


<b>Name of Policy:</b> <u>Administration of Antineoplastic Chemotherapy and Biotherapy Agents</u> <b>Policy Number:</b> 3364-110-05-07 <b>Department:</b> Nursing Service <b>Approving Officer:</b> Chief Nursing Officer (CNO) <b>Responsible Agent:</b> Chief Nursing Officer (CNO) <b>Scope:</b> The University of Toledo Medical Center	  <b>Effective Date:</b> 1/2023 <b>Initial Effective Date:</b> 9/1984
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Major revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy	

**(A) Policy Statement**

Registered Nurses (RN’s) who are Oncology Nursing Society (ONS) chemotherapy providers and who have completed a clinical practicum may administer antineoplastic chemotherapeutic medications and biotherapy agents in accordance with this established policy.

**(B) Purpose of Policy**

To provide guidelines for the safe administration of antineoplastic chemotherapeutic medications and biotherapy agents, including those agents with a known potential for hypersensitivity.

**(C) Procedure**

1. RN’s may administer antineoplastic chemotherapy and biotherapy agents under a physician’s order via oral, subcutaneous, intramuscular, intraperitoneal, intrathecally via Ommaya Reservoir and intravenous routes. Refer to Practice Guidelines Section F Oncological Nursing.
  - a. If a patient is admitted to a floor other than 4<sup>th</sup> floor/BOP room/Dana Cancer Center and has an oral, subcutaneous, intramuscular, intraperitoneal, intrathecal or intravenous route chemotherapy ordered other than oral methotrexate, megestrol (Megace), and hormonal therapies (i.e., tamoxifen, aromatase inhibitors):
    1. Verify patient has an oncology consult ordered (pharmacy can order)
    2. Call lead nurse on 4<sup>th</sup> floor to setup administration of the chemotherapy by a qualified RN
    3. If a chemotherapy is given by any route, ensure a yellow precaution sign is posted outside of the patient’s door for 48 hours after last dose is given.
2. Antineoplastic agents administered intravenously may be administered via central venous access devices or peripheral lines. The method of administration may be via IV push, IV sidearm, IV piggyback, or IV continuous infusion. The preferred method of administration varies according to the agent and regimen.
3. All antineoplastic chemotherapy and biotherapy orders, oral or parenteral, must be written by the qualified attending physician. All antineoplastic chemotherapy and biotherapy orders written for an oncology indication must be written by an oncology attending physician or oncology fellow. Verbal orders for antineoplastic chemotherapy and biotherapy are not acceptable, except to hold or stop chemotherapy administration.
4. All antineoplastic chemotherapy and biotherapy must be prepared and dispensed by the Pharmacy Department.
5. All established safety measures and protocols should be followed in both the administration of chemotherapy and biotherapy and the disposal of any equipment or materials used. Refer to Mosby’s

Nursing Skills.

6. All research and experimental antineoplastic chemotherapy and biotherapy should be given by a physician or RN who has received specific education regarding the medication. A physician and qualified nurse must be immediately accessible during administration of the drug.
7. When administering the initial dose of antineoplastic chemotherapy or biotherapy, which the patient has not previously received, a physician must be immediately accessible to intervene in case of an untoward reaction.
8. Drugs with a potential for allergic response should be administered by an RN who is qualified to administer IV Chemotherapy (see policy 3364-110-05-08). Adequate personnel and equipment to ensure optimal patient management, in the event of an anaphylactic/hypersensitivity reaction, is necessary.
9. Drugs known with a potential for anaphylaxis or hypersensitivity should preferably be initiated on the day shift or early 3-11p shift. Examples: L-Asparaginase, Paclitaxel, Rituximab. If chemotherapy orders are written on other shifts, the attending physician must approve delay in administration of the antineoplastic chemotherapy medication before administration is held.
10. An allergy history should be documented in the patient’s medical record before the administration of the initial dose.
11. Emergency drugs and equipment will be readily available for immediate intervention.

References:

Neuss, M. N., Gilmore, T. R., Belderson, K. M., Billett, K. L., Conti-Kalchik, T., Harvey, B. E., ...& Polovich, M. (2017). 2016 updated American Society of Clinical Oncology/Oncology Nursing Society chemotherapy administration safety standards, including standards for pediatric oncology. *Oncology Nursing Forum*, 44(1), 31-43. <http://doi.org/10.1188/17.ONF.31-43>.

Oncology Nursing Society Position: Education of the RN who administers and cares for the individual receiving chemotherapy, targeted therapy, and immunotherapy. (Rev. 10/17). Pittsburgh, PA: Oncology Nursing Society.

Olsen, M. M., LeFebvre, K. B., & Brassil, K. J. (Eds) (2019). *Chemotherapy and Immunotherapy Guidelines and Recommendations for Practice*. Pittsburgh, PA: Oncology Nursing Society.

<p><b>Approved by:</b></p> <hr/> <p>Kurt Kless, MSN, MBE, RN, NE-BC          Chief Nursing Officer  <i>Review: Policy &amp; Standard Committee, 6/10, 5/13, 01/2020, 1/2023</i>  <i>Revision Completed By:</i>  <i>Jan Tipton, APRN-CNS, AOCN</i></p>	<p><b>Review/Revision Date:</b></p> <p>1985    2/1995    1/2020          1986    5/1999    1/2023          1987    4/2000          1988    4/2003          1989    4/2005          1990    10/2008          1/1993   6/22/2010                    5.24.13</p> <hr/> <p><b>Next Review Date:</b> 1/2026</p>
<p><b>Policies Superseded by This Policy:</b> 5-07</p>	