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| **Reference Number: UHB209**<br><br>**Version Number: 3** | **Date of Next Review:** *December 2023*<br>**Previous Trust/LHB Reference Number: TMC372** |

# SAFE HANDLING AND ADMINISTRATION OF INTRATHECAL CHEMOTHERAPY PROCEDURE

**Introduction and Aim**

This procedure sets out practice to ensure the safe administration of intrathecal cytotoxic chemotherapy

The aim of this Procedure is to provide guidance on the safe handling and administration of intrathecal cytotoxic chemotherapy.

It supports the Policy on the Management of Parenteral Cytotoxic Chemotherapy and CMO(2008) 4 "A Guide to the safe handling and administration of intrathecal chemotherapy"

**Objectives**

To ensure intrathecal cytotoxic chemotherapy is administered safely and the organisation is fully compliant with national guidance.

**Scope**

This Procedure applies to the handling and administration of intrathecal cytotoxic chemotherapy within Cardiff and Vale UHB. However, it is not normally administered in the Llandough site.

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| **Equality Health Impact Assessment** | An Equality Health Impact Assessment (EHIA) has not been completed. This is because the procedure has been written to support the implementation of the Management of Parenteral Cytotoxic Chemotherapy Policy. The Equality Impact Assessment completed for the policy found there to be no impact. |
| **Documents to read alongside this Procedure** | Policy on the Management of Parenteral Cytotoxic Chemotherapy<br>Health and Safety Policy<br>Wards and departments approved for the administration of cytotoxic chemotherapy<br>Register of designated personnel trained and certified as competent for intrathecal chemotherapy |
| **Approved by** | Medicines Management Group |

| | |
|---|---|
| **Accountable Executive or Clinical Board Director** | Medical Director<br>Cardiff and Vale UHB Cytotoxic Group<br>Medicines Management Group |
| **Author(s)** | Consultant Haematologist<br>Lead Pharmacist<br>Paediatric Oncology |

| Version Number | Date of Review Approved | Date Published | Summary of Amendments |
|---|---|---|---|
| Version 1 | 21/10/2013 | 03/03/2014 | Updated of original document of June 2009.<br>Includes reference for intraventricular chemotherapy with appendix 3 intraventricular chemotherapy prescription chart<br>Increased detail included on roles and responsibilities<br>Description of chemotherapy transfer to site from SMPU |
| Version 2 | 15/12/16 | | Review and updating of procedure |
| Version 3 | 03/12/20 | December 2020 | Review and updating of procedure by cytotoxic chemotherapy group Sept 2020. Approved by MMG December 2020 |
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## APPENDICES

## 1. INTRODUCTION

This procedure sets out practice to ensure the safe administration of intrathecal cytotoxic chemotherapy. This predominantly relates to treatment given by lumbar puncture but is also relevant to intraventricular chemotherapy (ie. via injection into the ventricles of the brain usually via an Ommaya reservoir, clarified on page 12).

This should be read in conjunction with CMO(2008) 4 “A Guide to the safe handling and administration of intrathecal chemotherapy” and Workplace instruction WPI , DOC 805 for checking and supply of cytotoxic drugs for intrathecal administration.

## 2. POLICY STATEMENT

Cardiff and Vale University Health Board, subsequently referred to as the UHB, is committed to ensuring that all medication is administered safely and that the organisation is fully compliant with national guidance. This Procedure will provide clear recommendations for the safe handling and administration of intrathecal cytotoxic chemotherapy.

## 3. AIM

The aim of this Procedure is to provide guidance on the safe handling and administration of intrathecal cytotoxic chemotherapy.

## 4. SCOPE

This Procedure applies to the handling and administration of intrathecal cytotoxic chemotherapy within Cardiff and Vale UHB. However, it is not normally administered in the Llandough site.

## 5. OBJECTIVES

To ensure intrathecal cytotoxic chemotherapy is administered safely and the organisation is fully compliant with national guidance.

## 6. ROLES AND RESPONSIBILITIES

### Chief Executive

The Chief Executive has overall responsibility for ensuring the organisation works to best practice, complies with current legislation and has appropriate written control documents in place for the management of adverse incidents.

The Chief Executive should identify a single lead, who will be accountable to the Chief Executive, to oversee compliance with this guidance – referred to as "designated lead". Where there is an adult and paediatric service, a "deputy designated lead" may also be appointed.
The designated leads are: - Dr Jonathan Kell for adults and Dr Indu Thakur for paediatrics in Cardiff and Vale University Health Board.

**Executive Lead**

The Executive Lead is responsible for liaising with the Authors to ensure that this Procedure is maintained and up-dated.

**Authors**

The authors are responsible for:

- ensuring that the Procedure is implemented appropriately and compliance with its recommendations is audited
- up-dating the Procedure in line with the review timescale
- identifying relevant training needs and resources

**Senior Nurse**

The Senior Nurse is responsible for:

- ensuring that local arrangements exist to enable the review and audit of this Procedure

**Line Manager**

It is the responsibility of every line manager to:

- ensure that the staff training needs identified within this document are met
- make sure that staff without access to the intranet are aware of, and able to access a copy of, this written control document

**The UHB Cytotoxic Chemotherapy Group**

The Cytotoxic Chemotherapy Group (Appendix1) is responsible for reviewing this Procedure in conjunction with the authors and ensuring it reflects national guidance and best practice.

**Consultant/Medical Staff**

The designated lead consultants are responsible for the training and accreditation of medical staff in their area to undertake the procedure and maintain an up to date register of authorised staff.

### Pharmacist

The designated pharmacist is responsible for the training and accreditation of pharmacy staff in the preparation, checking, product approval, delivery and supply of intrathecal chemotherapy in the UHB and maintain an up to date register of authorised staff.

### Chemotherapy Nurse Specialists

The Chemotherapy / Chemotherapy and IV Access CNSs are responsible for:

- the training of all nurses in the UHB who check intrathecal chemotherapy. (This teaching is incorporated into the Chemotherapy Administration Workshop)
- supervising the practice of all these nurses who undertake this procedure until such time as they are deemed competent
- carrying out a final assessment and recording staff details on the cytotoxic database
- conducting annual assessments and up-dates on changes to practice as required
- reporting any clinical incidents related to intrathecal chemotherapy, liaising with medical and supporting staff in the management of any incidents
- Maintain an up to date register of authorised nursing staff

### Employee

It is the responsibility of the employee to:

- undertake specific training and training up-dates as required
- ensure understanding of, and compliance with, this Procedure

## 7. DEFINITION OF TERMS

This procedure sets out practice to ensure the safe administration of intrathecal chemotherapy. This predominantly relates to treatment given by lumbar puncture but is also relevant to intraventricular chemotherapy (ie. via injection into the ventricles of the brain using an Ommaya reservoir).

This should be read in conjunction with CMO(2008) 4 A Guide to the safe handling and administration of intrathecal chemotherapy and Workplace instruction WPI , DOC 805 for checking and supply of cytotoxic drugs for intrathecal administration.

## 8. REGISTER OF DESIGNATED PERSONNEL

A register of designated personnel who have been trained and certified competent in one or more of the following tasks is available on the UHB intranet site. It may be found as a pdf document, **Register of designated personnel trained and certified competent for intrathecal chemotherapy,** using the search option.There are separate registers for authorised medical, nursing and pharmacy staff.

The tasks are as follows;

- Prescribing intrathecal chemotherapy;
- Dispensing intrathecal chemotherapy (ie. preparing the dose, filling the syringe and placing it in packaging for transport);
- Issuing intrathecal chemotherapy from the pharmacy, including transport to and receipt on the ward;
- Checking intrathecal chemotherapy drugs prior to administration
- Administering intrathecal chemotherapy.

## 9. INDUCTION, TRAINING AND CONTINUING PROFESSIONAL DEVELOPMENT

The “designated lead” for intrathecal chemotherapy in the UHB has overall responsibility for induction, training and continuing professional development related to intrathecal chemotherapy.

He or she may wish to delegate responsibility for training to a senior member of staff (medical, nursing or pharmacy) and ensure that this “lead trainer” role is reflected in that person’s job description and appraisal process. The lead trainers for Cardiff and Vale UHB are; Dr Jonathan Kell and Sarah Rowland for adults, Dr Indu Thakur and Claire Lawson for paediatrics. The designated lead for the pharmacy department is Mr Eurig Jenkins.

The “lead trainer” will ensure that:

- all staff (including consultants) who are new to a ward or department involved in chemotherapy are provided with a formal induction appropriate to their proposed role in the intrathecal chemotherapy service ie. prescribing, dispensing, issuing, checking and administration;
- the induction covers: all potential clinical hazards associated with intrathecal chemotherapy including the danger posed to patients if intravenous vinca alkaloids (vincristine, vinblastine, vindesine and vinorelbine), or Proteasome inhibitors (e.g. Bortezomib) are administered by an inappropriate route; and new safer practice recommendations from the NPSA on the presentation of intravenous vinca alkaloids for adults and for young people in an adult or dedicated teenage setting; other chemotherapy agents may also cause extreme toxicity and death when given by an inappropriate route;

- as part of the induction/training it is made clear to all staff involved with the care and treatment of patients receiving intrathecal chemotherapy that they should challenge colleagues if, in their judgement, either protocols are not being adhered to or the actions of an individual may cause potential risk to a patient. Challenging a colleague should not be seen as adversarial, but as an additional check to improve patient safety and reduce risk;
- staff will read the national guidance and associated local protocols as part of the induction;
- all staff, including consultants, will be required to sign a written confirmation that they have read these documents before being allowed to practise their respective roles. This signed confirmation should be updated annually;
- all staff on the register will be able to demonstrate they are competent for the roles that they will be expected to undertake in providing an intrathecal chemotherapy service and this competence is reviewed annually;
- staff will receive a certificate, or other written confirmation, that they have completed the training (or refresher training) and remain competent to be included on the register for the designated task(s). This will be the responsibility of the designated lead;
- staff that are not involved in providing an intrathecal chemotherapy service, but are likely to work in areas where different aspects of the service are provided, will be made aware that there is strict national guidance (and associated local protocols) for this service which prohibit their involvement in any aspect of this procedure.

**It is the responsibility of those individuals on the register to ensure that any colleagues they involve in this process are on the register for the task in question.**

## 10. PRESCRIBING

Only staff appropriately trained and deemed competent by the designated lead or lead trainer(s) and whose names appear on the register of designated personnel for prescribing will be allowed to prescribe intrathecal chemotherapy. Medical staff (including consultants) trained in other Health Boards will need to undergo local training and assessment.

FT1 and FT2 grades and ST1 and ST2 grades should **never** prescribe intrathecal chemotherapy. A waiver is **not** acceptable for this task. ST3 grades can prescribe intrathecal chemotherapy as long as they have been appropriately trained, deemed competent by designated lead or lead trainer(s) and their name appears on the register of designated personnel for this task.

### Charts

A purpose-designed intrathecal or intraventricular chemotherapy prescription chart should be used in all instances**.** (See appendix 2 and 3). The drug and route of administration must be clearly written *in full* on the chart. The chart will have space to allow for the signatures and printed names (*in full*) of the prescriber, issuer, collector, nurse checker and administrator of the intrathecal chemotherapy to enable a clear audit trail. The chart will remain with the drug until administered and then filed in the medical notes.

## 11. PREPARATION AND DISPENSING

Only staff appropriately trained and whose names appear on the register of designated personnel should dispense intrathecal chemotherapy drugs. For the purposes of this guidance, dispensing is the activity of preparing the dose, filling the syringe and placing the syringe in packaging for transport. It will also include transport if the drug is not issued directly to the collector (see issuing of drugs).

### Storage in the pharmacy

If storage is ever required between dispensing and issuing, intrathecal chemotherapy drugs will be stored in a dedicated lockable container/refrigerator separate from any intravenous medicines.

## 12. TRANSFER TO SITE

Intrathecal chemotherapy is prepared off site at an MHRA accredited aseptic unit, SMPU. The doses are prepared in accordance with GMP and transported to UHW site according to specific procedure, for storage in the pharmacy department as above. Intrathecal chemotherapy will never be issued from SMPU directly to a ward or department.

## 13. ISSUING

Drugs for intrathecal chemotherapy will only be issued from the pharmacy to the doctor who will be administering the drug (the collector) or taken to the ward by a designated member of pharmacy staff whose name appears on the register. If the drugs are taken to the ward or clinical area, they must be issued directly to the doctor who will be administering the intrathecal chemotherapy, or placed in the dedicated intrathecal chemotherapy fridge in the clinical area. The member of pharmacy staff should sign for the release of the drugs, completing the relevant section of the intrathecal chemotherapy chart. The only designated wards that can be used for the administration of these drugs are identified in a pdf document, **wards and departments approved for the administration of cytotoxic chemotherapy**, on the clinical portal.

Storage once issued i.e. outside the pharmacy.

It is not desirable to store intrathecal chemotherapy drugs outside the pharmacy between issuing and administration. However, if the intrathecal chemotherapy drugs have to be issued and there will be a short delay before administration, the intrathecal chemotherapy drugs **must** be stored in a dedicated refrigerator reserved for this purpose alone and labelled as such. There are four such refrigerators in the UHB, on Rainbow Day Bed area, Haematology Day Centre, B4Haematology ward (B4H) and Teenage Cancer Trust unit (TCT).

The refrigerator must be lockable and the key kept with the nurse in charge. It must be locked at all times unless an authorised member of staff is collecting drugs. **Only the doctor on the register who is designated to administer intrathecal chemotherapy drugs should remove intrathecal chemotherapy drugs from the refrigerator.**
**Any other parenteral chemotherapy for the patient, and all Vinca alkaloids or Proteasome inhibitors for any patient, must be removed from the area, until the intrathecal procedure is completed. If the intrathecal is not used pharmacy must be contacted to organise collection or disposal of the drug.**

**Timing/sequencing of issue of drugs**

Intrathecal chemotherapy drugs should be issued at a different time from drugs for intravenous chemotherapy. Intravenous chemotherapy drugs should be issued first.

**If intravenous and intrathecal chemotherapies cannot be avoided on the same day, the consultant in charge of the case will personally instruct pharmacy to this effect. Intrathecal chemotherapy drugs will be issued by the pharmacy only after receiving confirmation, usually be telephone, that any intravenous chemotherapy drugs for the named patient for that day have already been administered. This is double checked on the IV chemotherapy chart before the intrathecal dose is left on the ward or clinical area.**

Issuer and collector must sign the intrathecal chemotherapy prescription chart. This will reduce the risk of drugs being given that may be given by other routes which could prove fatal.

The only exceptions that can be made to the sequencing of intravenous chemotherapy before intrathecal chemotherapy are related to the treatment of children and are as follows:

- when intrathecal chemotherapy is to be delivered to children under general anaesthesia;
- when a paediatric regimen/protocol requires intrathecal drugs to be administered first.

Where a regimen involves intrathecal chemotherapy combined with continuous intravenous chemotherapy, it is only acceptable to administer intrathecal chemotherapy once the intravenous infusion has started. **Confirmation that intravenous infusion has begun should be given prior to issue of intrathecal chemotherapy drugs from the pharmacy. This is double checked on the IV chemotherapy chart before the intrathecal dose is left on the ward or clinical area.**

### Labelling, packaging & transportation

Labels added in pharmacy will have the route of administration printed clearly in the largest font size possible and emboldened eg. **For intrathecal Use Only**. Negative labelling (i.e. “Not for …… Use”) will *never* be used.

Intrathecal chemotherapy drugs will always be packed and transported separately from treatments for administration by other routes. Intrathecal chemotherapy drugs will be transported in a distinctive container that is not used for any other purpose.
If an intrathecal dose has been delivered to one of the four designated fridges, and the dose is not administered, the Pharmacy must be informed so that the dose can be retrieved from the fridge and returned for destruction or safe storage if required.

## 14. PATIENT CONSENT AND REVIEW, LOCATION, CHECKS AND ADMINISTRATION

### Patient consent

Full patient consent (See “Reference Guide to Consent for Examination or Treatment”) is required for a course of chemotherapy rather than each dose within the course. However, when attending for each dose, patients should be explicitly told the nature of the procedure, the route of administration, and the drug to be administered. A patient information leaflet, for adults, is available and maybe used to inform consent.

### Patient review

A member of staff who is on the register of designated personnel who can administer intrathecal chemotherapy must review patients before intrathecal chemotherapy is administered. This is to ensure that the patient is fit for treatment, the correct tests have been conducted, the correct chemotherapy has been prescribed and that arrangements have been clearly made for the intrathecal chemotherapy to be administered by the appropriate medical staff. This may not be delegated to a more junior doctor or another member of staff.

As part of this review, the operator should check that any staff assisting in the procedure are also on the register for the task they are carrying out.

Confirmation that the review has taken place should be written in the patient's medical notes or intrathecal prescription.

## Location

Intrathecal chemotherapy must be administered in an area where no other chemotherapy drugs are being given or stored. An area should be designated for administration of intrathecal chemotherapy for the entire session even if only one such procedure is to take place in that session. This area should preferably be a separate room (ie. with walls and a door).

When intrathecal chemotherapy is being administered the designated area should not be used for any other purpose. **Under no circumstances** should any other form of chemotherapy take place in this area during that session. Chemotherapy drugs for intravenous use must **never** be stored in this area, even when the area is not in use.

## Checks

Clinical staff, when preparing to treat a patient with intrathecal chemotherapy, must use a formal checking procedure to ensure that the right drug and the right dose is given by the right route to the right patient. These checks should include a member of staff (not the person who will be administering the intrathecal chemotherapy on that occasion) appropriately trained, deemed competent and on the register to carry out this check, the patient and, if appropriate, a relative or guardian.

Some patients may choose to check the name and dose of the drug(s) written up on the chart with those on the label of the syringe. They should be enabled to do this if they so wish. The intention of involving patients is not to remove the responsibility of clinicians for ensuring that the patient receives the required treatment, nor to put responsibility at the patient's door, but rather, through their engagement, add another safety check to the process.

As a minimum the doctor administering the intrathecal chemotherapy should confirm the identity of the patient, explain the nature of the procedure, the drug that is to be administered and the route of administration. It is recognised that where intrathecal chemotherapy is being given under general anaesthesia, the patient or guardian will not be able to participate in the final checking.

The checks made must be recorded on the prescription sheet.

## Administration of drugs

Administration of intrathecal chemotherapy will only be undertaken by staff appropriately trained, deemed competent by designated lead or lead trainer(s) and whose name is included on the register of designated personnel to carry out this task.

A technically difficult lumbar puncture may need the assistance of staff not on the register, for example, a radiologist to position the needle under imaging control. This is acceptable. However, these staff must never be involved in any other aspect of the process and must never administer the intrathecal chemotherapy unless they have received appropriate training, been deemed competent by the designated lead or lead trainer(s) and their name included on the register of designated personnel for the task in question.

## 15. MISCELLANEOUS

### Out of hours

Under normal circumstances intrathecal chemotherapy will be administered only **within "normal" working hours, 9am to 5pm, Monday to Friday** i.e. at times when a full range of specialist expertise, knowledge and support is readily accessible.

Only in the most exceptional circumstances should intrathecal chemotherapy be given out of hours. In these instances there must be a clear clinical need for this procedure to be undertaken without delay to the next working day. The consultant should perform a risk assessment and document this in the medical notes. The chemotherapy drugs will be prepared by SMPU staff trained and authorised to perform this task. The dose will be issued to the doctor by a member of pharmacy staff trained and authorised to do so, whose name is included on the designated register. There is no on call aseptic facility and this can only be done on an *ad hoc* voluntary basis. A DATIX form must be completed, and a copy sent to the clinical governance lead, so that the frequency of these events may be monitored. All chemotherapy related Datix forms are reviewed by the UHB Cytotoxic Chemotherapy group.

## 16. Prescribing intraventricular chemotherapy

There are differences of opinion as to whether the doses of chemotherapy drugs such as methotrexate and cytarabine are the same or different whether given intrathecally or into an Ommaya (intraventicular) reservoir. The drug treatment protocol being followed should always be consulted as this will indicate if different dosing is required. Intraventricular chemotherapy is prescribed using the Ommaya (intraventicular) reservoir approved chart. Appendix 3.

## 17. RESOURCES

No additional resources were identified as a result of approval of this procedure.

## EQUALITY IMPACT ASSESSMENT

Cardiff and Vale UHB is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff, patients and others reflects their individual needs and that we will not discriminate, harass or victimise individuals or groups unfairly on the basis of sex, pregnancy and maternity, gender reassignment, disability, race, age, sexual orientation, disfigurement, religion and belief, -family circumstances including marriage and civil partnership. These principles run throughout our work and are reflected in our core values, our staff employment policies, our service delivery standards and our Strategic Equality Plan and Equality Objectives. We believe that all staff should have fair and equal access to training as highlighted in both the Equality Act 2010 and the 1999 Human Rights Act. The responsibility for implementing the Plan falls to all employees and UHB Board members, volunteers, agents or contractors delivering services or undertaking work on behalf of the UHB.

The UHB is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups. This Procedure has been developed in support of the Policy on the Management of Parenteral Cytotoxic Chemotherapy.

The Policy on the Management of Parenteral Cytotoxic Chemotherapy has been subject to an Equality Impact Assessment. We wanted to know of any possible or actual impact that this procedure may have on any groups in respect of gender (including maternity and pregnancy as well as marriage or civil partnership issues), race, disability, sexual orientation, Welsh language, religion or belief, transgender, age or other protected characteristics. The assessment found that there was **no impact** to the equality groups mentioned. Where appropriate we have taken the necessary actions required to minimise any stated impact to ensure that we meet our responsibilities under the equalities and human rights legislation.

## AUDIT

This Procedure will be continually monitored and audited on an annual basis to ensure compliance and that it is it is fit for purpose.

## REVIEW

This Procedure will be reviewed every three years or sooner if evidence dictates a change in practice.

## 18. REFERENCES


CMO (2008) 4 A guide to the safe handling and administration of intrathecal chemotherapy

SOP for checking cytotoxic drugs for intrathecal administration


## APPENDIX 1: CYTOTOXIC CHEMOTHERAPY GROUP: NAMES

This policy was updated by the Cardiff and Vale University Health Board Cytotoxic Chemotherapy Group:

Eurig Jenkins, Lead Pharmacist Paediatric Oncology (Chair)
Dr Jonathan Kell, Consultant Haematologist
Dr Madeline Adams, Consultant Paediatric Oncologist
Sarah Iles, Lead Haematology Pharmacist
Jordan Morris, Macmillan Lung Cancer Pharmacist
Mary Harness, Lead Nurse, Haematology Directorate
Sarah Rowland, Chemotherapy and I.V. Access CNS
Claire Lawson, Chemotherapy Nurse Specialist, Paediatrics
Caroline Bates, Specialist Urology Sister
Awen Proctor, Aseptic Service Pharmacist
Faye Blackborrow, CNS, TYA unit
Kay Rowe, CNS, Lung cancer

# APPENDIX 2 : INTRATHECAL CHEMOTHERAPY PRESCRIPTION CHART

## Intrathecal Chemotherapy Prescription Chart

**Patient Details**

**Addressograph**

Ward | SA ($m^2$)

Consultant

Diagnosis

Protocol

Course name

GIG CYMRU NHS WALES — Bwrdd Iechyd Prifysgol Caerdydd a'r Fro / Cardiff and Vale University Health Board

Patient ID checked by
Doctor / Nurse
Sign ……
Print ……
Date ……

**Additional Notes**

This prescription chart will only be used for one session. If a patient is receiving fewer than 3 intrathecal injections, strike through the boxes that are not required and initial.

| Day | Date and Time | Drug | Single Intrathecal Dose | Route | Drugs checked by | Drugs given by | Time Given / Batch No. |
|---|---|---|---|---|---|---|---|
| | | …… | …… | **INTRATHECAL** | **Doctor** Sign **Nurse** Sign | **Doctor** Sign **Witnessed Nurse** Sign | |
| | | …… | …… | **INTRATHECAL** | **Doctor** Sign **Nurse** Sign | **Doctor** Sign **Witnessed Nurse** Sign | |
| | | …… | …… | **INTRATHECAL** | **Doctor** Sign **Nurse** Sign | **Doctor** Sign **Witnessed Nurse** Sign | |

| Prescribed by: | | Checked by: (Pharmacist) | |
|---|---|---|---|
| Name: | Date: | Name: | Date: |

**Release from Pharmacy and Acceptance in Clinical Area**

**Part A (NB All sections below must be completed before intrathecal chemotherapy can be released)**

| | | |
|---|---|---|
| Is IV chemotherapy due to be given prior to today's intrathecal dose(s)? | Yes/No | Sign |
| Has pharmacist seen evidence that the IV chemotherapy has been administered? | Yes/NA | Sign |
| All other IV chemotherapy doses for this patient have been removed from ward area before intrathecal is delivered | Yes/NA | Sign |

**THERE MUST NOT BE ANY OTHER IV BOLUS DOSES (CHEMOTHERAPY OR OTHER) GIVEN IN THE TREATMENT AREA WHILST THE INTRATHECAL DRUG IS BEING ADMINISTERED.**

**Part B (NB One of the sections below must be fully completed before administration can proceed)**

| | | | | | |
|---|---|---|---|---|---|
| **Either** 1 | Issued from pharmacy by accredited member of pharmacy staff (signature): | Initials | Print Name | Date | Time |
| | Received by accredited doctor (signature): | Initials | Print Name | Date | Time |
| **Or** 2 | Delivered to designated area and placed in "Intrathecal Fridge" by accredited member of pharmacy staff (signature): | Initials | Print Name | Date | Time |
| | Retrieved from designated area "Intrathecal" storage fridge by accredited doctor (signature): | Initials | Print Name | Date | Time |
| **Or** 3 | Delivered to designated area by accredited member of pharmacy staff and issued directly to accredited doctor by (signature): | Initials | Print Name | Date | Time |
| | Received by accredited doctor (signature): | Initials | Print Name | Date | Time |

NB Only staff who have been trained and whose name is listed on the relevant registers for Intrathecal chemotherapy may prescribe, prepare, issue, deliver, check and administer Intrathecal chemotherapy

# APPENDIX 3 : OMMAYA INTRAVENTRICULAR RESERVOIR CHEMOTHERAPY PRESCRIPTION CHART

## Intraventricular Chemotherapy Prescription Chart

**Patient Details**

Ward

SA ($m^2$)

Consultant

Diagnosis

Protocol

Course name

Patient ID checked by
Doctor / Nurse
Sign ……
Print ……
Date ……

**Additional Notes**

This prescription chart will only be used for one session. If a patient is receiving fewer than 3 intraventricular doses cross through unused boxes.

| Day | Date and Time | Drug | Single Intraventricular Dose | Route | Drugs checked by | Drugs given by | Time Given / Batch No. |
|---|---|---|---|---|---|---|---|
| | | …… | ……. | **INTRAVENTRICULAR usually via OMAYA RESERVOIR** | **Doctor** Sign **Nurse** Sign | **Doctor** Sign **Witnessed Nurse** Sign | |
| | | …… | ……. | **INTRAVENTRICULAR usually via OMAYA RESERVOIR** | **Doctor** Sign **Nurse** Sign | **Doctor** Sign **Witnessed Nurse** Sign | |
| | | …… | ……. | **INTRAVENTRICULAR usually via OMAYA RESERVOIR** | **Doctor** Sign **Nurse** Sign | **Doctor** Sign **Witnessed Nurse** Sign | |

| Prescribed by: | | Checked by: (Pharmacist) | |
|---|---|---|---|
| Name: | Date: | Name: | Date: |

**Release from Pharmacy and Acceptance in Clinical Area**

**Part A (NB All sections below must be completed before intraventricular chemotherapy can be released)**

| | | |
|---|---|---|
| Is IV chemotherapy due to be given prior to today's intraventricular dose(s)? | Yes/No | Sign |
| Has pharmacist seen evidence that the IV chemotherapy has been administered? | Yes/NA | Sign |
| All other IV chemotherapy doses for this patient have been removed from ward area before intraventricular dose is delivered | Yes/NA | Sign |

**THERE MUST NOT BE ANY OTHER IV BOLUS DOSES (CHEMOTHERAPY OR OTHER) GIVEN IN THE TREATMENT AREA WHILST THE INTRAVENTRICULAR DRUG IS BEING ADMINISTERED.**

**Part B (NB One of the sections below must be fully completed before administration can proceed)**

| | | | | | |
|---|---|---|---|---|---|
| **Either** 1 | Issued from pharmacy by accredited member of pharmacy staff (signature): | Initials | Print Name | Date | Time |
| | Received by accredited doctor (signature): | Initials | Print Name | Date | Time |
| **Or** 2 | Delivered to designated area and placed in "Intrathecal Fridge" by accredited member of pharmacy staff (signature): | Initials | Print Name | Date | Time |
| | Retrieved from designated area "Intrathecal" storage fridge by accredited doctor (signature): | Initials | Print Name | Date | Time |
| **Or** 3 | Delivered to designated area by accredited member of pharmacy staff and issued directly to accredited doctor by (signature): | Initials | Print Name | Date | Time |
| | Received by accredited doctor (signature): | Initials | Print Name | Date | Time |

NB Only staff who have been trained and whose name is listed on the relevant registers for Intrathecal chemotherapy may prescribe, prepare, issue, deliver, check and administer Intrathecal/Intraventricular chemotherapy