

# Chemotherapy in the Home

## Information for Shared Care Centres and Community Staff

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### Intended Audience

This document contains information and clinical guidelines for management of children attending the Sheffield Childrens Hospital Oncology and Haematology department. It is to be used by staff within the designated shared care centres whenever they are caring for these children either in hospital or at home.

### Table of contents

1. Introduction
2. Injectable Chemotherapy in the Home
3. Oral Chemotherapy
4. References

## Chemotherapy in the Home

### 1 Introduction

Whenever possible, chemotherapy which can safely be given in the home is administered by the community nursing teams to avoid unnecessary visits for the child to the hospital, and reduce exposure to hospital infections. Patient haematological or electrolyte monitoring pre or post chemotherapy can also be carried out in the home and analysed at SCH or the local hospital. **NB** Trained phlebotomists have lower rates of haemolysed samples than parents or nurses, so home monitoring should be restricted to less critical tests.

### 2 Injectable Chemotherapy in the Home

Only community nurses, who are trained in administration of intravenous therapy and who have attended the community chemotherapy nursing course at SCH may give chemotherapy in the home to SCH patients.

Chemotherapy injections will normally be provided to the parents at the start of each week in a rigid and sealed plastic container, clearly marked as containing cytotoxic drugs / hazardous material. Within the box, syringes will be sealed in plastic sleeves. Community nurses can collect injections directly from pharmacy by prior arrangement.

The issuing nurse or pharmacist will supply a photocopy of the pink prescription chart with the injections and check that the treatment supplied matches the prescription chart, following the SCH nursing procedure for checking chemotherapy. The original retained prescription should be marked with "home" against the doses supplied into the community.

For refrigerated products the stability of the product should be checked in relation to its time of transit outside the cold chain and its time of use. If the time at room temperature is likely to compromise the stability of the product then consideration should be given to the use of cool bags / packs.

Nurses will **NOT** carry chemotherapy for more than one patient at any one time to avoid the risk of administration to the wrong patient.

Chemotherapy should be stored in a sealed rigid container in the refrigerator, unless it requires storage at room temperature. In this case it should be kept out of reach of children. Refrigerated injections must not be placed against the refrigeration unit (in case they freeze). Their container should be kept solely for chemotherapy and not subsequently used for food.

The administering nurse should check the storage of the chemotherapy upon arrival in the home, thereby confirming the suitability of the injection for use. He/she must check the chemotherapy against the prescription and administer according to the SCH policy on administration of bolus or infusions of chemotherapy. If only one nurse is present the second check in the home can be an identity check, by the parent or guardian, of their child's identity with the name on the injection.

If there is any discrepancy between the prescription and the drug, the injection must not be given until clarification has been received from the doctor (registrar grade or above at SCH via ward M3 (0114 271 7309). Stability issues should be referred to the oncology pharmacist (0114 271 7488)

### Chemotherapy in the Home

Community nurses should carry a cytotoxic spillage kit, cytotoxic waste bins and, if giving vesicant drugs, a community extravasation kit.

The nurse must sign, date and time the administration. Chemotherapy that is prescribed daily should be given at 24 hour intervals. To manage the workload in the community it is acknowledged that it may not always be possible to visit at the same time each day. Every effort should be made to administer the first dose (in hospital) at a time that is likely to permit administration of the rest of the course at 23-25 hour intervals.

On the next routine visit to the hospital the patient must return the signed administration record for attachment to the original chemotherapy prescription in the medical notes. Storage boxes should be returned for re-cycling.

If children attend the hospital for symptom review during home treatment they should bring any remaining injections and the photocopy of the treatment chart with them.

### 3 Oral Chemotherapy

Oral medication is prescribed on chemocare (computer prescribing system) or pink chemotherapy charts for collection by patients from SCH dispensary, once their suitability for treatment is confirmed. Treatment will be supplied until the next monitoring point in treatment.

Chemocare prescriptions must be authorised by a SCH consultant or registrar. All oral chemotherapy for children on clinical trials must have a trial identifier and patient trial number on the label. The label must include "For clinical trial use only" on all unlicensed medicines. Bottles of oral medication will be supplied in plastic bags rather than paper in case of container breakage.

Dosage will be checked by the issuing pharmacist according to the SCH dispensary SOP-Leukaemia prescriptions, or SCH dispensary SOP-Oncology oral prescriptions. Any discrepancies are referred to the senior oncology pharmacist and on to the prescriber.

A selected group of leukaemia patients will receive medication beyond the next monitoring point in treatment. These patients receive telephone maintenance packs on a 4 weekly basis. Each pack contains:

- Medication sufficient to dose at 50%, 100%, 125% or 150% of the absolute dose for 4 weeks (or as appropriate to the child), 5 days steroid treatment and 4 weeks of cotrimoxazole prophylaxis.
- A chart detailing the doses in mg and the tablets/liquid volume to be taken for each percentage dose
- A compliance chart for completion once doses are taken
- Blood test request forms for each week.

They will have weekly or fortnightly blood tests at SCH or their local hospital to check their ANC, Hb, platelets and WBC. Dose is adjusted by phone on the basis of these results.

### Chemotherapy in the Home

All telephone maintenance patients must have blood counts and dosage adjustments recorded in their medical notes each week, as a telephone clinic visit.

Patients will be seen every 4 weeks in clinic for a full review. Patients and parents must agree to recording doses given. Excess medicines must be returned to SCH pharmacy at this review so that compliance can be checked.

Patients who are admitted to the ward must be advised to bring the charts and medication with them.

The consultant may re-instate weekly clinic visits at any time that he/she feels that there is a clinical risk to the patient in continuing on telephone maintenance.

#### 4 References:

Nursing policy for administration of bolus chemotherapy.

Dispensary SOPs- Leukaemia prescriptions.

Oncology oral prescriptions.

Telephone maintenance set up.

Telephone maintenance compliance checking.

POP statement on current practice on transport and storage of chemotherapy in the home.