Pan Birmingham NHS
Cancer Network

Guideline for the delivery of chemotherapy in the community, closer to the patient's home

Date Approved by Network Governance	**April 2012**

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ENDORESED BY THE GOVERNANCE COMMITTEE

1. Scope of the guideline

The purpose of this guideline is to describe the procedures that should be followed for those patients who have consented to receive anti-cancer drugs in the community setting and to describe the safe administration of chemotherapy infusion by trained nurses in the community.

1.1 For the purpose of this guideline 'the community' refers to a non hospital setting, a GP surgery or a patient's home.

1.2 The guideline "Guideline for the Administration of Anti-cancer Treatment" also applies to care given in these environments.

2. Guideline background

2.1 In some instances it may be appropriate for patients to receive chemotherapy treatment in the community setting. Where this occurs, the transition of care from the acute setting into the community should be seamless and demonstrate no lesser standard or quality than expected of acute care provision.

2.2 Treatment pathways should remain consistent with those expected in the hospital setting, with all milestones such as treatment reviews, scans and blood tests being carried out as per each trusts' protocol.

2.3 The treating consultant should retain clinical responsibility for the patient.

2.4 It is recognised that treatment delivered in the community is given without the direct presence of specialist medical support. For this reason, nurses expected to administer this care must be given specific, relevant training and be deemed competent and experienced enough to manage all possible outcomes safely.

2.5 It is recognised good practice for nurses who are expected to carry drugs and medical equipment into the community to undergo personal safety training by their Trust for staff likely to be lone workers. This should also cover handling of violence and aggression

3. Guideline statements

3.1 Cytotoxic chemotherapy must be administered by professionally qualified practitioners who have demonstrated clinical competence in the administration of cytotoxic chemotherapy.

3.2 Competence should be reviewed on an annual basis with written records kept of training and competency reviews in accordance with any relevant network agreed protocols.

3.3 Intrathecal, intravesical, intra-cavity, and intraocular treatments are not to be administered in a community setting under any circumstances.

3.4 Staff transporting cytotoxic agents and/or their by-products should be given additional training regarding the safe transportation of these agents outside of the hospital setting. The provision of training is the responsibility of the organisation providing the service.

3.5 Vehicles used to transport such agents may require additional equipment and adaption.

3.6 When using private vehicles for transporting cytotoxic agents it is important good practice to notify insurance companies that COSSH agents are being carried on a regular basis within the vehicle and to ensure vehicle insurance is valid.

3.7 Where oxygen is carried signage should be displayed on the vehicle, a fire extinguisher should be carried within the vehicle and staff should receive additional training relating the safe usage and carriage of oxygen cylinders.

3.8 Each individual Trust must have a written procedure in place to ensure that chemotherapy agents are transported safely, securely and under the appropriate storage conditions for that individual drug. Medication must be packed to allow agents that are stored at room temperature to be kept separately to those agents requiring refrigeration.

3.9 Processes should be in place to ensure that the correct chemotherapy is placed in the carrier with the correct prescription.

3.10 It is not recommended that IV Chemotherapy agents be stored for long periods in community settings, either during transport or in a patient's home. Chemotherapy should not be held in transport for more than 4 hours and intravenous chemotherapy should not be stored in a patients home for more than 2 days. The stability of the drug according to temperature control and the risk of tampering cannot confidently be confirmed.

3.11 Medication should be delivered to the nurse administering the medication to take to patient's home or to the nurse once they have arrived at the patient's home. Caution is advised where IV medication is delivered directly to the patient's home and left for any period of time before the nurse can administer the drug.

3.12 If a patient adminsters their own medication, then storage conditions and access to the medication by non trained people has to be carefully reviewed by the nursing team responsible for the patient.

3.13 Service providers should identify a robust procedure to ensure the drugs are prepared, and collected from designated areas on the day of treatment. Likewise, drugs dispensed but not administered on the expected day of treatment should be returned to the pharmacy where they were dispensed or discarded in accordance with recognised predetermined practices the same day.

3.14 Wherever chemotherapy agents require cooling, services should provide appropriate storage such as a suitable fridge space or cool box for transportation. These are required to adhere to health and safety standards regarding drug storage and COSSH compliance.

3.15 It is not recommend that cytotoxic drugs are kept in a domestic fridge, as this breaches health & safety directives' policy on drug storage since temperatures cannot be guaranteed. Transport and packaging must receive appropriate validation. The packaging and transport must be validated for tempe5rature control at least every year.

3.16 Nurses should risk assess the proposed treatment delivery environment prior to administration to ensure treatment can be prepared and administered safely. This assessment should include the suitability of the patient's home, contaminating factors, potential distractions and whether the equipment required can be carried up stairs if needed.

3.17 Cytotoxic waste should be disposed according to national and local guidelines and the correct equipment should be available where the chemotherapy is administered, (e.g. cytotoxic bin). All services should have clear written policies relating to this practice in the community.

3.18 All patients referred for community treatment should undergo additional assessment specifically related to the risks of community treatment administration. This must reflect the proposed treatment being delivered, the stability of the patient's condition, potential for hypersensitivity reaction/s and the patient's wishes. Standard pre treatment assessment practice should not differ from that recommenced within "Guideline for the Administration of Anti-cancer Treatment" policy.

3.19 Access to relevant drug information, protocols, policies, procedures and guidelines should be available to the nurse giving the patient their medication in the community setting. A patient should have a folder in their home with details of their treatment, emergency phone numbers, prescriptions for treatment of anaphylaxis and extravasation as a precaution. As a minimum the nurse administering the treatment should have printed copies of the Pan Birmingham Cancer Network Guideline for the management of spillage of cytotoxic agents, Pan Birmingham Cancer Network Guideline for the management of allergic and anaphylaxis during and following treatment with anti cancer agents and the Pan Birmingham Cancer Network Guideline for the management of extravasations.

3.20 The nurse administering the treatment should have anaphylaxis and extravasation kits (see Appendix 1 and 2). Procedures must be in place to enable to patient to receive dexrazoxane within 6 hours of an extravasation of an anthracycline. Nurses must be trained in the use of these kits and have annual updates on their usage.

3.21 Nurses delivering chemotherapy treatments within the community should have access to clinical oxygen and be competent to use it in the community as recommended in "Guideline for the Administration of Anti-cancer Treatment" policy.

3.22 All services must have clear and written protocols relating to actions to take in the event of serious adverse events.

3.23 Patients having chemotherapy at the community setting should have this clearly documented on the prescription. There must be a clear prescription pathway agreed by each hospital. There must be Trust Standard Operating Procedures (SOPs) compiled for the oral and IV anti cancer treatment in the community identifying where the responsibility lies for each step of the process. The SOP must identify:

- which pharmacy has responsibility for the clinical check of the prescription (Trust or company preparing the chemotherapy),
- when blood results need to be checked and
- who has the responsibility of checking that blood results are appropriate for the patient to have chemotherapy etc.

Local guidelines should be prepared for each individual regimen given in the community.

3.24 If chemotherapy is being outsourced or an external company has been commissioned to deliver this service, the trust pharmacy will still screen any prescription and this will still be recorded in the patient's medical record.

3.25 Services delivering chemotherapy treatments within the community should have a documented and clear verification and checking procedure for the administration of chemotherapy drugs.

3.26 Errors must be documented identifying at what stage they occurred. The Trust and the community team must have an agreed procedure in place to document and review their errors.

4 Monitoring the patient

4.1 Clear procedures must be in place to identify and record the monitoring a patient will require during the chemotherapy administration period and afterwards.

4.2 Trust procedures must identify who has responsibility for carrying out monitoring such as taking blood samples and for checking blood results.

5 Administration equipment

5.1 Electro-mechanical equipment used to assist the administration of cytotoxic chemotherapy must have a current maintenance certificate, be monitored for consistent performance and be appropriate for the prescribed purpose.

5.2 Any adverse incidents involving equipment must be recorded in accordance with the respective Trust policy.

5.3 Staff giving chemotherapy in the community must have access to appropriate equipment for administration of cytotoxic chemotherapy.

6 Patient information and counselling

6.1 Where a patient is considered suitable for receiving chemotherapy in the community by the nursing team and the consultant, the patient should be given the option of community care or receiving treatment within the Trust. They must be given all the relevant information and be given time to consider the option before making the decision. Patients must also have to option of returning to the hospital for their treatment.

6.2 All patients, and with their consent, their partners, will be given access to appropriate written information during their investigation and treatment. At diagnosis, they should also be given the opportunity to discuss their management with a clinical nurse specialist who is a member of the relevant MDT. The patient should have a method of access to the chemotherapy team at all times.

6.3 Access to psychological support should be made available if required. All patients should undergo a Holistic Needs Assessment and onward referral as required.

7. Monitoring of the guideline

Adherence to the Network guidelines may from time to time be formally monitored.

References

1. The Cancer Reform Strategy
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081006

2. Pan Birmingham Cancer Network 'Guideline for the Administration of Anti-cancer Treatment' policy

3. Pan Birmingham Cancer Network 'Guideline for the management of spillage of cytotoxic agents'

4. Pan Birmingham Cancer Network 'Guideline for the management of allergic and anaphylaxis during and following treatment with anti cancer agents'

5. Pan Birmingham Cancer Network 'Guideline for the management of extravasations'

All guideline's referred to in this document can be found using the following link: http://www.birminghamcancer.nhs.uk/staff/clinical-guidelines/chemotherapy

Authors

Ricardo Martinez Moreno-Davila
Nicola Robottom

Approval Signatures

Pan Birmingham Cancer Network Clinical Governance Committee Chair

Name: Karen Deeny

Signature  Date 09 May 2012

Pan Birmingham Cancer Network Manager

Name: Karen Metcalf

Signature  Date 09 May 2012

Network Site Specific Group Clinical Chair

Name: Frances Shaw

Signature  Date 09 May 2012

Appendix 1

Anaphylaxis Kit Contents

Adrenaline	1:1000 1ml x 1 x 10amps
Chlorpherniramine	10mg/1ml x 1 x 5amps
Solu-Cortef	100mg/2ml x 2
Ventolin	0.5mg/1ml x 1 x 5amps
Anaphylactic case	x 1
Wall bracket for Anaphylactic case	x 1
2.5ml Luer Slip Syringe	x 4
21g x 1.5 Hypodermic Needle	x 4
23g x 0.25 Hypodermic Needle	x 4
25g x 1.5 Hypodermic Needle	x 4
Solution Giving Set	x 1
Guedal Airway Size 00	x 1
Guedal Airway Size 0	x 1
Guedal Airway Size 1	x 1
Guedal Airway Size 2	x 1
Guedal Airway Size 3	x 1
Guedal Airway Size 4	x 1
Merlin E Resus Mask	x 1
18g IV Cannula	x 1
500ml Gelofusine Ecobag	x 1

Appendix 2

Extravasation Kit Contents

Povidone Iodine Surgical scrub 500ml	x 1
Chlorphenamine 4mg tablets 30	x 1
Disposable Scalpel No. 15	x 1
Three way luer lock taps 10cm	x 2
Hyaluronidase 1500 U.S.P + WFI-2ml	x 3
Hydrocortisone Cream 1% (15G)	x 2
Lignocaine 1% 10ml	x 2
Paraffin Gauze $10cm^2$	x 2
Sodium Chloride 0.9% (Sterile sachets 25ml)	x 4
Hydrocortisone 100mg intravenous injection	x 2
Green Documentation Card	x 2
Portex Hydroflow Frazier Type 19G Needles	x 2
Disposable Syringes 10ml	x 2
Disposable Syringes 30ml	x 2
Disposable Syringes 50ml	x 2
Disposable needles 21g	x 5
Disposable needles 23g	x 10
Disposable needles 25g	x 5
Sterile Gauze Swabs 5's Large	x 1
Sodium Chloride 0.9% 10ml	x 2