Hazardous Drugs (HD) – Any drug identified by at least one of the following six criteria: carcinogenicity, teratogenicity or developmental toxicity, reproductive toxicity in humans, organ toxicity at low doses in humans or animals, genotoxicity, or new drugs that mimic existing hazardous drugs in structure or toxicity (NIOSH, 2020). Refer to PSJH Entity Hazardous Drug List and Assessment of Risk listed in PSJH-PHARM-1309 PSJH Hazardous Drug Control Program.

I. Irritant – agents that cause a local inflammatory reaction but do not cause tissue necrosis.

J. Personal protective equipment (PPE) – Items worn by workers, such as gloves, gowns, respirators, goggles, face shields, and others, that place a barrier between individual workers and hazardous physical or chemical exposures.

K. Vesicant – agents that have the potential to cause cellular damage or tissue destruction including blistering, tissue sloughing, or necrosis, when it escapes from the intended vascular pathway into the surrounding tissue.

III. Credentialing, Privileging, and Qualifications

A. Medical Providers

1. Only authorized prescribers (as defined by Ministry-specific Medical Staff Services) may order chemotherapy or immunotherapy agents.
2. "Primary Prescriber" Definition – a Medical Doctor or Doctor of Osteopathic Medicine authorized to prescribe initial and subsequent doses/cycles of chemotherapy & immunotherapy as defined by Ministry-specific Medical Staff Services.
3. "Secondary Prescriber" Definition – an Advanced Practice Provider (PA/NP), Pharmacist, Fellow/Resident authorized to prescribe subsequent doses/cycles of chemotherapy & immunotherapy for patients within the same shared practice as the initial primary prescriber as defined by Ministry-specific medical staff services.
4. Primary and secondary prescribers who are credentialed and privileged (as defined by ministry-specific medical staff services) may perform authorized chemotherapy/ immunotherapy procedures (i.e., Intrathecal chemotherapy administration via lumbar puncture, ommaya reservoir, etc.).
5. The physician will enter treatment orders in Epic Beacon using a Beacon treatment plan.
    a. If a physician wishes to use a treatment plan that is not in the Providence Health & Services Library, then an existing treatment plan is to be modified to develop the desired treatment plan. In this circumstance, the physician must provide a published reference to the final treatment plan that he/she prepares before its use can be approved.
    b. If it is not possible, with the assistance of the Epic Support Team to prepare a treatment plan by modifying an existing plan, then a physician

may use a blank treatment plan. A reference must be provided and additionally the non-PHS treatment plan must be reviewed by Epic Support prior to receiving approval by nursing.

c. All research/investigational treatment plans must be IRB approved and available in Epic Beacon. They cannot be written from blank treatment plans.

B. Registered Pharmacists

1. All chemotherapy and immunotherapy orders should be reviewed by an oncology pharmacist and provider. The sterile compounding of all chemotherapy and immunotherapy are checked by a pharmacist.

C. Registered Nurses

1. Registered Nurses (RN) with demonstrated chemotherapy and immunotherapy competency (hereinafter referred to as chemotherapy RN) may administer chemotherapy or immunotherapy agents for oncologic indications.

    a. Successful completion of the Oncology Nursing Society/Oncology Nursing Certification Corporation Chemotherapy Immunotherapy Certificate Course or the Fundamentals of Chemotherapy Immunotherapy Administration Course AND possession of a current ONS Provider Card are pre-requisites to competency evaluation.

    b. Initial competency is demonstrated by preceptored clinical practicum AND completion of PROVSOUTH: Chemotherapy and Immunotherapy Administration Skill Validation Checklist OR competency evaluation form.

    c. Competency is maintained by keeping the ONS Provider Card current by taking the ONS/ONCC Chemotherapy Immunotherapy Certificate Renewal Course OR Fundamentals of Chemotherapy Immunotherapy Administration Renewal Course every two years AND completion of ministry-specific skills checklist OR competency evaluation form.

2. First dose oral chemotherapy and oral immunotherapy for oncologic indications may only be administered by a chemotherapy RN.

    a. Maintenance or continuing doses of oral chemotherapy and immunotherapy may be administered by any RN who has completed education and training in safe handling of hazardous drugs and have reviewed the PSJH-PHARM-1309 PSJH Hazardous Drug Control Program.

3. Single agent regimens / routes for oncologic indications may be administered by any RN who has completed a department-specific competency on the regimen and procedure, i.e., intravesical chemotherapy administration; completed education and training in safe handling of hazardous drugs; and have reviewed the PSJH-PHARM-1309 PSJH Hazardous Drug Control Program.

4. Chemotherapy and immunotherapy prescribed for non-oncologic indications may be administered by any RN who has completed education and training in safe handling of hazardous drugs and have reviewed the PSJH-PHARM-1309 PSJH Hazardous Drug Control Program (i.e Methotrexate for ectopic pregnancy, cytoxan for

rheumatoid arthritis).

IV. Admission and Order Review Criteria

A. Inpatient

1. Except for urgent chemotherapy and biotherapy needs, initiation for new admissions and for inpatients occurs Monday through Friday from 08:00-18:00. Exceptions will be made on a case by case basis depending on nursing staff & adequate pharmacy staff availability. There will be a 24 hour preparation/review period for orders written using existing Beacon templates that will begin from the time the oncologist notifies the Charge Nurse that the chemotherapy/biotherapy orders have been placed into Beacon until the time the chemotherapy/biotherapy is initiated. For chemotherapy/biotherapy treatment plans created from blank plans in Beacon, orders will be written by the oncologist with the direct assistance of a Beacon Epic Support Team Member and pharmacist at least 48 hours prior to the date of planned treatment.
2. All antineoplastics and immunotherapy infusions will be proactively reviewed for appropriate criteria via pharmacy and nursing collaborative process (refer PSJH-PHARM-1316 Inpatient Provision of High Dollar Antineoplastics and Monoclonal Derivatives Policy).
3. For direct or current admission:
    a. The oncologist will identify appropriate criteria for Inpatient Chemotherapy Administration Guidelines as described in PSJH-PHARM-1316.
    b. The oncologist will call or discuss with the Clinical Supervisor the identified criteria for inpatient chemotherapy and the anticipated administration date.
    c. Consent will be signed and faxed.
    d. The oncologist will alert the Clinical Supervisor and Pharmacy that chemotherapy orders have been placed in Beacon.
    e. The Clinical Supervisor will notify the team of chemotherapy orders.

B. Outpatient

1. Chemotherapy/biotherapy will be administered in the outpatient setting during regularly scheduled clinic hours, Monday through Friday between 08:00-16:00. There will be a 24 hour preparation/review period for orders written using existing Beacon templates that will begin from the time the oncologist notifies the Charge Nurse that the chemotherapy/biotherapy orders have been placed into Beacon until the time the chemotherapy/biotherapy is initiated. For chemotherapy/biotherapy treatment plans created from blank plans in Beacon, orders will be written by the oncologist with the direct assistance of a Beacon/Epic Support Team Member and pharmacist at least 48 hours prior to the date of planned treatment.
2. All outpatient infusions, drug treatments, and chemotherapy require insurance preauthorizations before scheduling.

V. Safety

A. Pregnant personnel may choose not to administer chemotherapy/biotherapy but may provide care for and monitor patients receiving chemotherapy/biotherapy. Refer to the PSJH-PHARM-1309 PSJH Hazardous Drug Control Program.

B. Patients **will not** be transported off the Oncology Unit EXCEPT FOR EMERGENCIES if the following is being administered:

    1. Vesicant chemotherapy infusions.
    2. Higher risk chemotherapy/biotherapy infusions, i.e., agents that cause anaphylaxis, hypotension and/or highly emetogenic.

C. Patients own meds are processed per policy. Chemotherapy/ biotherapy is not stored at patient's bedside. It is kept in a locked medication storage on the nursing unit.

D. Chemotherapy/biotherapy infusions are never to be interrupted unless for emergency/side effects.

E. During administration and for 48 hours after the last dose of chemotherapy/biotherapy classified as HD, patient is maintained on "chemotherapy precautions."

VI. Administration

A. Refer to ministry specific policies or Lippincott Procedures Online for the following:

    1. Chemotherapy administration, oral
    2. Chemotherapy administration, intravascular (IV)
    3. Chemotherapy administration, intrathecal assisting
    4. Chemotherapy administration, subcutaneous
    5. Chemotherapy administration, intramuscular (IM)
    6. Chemotherapy administration, intraperiotoneal
    7. Chemotherapy administration, intravesicular (bladder)
    8. Immunotherapy administration
    9. Infusion reaction, anaphylaxis and hypersensitivity management
    10. Infusion reaction, cytokine-release syndrome management
    11. Infiltration and extravasation management

B. Pretreatment Considerations

    1. Confirm that informed consent for chemotherapy and/or immunotherapy treatment is documented.
    2. Assess for risk factors for potential adverse reactions, including but not limited to comorbidities, concurrent treatments and medications, use of complementary and alternative therapies, immunizations, history of adverse reactions to previous chemotherapy and/or immunotherapy (if applicable).

3. Pharmacist may round down a dose to the nearest vial size, with MD approval and discussion. The change should not be more than 10% of the ordered dose.
4. Verbal or telephone orders to nursing for chemotherapy/biotherapy doses or rates are not acceptable.
5. Two chemotherapy RNs and pharmacist will independently review patient history and cancer treatment plan.
6. Compare the accuracy of the treatment plan cycle and day number. Confirm that the appropriate interval has occurred between treatments (e.g., 21 days).
7. Verify the treatment plan: patient's name, second patient identifier, drug name, drug dose, drug volume, rate of infusion, route of administration, and sequence of administration.
8. Compare the treatment plan with a reference (e.g., NCCN guidelines, Lexicomp, UpToDate Online, research papers, IRB-approved clinical trial protocols) for indication, doses, routes, and schedule.
9. Body surface area (BSA) dosages are recalculated using current measured height and weight. Area under the curve (AUC) is recalculated using creatinine clearance. Weight based dosages are recalculated using current measured weight. Fixed dosages are compared with a reference.
    a. Compare recalculated dose with prescribed dose.
    b. Notify the provider if there is a > 10% variation between prescribed and recalculated dosages.
    c. Current weight should have been taken within 48 hours.
    d. For consecutive day cycles, use the weight taken on the Day 1 of therapy.
10. Verify the compatibility of IV solutions and medications used during administration.
11. Confirm that supportive care treatments and hypersensitivity reaction orders are ordered and appropriate to the regimen (e.g., premedications, hydration, growth factors, and rescue agents).
12. Two chemotherapy competent RNs and pharmacist will review laboratory values and diagnostic tests appropriate to the specific agent(s). Chemo competent RN will provide verbal and written or electronic information as part of an education process before the first administration for each treatment plan. Educational information includes treatment plan, acute and delayed adverse effects of therapy, adverse effects requiring immediate attention, safe handling procedures (including in home setting), and follow-up plans.
    a. For patients in active treatment in the inpatient setting, laboratory results should be within 24 to 48 hours or at the ordering provider's discretion.
        i. In chemotherapy naïve patients (no prior chemotherapy) laboratory results should be no older than 7 days.
    b. For patients in active treatment in the outpatient setting, laboratory results should be no older that 7 days or at the ordering provider's discretion. For patients receiving treatment weekly, laboratory results should be no older

than 3 days, or at the ordering provider's discretion.

c. Use the following values in the absence of specific parameters to safely proceed with treatment:
    i. Hemoglobin ≥ 8 g/dL
    ii. Platelets ≥ 100,000/µL
    iii. Absolute neutrophil count ≥ 1,500/mm^3
    iv. Creatinine ≤ 1.5 mg/dL
    v. T bili less than or equal to 1.5 times the ULN (upper limit of normal)
    vi. AST and ALT less than 3 times ULN

d. Review the results of diagnostic tests pertinent to the specific agent(s), e.g., echocardiogram or multigated acquisition (MUGA) scan for anthracyclines, pulmonary function test for bleomycin.

e. Notify the provider of laboratory values or diagnostic tests that are outside of acceptable parameters or not within the appropriate date range. A "Nursing Communication" order to either proceed with or hold treatment is acceptable. Orders to modify the treatment plan must be entered and signed by the provider.

13. Baseline vital signs are documented within 30 minutes prior to administration of IV chemotherapy/biotherapy.
14. Emergency medications and recommended antidotes are readily available for signs & symptoms of adverse reactions. The extravasation and anaphylactic kit is located inside the chemotherapy cart.
15. Chemotherapy/biotherapy infusions are never to be interrupted unless for emergency/side effects.
16. Other medications are NEVER piggybacked though chemotherapy/biotherapy.
17. Chemotherapy/biotherapy infusions are attached to an IV line with appropriate diluent at the port closest to the patient.

C. Administering Chemotherapy and/or Immunotherapy: Universal Procedures

1. Equipment: Chemotherapy Cart, IV Chemotherapy Worksheet (inpatient), PPE, hazardous waste bins, Rigid *Resource Conservation and Recovery Act*-(RCRA) black hazardous waste container, Ziploc chemotherapy labeled polyethylene bags, Chemotherapy Precautions Sign placed on door of patient room (inpatient), chemo safety cart outside of patient room while on chemo safety precautions, prepared Chemotherapy with primed tubing by pharmacy, closed system transfer device (CSTD) attached to end of syringe or tubing, and chemotherapy spill kit.
2. Complete assessment and physical examination appropriate for the planned treatment regimen, e.g., gastrointestinal symptoms for irinotecan and vinca alkaloids, cerebellar assessment for high-dose cytarabine.
    a. Assess need for cancer support services, including psychosocial, financial,

fertility, and spiritual concerns. Refer as appropriate.

3. Obtain vital signs prior to each treatment.
    a. Observe for vital signs outside of normal limits (e.g., increased temperature may indicate active infection).
    b. Use as baseline for agents with a potential for infusion reactions.
4. Explain purpose and procedure to the patient and family/caregiver.
5. Establish or verify adequacy and patency of vascular access.
6. Administer premedications and hydration. For drugs known to cause anaphylactic or allergic reactions, ensure availability of emergency drugs, oxygen, and suction.
7. Gather supplies and follow safe handling guidelines (refer to PSJH-PHARM-1309 PSJH Hazardous Drug Control Program).
8. At the bedside, two chemotherapy competent RNs (or chemotherapy competent RN with another credentialed or privileged provider) verifies patient identification by using at least two patient identifiers and performs a dual sign-off.
    a. Chemotherapy/biotherapy infusions will be verified by the oncoming and off going RN at shift change. MAR, drug, dose, and pump settings will be visually verified and documented by both nurses at shift change.

D. Oral Administration
    1. Do not crush hazardous oral agents outside of a containment primary engineering control (biologic safety cabinet).
    2. For intact tablets, capsules, or pills designated as hazardous, refer to PSJH-PHARM-1309 PSJH Hazardous Drug Control Program.
    3. Refer to Lippincott Procedures, “Chemotherapy administration, oral” for specific skills.

E. Subcutaneous (SC) and Intramuscular Administration (IM)
    1. Assess for adequate subcutaneous or muscle sites.
    2. Assess for risk factors for bleeding and bruising, including coagulation values.
    3. The maximum volume for IM injections varies according to muscle mass.
    4. The maximum volume for SC injections varies according to the amount of subcutaneous tissue and the location on injection.
        a. Volume range- 2 ml to 3 ml
    5. For SC and IM agents designated as hazardous, refer to PSJH-PHARM-1309 PSJH Hazardous Drug Control Program.
    6. Refer to Lippincott Procedures, “Chemotherapy administration, subcutaneous” and “Chemotherapy administration, intramuscular (IM)” for specific skills.

F. Intravenous (IV) Administration
    1. Refer to California Health & Services Regional policy, [LA Region] Comprehensive

Vascular Access Management.

2. Assess for risk factors for extravasation.
    a. Evaluate adequacy and patency of vascular access. Additionally, assess if appropriate for the prescribed therapy.
    b. Consider the agents to be administered, including vesicant, irritant, or non-vesicant properties; prescribed method of administration; duration of therapy; number of concurrent infusions; compatibility of concurrent infusions.
    c. Review and confirm the sequence of administration.
    d. Ensure availability of extravasation kit and access to standards of care.
3. Follow ministry-specific standards on vascular access devices.
    a. Considerations for peripheral venous access
        i. Never use for continuous infusion of vesicants.
        ii. Never administer an intermittent infusion of a vesicant using an IV pump when administering through a peripheral IV catheter.
        iii. Avoid use of established sites that are more than 24 hours old.
        iv. Avoid the ventral surface of the hand, joints and areas near joints, antecubital fossa, lower extremities, areas distal to a recent venipuncture, areas of impaired circulation or lymph node drainage, areas with decreased sensation (peripheral neuropathy).
        v. Confirm and document blood return and absence of signs and symptoms of infiltration prior to and every 2-5 ml during IV push administration of vesicant.
    b. Considerations for midline catheters
        i. Never use for continuous infusion of vesicants.
        ii. Midlines carry a higher risk of undetected extravasation as the vein may be deeper than a traditional short peripheral IV. Use extreme caution when administering IV push or intermittent infusion of vesicants.
        iii. Confirm and document blood return and absence of signs and symptoms of infiltration prior to and every 2-5 ml during IV push administration of vesicant.
    c. Considerations for central venous access devices (CVAD).
        i. Indications include vesicant infusions longer than 60 minutes, complex treatment regimens in which frequent access is necessary, poor or limited venous access, and home infusions.
        ii. Use a transparent dressing to ensure visualization of the site during administration.

4. Follow ministry-specific guidelines on IV administration sets (IV tubing) and supplies.
    a. Standardize use of IV tubings with luer lock connections.
    b. Use closed-system transfer devices.
    c. Select IV tubing and setups that do the following:
        i. Provide minimal residual volume in the IV tubing, thus providing the maximum dose of a medication.
        ii. Permit the least amount of manipulation of the system, thus decreasing the risk of patient infection and caregiver exposure to hazardous drugs.
        iii. Allow for emergency response. An administration set that can be turned on immediately after stopping the active drug must be readily available.
    d. Use DEHP-free tubing and/or in-line filter, if needed.
    e. Chemotherapy/biotherapy infusions are attached to an IV line with appropriate diluent at the port closest to the patient.
5. Follow ministry-specific guidelines to account for overfill, especially for continuous infusions. Pharmacy will account for overfill for all immunotherapy and chemotherapy infusions in the total volume listed on the medication label. Chemo RN to add the tubing volume PRN (23 mL for regular tubing and 28 mL for tubing with filter).
6. Verify any infusion pump programming with another provider. Verify the infusion programming during all handoffs.
7. Vinca alkaloids: follow ministry-specific processes to prevent errors from inadvertent administration of vinca alkaloids into cerebrospinal fluid. Strategies may include:
    a. Administer vinca alkaloids in a minibag (IV piggyback [IVPB]).
    b. Never dispense vinca alkaloids to an area where intrathecal medications are administered. Never give vinca alkaloids in the same treatment room as intrathecal medications.
    c. Label all vinca alkaloid bags “FOR INTRAVENOUS USE ONLY- FATAL IF GIVEN BY OTHER ROUTES.”
8. Ambulatory infusion pumps: follow ministry-specific processes to prevent prescribing and pump-programming errors. Strategies may include:
    a. Use ambulatory infusion pumps with dose error reduction software.
    b. Information needed to program the pump is displayed clearly on the medication label.
    c. Patient and caregiver education should include: total dose; infusion time; troubleshooting alarms and pump malfunction; steps to follow if tubing becomes disconnected, a spill occurs, or a port needle gets dislodged.

d. Establish a process to manage patients who present to emergency departments and inpatient units with ambulatory pumps.

9. IV push method
    a. Follow ministry-specific guidelines and drug references for the recommended rate of administration. Additionally, consider patient's veins or type of vascular access.
    b. Decide on method of administration: side-arm technique (also known as free flow) versus direct push method. While there is limited evidence supporting the superiority of the side-arm technique, it is more often recommended as it allows for constant dilution of vesicant during administration, which may decrease the severity of an extravasation injury.
    c. Flush vascular access device before, in between multiple medications, and after.
    d. Assess for blood return every 2-5 ml. Stop administration immediately for signs and symptoms of infiltration or extravasation.
10. IV piggy back / short-term / minibag
    a. Follow ministry-specific guidelines and drug references for the recommended rate of administration.
    b. Use primary IV tubing with a solution compatible with the medication to be administered.
    c. Flush the vascular access device at the side port closest to the patient to assess for blood return and other signs of patency.
    d. Attach the minibag to the injection port upstream of the IV pump using a CSTD.
    e. Stop administration immediately for signs and symptoms of infiltration or extravasation.
11. Continuous infusions
    a. Assess for blood return prior to, every 4 hours, and after drug administration.
    b. Use primary IV tubing with a solution compatible with the medication to be administered.
    Use an IV pump.
    c. Connect chemotherapy or immunotherapy into primary IV or follow ministry-specific guidelines.
    d. Stop administration immediately for signs and symptoms of infiltration or extravasation.
12. Refer to Refer to Lippincott Procedures, "Chemotherapy administration, intravascular (IV)" for specific skills.

G. Intraperitoneal

1. Verify the type of device (implanted peritoneal port versus external intraperioteal catheter).
2. Assess for signs and symptoms of device complications and peritonitis.
3. Assess baseline respiratory status. Note any shortness of breath.
4. Follow ministry-specific guidelines to distinguish intraperitoneal from intravenous lines. Consider:
    a. Clearly labeling lines as intraperitoneal and intravenous to prevent wrong route administration of medication.
    b. Tracing all catheter and lines from the access site.
    c. Route intraperitoneal and intravenous tubing to different sides of the bed or chair.
5. Ensure vascular access and availability of emergency drugs, oxygen, and suction during intraperitoneal administration of paclitaxel and cisplatin.
6. Refer to Lippincott Procedures, “Chemotherapy administration, intraperitoneal” for specific skills.
7. Other consideration: Heated Intraperitoneal Chemotherapy (HIPEC)

H. Intrathecal, lumbar puncture, intraventricular (Ommaya reservoir)
1. Confirm that informed consent for the procedure in addition to informed consent or assent for chemotherapy and/or immunotherapy treatment is documented per ministry-specific guidelines.
2. Assess risk for bleeding.
    a. Verify that laboratory values, e.g., platelets and coagulation studies, meet parameters for lumbar puncture.
    b. Review medication list. Verify patient has been on any anticoagulants or NSAIDs.
3. Perform a neurologic assessment to establish baseline orientation, level of consciousness, presence or absence of headaches, history of seizures, and numbness, tingling, or pain in lower extremities.
4. Perform a time-out procedure.
5. Medical providers and advanced practice providers (APP) who are credentialed and privileged (as defined by Ministry-specific Medical Staff Services) may perform authorized procedures and administer chemotherapy and immunotherapy.
6. Refer to Lippincott Procedures, “Chemotherapy administration, intrathecal” for specific skills.
7. Other consideration: Intraventricular (Ommaya reservoir)
    a. Use a 23-gauge or smaller butterfly
    b. Flush with reserved cerebrospinal fluid or preservative-free normal saline

I. Intravesical (bladder)

1. Complete pre-treatment assessment
    a. Obtain a urinalysis prior to each treatment, assessing for urinary tract infection.
    b. Notify provider if gross hematuria present.
2. Refer to Lippincott Procedures, “Chemotherapy administration, intravesicular (bladder)” for specific skills.
3. Other consideration: Bacillus Calmette-Guérin (BCG) contraindications
    a. Within 14 days post bladder or prostate surgery, including biopsy
    b. Within 14 days of traumatic catheterization
    c. Traumatic catheterization or gross hematuria on day of treatment
    d. Active tuberculosis
    e. Immunosuppressed patients (regardless of etiology)
    f. Symptomatic UTI
    g. Fever

J. Intraarterial
1. Confirm that informed consent for the procedure in addition to informed consent or assent for chemotherapy treatment is documented per ministry-specific guidelines.
2. Medical providers and advanced practice providers (APP) who are credentialed and privileged (as defined by Ministry-specific Medical Staff Services) may perform authorized procedures and administer chemotherapy and immunotherapy.

K. Intrapleural
1. Confirm that informed consent for the procedure in addition to informed consent or assent for chemotherapy treatment is documented per ministry-specific guidelines.
2. Medical providers and advanced practice providers (APP) who are credentialed and privileged (as defined by Ministry-specific Medical Staff Services) may perform authorized procedures and administer chemotherapy and immunotherapy.

L. Nephrostomy Tube
1. Chemotherapy RN to review any labs ordered by provider prior to initiating chemotherapy.
2. Inspect nephrostomy tubing and dressing. Ensure there are no kinks and dressing is clean, dry, and intact.
    a. Any concerns of bleeding around dressing should be reported to provider.
3. If drainage bag is attached to tube, detach drainage bag prior to chemo administration and affix a clave connector using a 10cc NS saline flush. Dispose of drainage bag per policy.
    a. Ensure patency by flushing and aspirating fluid via 10cc or larger NS flush or syringe.

b. Any concerns of patency should be addressed by the provider.

4. Attach chemotherapy line via closed system device provided by pharmacy.
5. Administer and flush medication per order.
6. At end of infusion, remove clave connector and attach drainage bag, attach new sterile cap.
7. Follow chemotherapy disposal guidelines.

VII. Management of Infusion-Related Reaction

A. Refer to Lippincott Procedures, “Infusion reaction, anaphylaxis and hypersensitivity management.”

B. Refer to Lippincott Procedures, “Infusion reaction, cytokine-release syndrome management.”

VIII. Management of Extravasation / Infiltration

A. Refer to Lippincott Procedures, “Infiltration and extravasation management." Refer to Addendum A & B.

B. Have Lippincott Procedures available when notifying authorized provider and pharmacist.

C. When managing extravasation of combination chemotherapy that includes more than one vesicant, treat the agent with the most potential for tissue damage.

D. Photograph the site of extravasation.

E. Document on the unusual occurrence report (UOR) system.

IX. Safe Handling of Hazardous Drugs

A. Refer to PSJH-PHARM-1309 PSJH Hazardous Drug Control Program, PolicyStat ID: 7761290. Attachments include:

1. PSJH PPE Guide for HD Handling.pdf
2. PSJH-PHARM-1309 Hazardous Drug Control PROCEDURE.pdf
3. Discard empty IV bags, IV bottles, tubings, syringes without needles, used for chemotherapy/biotherapy classified as HDs in the yellow polyethylene chemotherapy waste bag and discard bag into the designated rigid yellow biohazard waste container located in the patient's room during treatment. Personal protective equipment (PPE) used in the administration of chemotherapy/biotherapy classified as HDs and handling of body waste for the 48 hour period post chemotherapy/ biotherapy are discarded into the designated rigid yellow biohazard waste container located in the patient's room during treatment.
    a. Trace chemotherapy or HD waste is discarded in a yellow chemo container.
    b. Bulk chemotherapy or HD waste is discarded in a black RCRA container.

B. Hazardous spill management. See attachment.

C. Management of Skin, Eye or Mucous Membrane Contact
    1. Call for help, if needed.
    2. Immediately remove contaminated clothing.
    3. Flood affected eye with water or isotonic eyewash for at least 15 minutes.
    4. Clean affected skin with soap and water; rinse thoroughly.
    5. Notify Clinical Supervisor and/or Manager.
    6. Obtain medical attention.
    7. Contact Caregiver Health to document exposure.

X. DOCUMENTATION

1. Document the following in the EMR:
    a. Patient assessment.
    b. Chemotherapy, IV fluids, and medication administration.
    c. Patient/family education.
    d. Patient tolerance to chemotherapy.
    e. Absence or presence of side effects related to chemotherapy.
    f. Integrity of IV site (peripheral or CVAD).
    g. Extravasation and/or allergic reaction management.

XI. Education

1. Patient education is perform before, during, and after administration.
2. Patient education and discharge patient/family education may include the following: uncontrolled nausea and vomiting, fever with chills, inability to maintain food/fluids, decreased or absent output, changes in level of consciousness, bleeding, difficulty breathing/SOB, signs and symptoms stomatitis, lethargy, excessive fatigue, constipation or diarrhea, adequate fluid intake to 2-3L per day unless contraindicated per MD, safe handling of body wastes 48 hours after chemotherapy completed, contact phone numbers for after hours support post outpatient infusion, and/or any other drug specific side effects.

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ADDENDUM A: EXTRAVASATION MANAGEMENT

CHEMOTHERAPY AGENT	ANTIDOTE*	TOPICAL THERAPY**
Vinblastine (Velban®) No cold	**Hyaluronidase**	Heat
Vincristine (Oncovin®) No Cold	**Hyaluronidase**	Heat
Vinorelbine (Navelbine®) No cold	**Hyaluronidase**	Heat
Vindesine	**Hyaluronidase**	Heat
Etoposide (Vepesid, VP-16)	**Hyaluronidase**	Heat
Teniposide (Vumon, VN-26)	**Hyaluronidase**	Heat
Daunorubicin (Cerubidine®) - not liposomal	**Dexrazoxane (Totect®) or Dimethyl Sulfoxide, DMSO, 99%:**	Cold
Doxorubicin (Adriamycin®) - not liposomal	**Dexrazoxane (Totect®) or Dimethyl Sulfoxide, DMSO, 99%:**	Cold
Daunorubicin Liposomal	none (No Totect)	Cold/Ice "A"
Doxorubin Liposomal	none (No Totect)	Cold/Ice"A"
Epirubicin (Ellence®)	**Dexrazoxane (Totect®) or Dimethyl Sulfoxide, DMSO, 99%:**	Cold
Idarubicin (Idamycin PSF®)	**Dexrazoxane (Totect®) or Dimethyl Sulfoxide, DMSO, 99%:**	Cold
Mechlorethamine (nitrogen mustard) (Mustargen®)	**Sodium thiosulfate 1/6M (4%)**	Cold
Dacarbazine	**Sodium thiosulfate 1/6M (4%)**	Cold
Cisplatin	**Sodium thiosulfate 1/6M (4%)**	Cold
Docetaxel (Taxotere®)	**Hyaluronidase**	Cold
Paclitaxel (Taxol®)	**Hyaluronidase**	Cold
**** - see appendix I for details of Heat Therapy***		
***** - see appendix II for details of Cold***		

Therapy		

ADDENDUM B: EXTRAVASATION ANTIDOTE DETAILS

**** Appendix I: ANTIDOTE DETAILS***
Hyaluronidase Clean entire site with chlorhexidine before administration. Administer hyaluronidase by subcutaneous injection following manufacturer's prescribing information. Recommended within one hour of extravasation. Use 25 gauge or smaller needle and change needle for each injection.
Dexrazoxane (Totect®):
Apply cold compress to the site immediately. Remove cold compress from affected site at least 15 minutes before dexrazoxane administration. Administer daily for 3 consecutive days. Recommend to give within 6 hours after extravasation. Follow manufacturer's prescribing information.
Do not need to administer Totect for liposomal anthracyclines (DaunoXome®, Doxil®)
Dimethyl Sulfoxide, DMSO, 99%: TOPICAL
1-1.5mL topically applied to site and allowed to air dry every 6 hours *for 7 to 14 days (Q8h X 7)*
Dimethyl Sulfoxide, DMSO, 99% SUB Q
Sodium thiosulfate
Clean entire site with chlorhexidine before sodium thiosulfate injection. Administer immediately by subcutaneous injection following manufacturer's prescribing information. Administer with a 25 gauge or smaller needle and change the needle for each injection. Apply cold compress to the site for 6 to 12 hours.
*****Appendix II: TOPICAL THERAPY DETAILS***
Hot compress: 15-20 minutes at least 4 times a day for at least 24 hours.
Cold compress: 15-20 minutes at least 4 times a day for at least 24 hours. *Remove cold compress 15 minutes before Totect® treatment.

ADDENDUM C:

Medications primed with active drug/chemo:

Paclitaxel 6mg/ml (generic- NOT Abraxane®)

Jevtana® (cabazitaxel)

Taxotere® (docetaxel)

Attachments

- Hazardous Spill Management.pdf
- Inpt Provision High Dollar Antineoplastics and Monoclonal Derivatives - Use Criteria Drug List.pdf
- PSJH PPE Guide for HD Handling.pdf.pdf
- PSJH-PHARM-1309 Hazardous Drug Control PROCEDURE.12.2023.pdf.pdf

Approval Signatures

Step Description	Approver	Date
Board of Directors	Irma Castaneda: Executive Assistant	09/2024
MEC	Peggy Mooney: Senior Manager Medical Staff Services	09/2024
Pharmacy & Therapeutics	Tanya Elgourt: Manager Clinical Pharmacy	09/2024
PCSC	Jose Castro: Director Pharmacy	09/2024

Applicability

CA - Providence Saint John's Health Center

Standards

No standards are associated with this document

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Saint John's Health Center
Providence

Origination	07/2022
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Owner	Janice Frost: Director Oncology RN
Policy Area	Clinic Operations
Applicability	CA - Saint John's Health Center

Chaperone (Adult & Pedi)

1. Purpose:

To provide guidance to caregivers and providers when a chaperone will be used during the provision of medical care.

Definitions:

Chaperone – a caregiver in the clinic setting who is accountable to act as support for the patient undergoing a sensitive exam. The chaperone also acts as a third party witness to the examination to safeguard the patient's and provider's integrity.

Sensitive or Intimate Exam – Examination of the breasts, vagina (pelvic), rectum, perineum, urethra, penis/scrotum.

Policy:

1. It is **strongly recommended** that a chaperone be present during the examination of, or exposure to the rectal, pelvic, and genital or breast areas.
2. When a patient requests a chaperone for **any** exam, one will be provided.

Procedure:

1. It is strongly recommended the use of a chaperone will be made clear to the patient prior to any sensitive or intimate procedure.
    a. The need for a chaperone is irrespective of the sex or gender of the person performing the examination.
2. If at any time before or during an examination, the patient, family member, MA, nurse or provider deems that a chaperone is necessary or requested, the exam will be stopped until a chaperone is present.
3. A family member is not sufficient as a chaperone, but may stay for the examination with the patient's permission.
4. The chaperone will remain in the exam room during the sensitive portion of the exam. During the exam, any discussion or consultation involving the patient's confidential health information will be conducted discreetly.

a. After the exam, any individuals not directly involved in the patient's care, including the chaperone, will not be present without the patient's permission to allow for a confidential patient/provider discussion.

b. The chaperone will document in the EMR their role as chaperone (name, date and time)

5. If a chaperone is offered to the patient and the patient declines, the refusal will be documented in the EMR by the caregiver.
6. Clinic exam rooms where sensitive and intimate exams are performed should post PSJH Chaperone signage.

Recommended/Suggested Chaperone-Scripting:

- "For your comfort, I am going to have (one of our female/male caregivers) chaperone during this part of the exam."

References:

1. AMA and Council on Ethical and Judicial Affairs (CEJA) Report 10 – A-98. (1998). *Use of chaperones during physical exams*. Retrieved on 9/1/15 http://www.google.com/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=4&cad=rja&uact=8&ved=0CDMQFjADahUKEwi_zo7s_tbHAhXNNYgKHdmtBPw&url=http%3A%2F%2Fama-assn.org%2Fmeetings%2Fpublic%2Fannual04%2Fcjr8a04.doc&usg=AFQjCNGi9m4SYfrvYNLXTdDKibQmgr6aGg
2. AMA Opinion 8.21 – *Use of chaperones during physical exams*. (2011). Retrieved 9/1/15
3. http://search0.ama-assn.org/search/url?url=http%3A%2F%2Fwww.amaassn.org%2Fama%2Fpub%2Fphysician-resources%2Fmedical-ethics%2Fcode-medicalethics%2Fopinion821.page&t=url&i=1.
4. American Academy of Pediatrics: *Use of chaperones during the physical examination of the pediatric patient*. (2011). Retrieved on 10/25/11 from http://pediatrics.aappublications.org/content/127/5/991.full.
5. Barbieri, Robert L. (2020). "In Your Practice, Are You Planning to Have a Chaperone Present for All Intimate Examinations?" *MDedge ObGyn*, June;32(6):6-8, OBG Manag. www.mdedge.com/obgyn/article/223322/obstetrics/your-practice-are-you-planning-have-chaperone-present-all-intimate/page/0/1.

Attachments

Chaperone Clinic Sign 7.11.22.docx

Approval Signatures

Step Description	Approver	Date
Board of Directors	Lori Higdon: Contracts Manager	03/2023
MEC	Peggy Mooney: Senior Manager Medical Staff Services	03/2023

Medicine	Peggy Mooney: Senior Manager Medical Staff Services	03/2023
PCSC	Rose Pelikan: Executive Director Nursing	02/2023

Applicability

CA - Providence Saint John's Health Center

Standards

No standards are associated with this document