

**Non-Oncology Units
Chemotherapy Administration/Coordination of Care**

CHECKLIST FOR UNIT	Complete
1. Oncology Charge RN at 45888 and the chemo pharmacist at 45774 notified with patient and venous access information provided	<input type="checkbox"/>
2. Provide the following information: Patient Name <input type="checkbox"/> Medical Record Number <input type="checkbox"/> Room <input type="checkbox"/> Diagnosis <input type="checkbox"/> Oncologist <input type="checkbox"/> The assessment of the patient will include confirmation of the following by the unit: Height: _____(confirmed) <input type="checkbox"/> Today's Weight: _____ Ensure documented in EPIC <input type="checkbox"/>	<input type="checkbox"/>
3. Reason the patient cannot be transferred to 8W Condition does not permit transfer <input type="checkbox"/> Scheduled for discharge following administration <input type="checkbox"/> Chemotherapy/Biotherapy administered for a non-oncologic condition <input type="checkbox"/>	<input type="checkbox"/>
4. Verified there are there no conflicting medications or procedures?	<input type="checkbox"/>
5. Venous access information: Complete LDA flowsheet for IV access: _____ (verify date inserted) Central <input type="checkbox"/> PICC <input type="checkbox"/> IVAD <input type="checkbox"/> PIV <input type="checkbox"/> (should be within 24 hours): Blood return verified: <input type="checkbox"/> RN _____ Current IVF infusing: _____ order additional pump if needed Other continuous infusions: _____ Second IV line available: _____ If new or different IV access is required, you will be contacted by oncology RN. Confirm IV Pump has ability to record oncology medications <input type="checkbox"/> (required).	<input type="checkbox"/>
6. The oncology RN will negotiate administration time with pharmacy and non-oncology RN around procedures, conflicting medications, and urgency of administration time.	<input type="checkbox"/>
7. Chemotherapy is delivered to the oncology unit and brought to non-oncology unit by oncology RN at administration time and it will be documented in EPIC.	<input type="checkbox"/>
8. Pre-medications and pre-hydration are delivered or tubed to the non-oncology unit by pharmacy.	<input type="checkbox"/>
9. Nursing staff on the non-oncology unit are responsible for administering pre-meds and pre-hydration according to start time of administration set by oncology RN and pharmacy. a. <u>Always to be coordinated with oncology nurse before starting administration as there are specific sequences followed.</u> The "time scheduled" may need to be modified to ensure proper timing with the administration of chemotherapy despite times in EPIC. b. Scheduled pre-meds and chemotherapy drugs will appear and be charted on the MAR under the gray <i>Active Treatment Plan</i> header.	<input type="checkbox"/>
10. Weight confirmed on day of administration (preferred). Drug dosages are dependent on this information.	<input type="checkbox"/>
11. Non-oncology unit RN is responsible for administering pre-hydration and pre medications (Decadron, antiemetics, Tagamet etc.) at times determined by oncology RN (or oncology PharmD).	<input type="checkbox"/>

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12. For all subsequent doses after day 1, please contact oncology Charge RN at 45888 and chemo pharmacist at 45774 to verify administration time.	<input type="checkbox"/>
13. If chemotherapy or biotherapy drug requires titration, chemotherapy RN will remain with the patient during administration of the medication. Call 45888 for Charge RN to address any questions.	<input type="checkbox"/>
14. <u>Once the chemotherapy or biotherapy is initiated, the non-oncology RN is responsible for verifying the infusion continues as ordered and the completion at time anticipated.</u> If infusion is near complete or empty, call oncology Charge RN at 45888 and the chemotherapy RN will return to the unit to dispose of the hazardous waste and assess the patient tolerance to treatment.	<input type="checkbox"/>
15. All vesicant chemotherapy agents administered by parenteral (IV) route regardless of type of vascular access device are to be monitored closely for signs of extravasations (pain, redness, swelling, burning or irritation) and/or infiltration. a. These medications should be administered via central line per policy. b. Blood return verification will be done prior to administration, at least once per shift if a continuous infusion and at completion of infusion. c. If blood return not present, immediately stop infusion and call Oncology Charge RN 45888. d. Off unit, vesicants MUST be administered in a CVC. Vesicants administered any other route must be monitored by a chemotherapy RN who must remain with the patient throughout the administration of the drug.	<input type="checkbox"/>
16. Patient Education: <ul style="list-style-type: none"> • Specific Medication Information for Non-Oncology RN: Drug information sheets from Lexicomp should be pulled by the non-oncology RN to review and be familiar with in caring for their patient receiving chemo or biotherapy. • Drug information sheets specific to the drugs administered will be given to patients by chemo certified staff with the first administration. • Call the Oncology Educator/CNS or site-specific Oncology Nurse Navigator, if patient is looking for specific cancer/treatment education information. 	<input type="checkbox"/>
Hazardous Drugs and your reproductive health. Per Hoag policy: <ul style="list-style-type: none"> • Employees who are pregnant, actively trying to conceive, or are breastfeeding may refrain from caring for patients during hazardous drug precautions. • It is the employee's responsibility to request a change in assignment. 	<input type="checkbox"/>