

Chemotherapy in the Home

Information for Shared Care Centres and Community Staff

Reference: CG1400
Written by: Karen Whitehouse
Peer reviewer: Dr Jeanette Payne
Approved by RRG: 9th February 2022
Approved by D&TC: 24th September 2021
Review Due: March 2024

Intended Audience

This document contains information and clinical guidelines for management of children attending the Sheffield Children's 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.

Purpose

To provide a description of the procedures for issuing and administering chemotherapy in the home. It is intended to provide instructions rather than an evidence based guideline, and so a reference section is not relevant, but it can guide the reader to further information.

Table of contents

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

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.

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. Within the box, syringes will be sealed in plastic sleeves. Community nurses can collect injections directly from pharmacy by prior arrangement.

If a single dose of IV chemotherapy is to be given in the patient home, and there are no other drugs prescribed on the chemotherapy prescription (e.g vinblastine), then the original prescription can be used in the patient home to administer the chemotherapy. This prescription must then be returned by the community nursing team for scanning into EDMS. If there are multiple doses on the chemotherapy prescription then the issuing nurse or pharmacist will supply a photocopy of the pink chemotherapy 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 prescription should be marked with "home" in the notes section against the doses supplied into the community, and retained at SCH. Upon completion of the home administration, the photocopy is returned to SCH for scanning into EDMS along with the original, so that there is a complete record of administration.

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. This is particularly important for drugs such as blinatumomab that have a reduced 96 hour expiry at room temperature, and it is sometimes required to be infused for up to 96 hours.

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.

Chemotherapy in the Home

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 6 (0114 271 7309)), or oncology pharmacist. Stability issues should be referred to the oncology pharmacist (0114 271 7488).

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.

Upon administration of the last dose on the prescription chart, the community nurse will return the chart for scanning into EDMS. Cytotoxic transport/storage boxes should be returned to pharmacy 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. The original chart will be available in clinic/ward to administer the drug at SCH.

3 Oral Chemotherapy

Oral medication is prescribed on chemocare (E-prescribing system) and printed onto pink chemotherapy charts for dispensing then 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 who has received training on prescribing chemotherapy. 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 trial 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 against the appropriate trial protocol/treatment guideline. Any discrepancies are referred to the senior oncology pharmacist or 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 (if receiving steroid pulses) 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.

Chemotherapy in the Home

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.

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 Further Information

If you require further information please contact:

The Paediatric Oncology Outreach Team on 0114 271 7588

or

Ward 6 on 0114 271 7322

.