LONDON CANCER ALLIANCE
West and South

Supervised Administration Record							
Cytotoxic Chemotherapy Intravenous Administration – Bolus Injection						**C – competent**	
The practitioner can Administer by bolus injection Cytotoxic Medication safely via the Intravenous route and discuss complications and ongoing care							
For <u>each</u> supervised practice the appraisee <u>must</u>	**Minimum level**	**Supervised Assessments**					
1. Legal and Ethical Issues							
		Date					
Demonstrates an understanding of their accountability and responsibility in relation to Cytotoxic Chemotherapy administration according to their governing body	C						
Hand hygiene as per infection control guidelines was maintained through out procedure	C						
2. Pre-administration assessment							
Review of treatment order	C						
Ensures availability of prescribed and dispensed chemotherapy agents	C						
Performs appropriate procedure for correctly identifying patient	C						
Assesses patient perceptions/history including toxicity assessment	C						
Able to identify contraindications and/or pre-treatment monitoring requirements for prescribed treatment.	C						
Uses appropriate patient strategy for reduction of anxiety, increase of understanding and encouragement of compliance	C						
Communicates with patient proposed plan of care & obtains informed consent	C						
Ensures suitable venous access available and selects appropriate route for administration as per local policy.	C						
Demonstrate appropriate selection and preparation of treatment environment and equipment including access to and functionality of emergency equipment. • Clear access to patient of emergency equipment and staff • Vital signs monitoring equipment available • Stable decontaminated treatment platform (i.e. trolley etc.) • Protective equipment available. (nitrile powder free latex free gloves, eye protection, plastic apron) • Decontaminated Drip stand and volumetric pump (if required) • Cytotoxic extravasation and spill kits accessible • Eyewash kit or facility available • Cytotoxic waste disposal containers accessible at point of contact	C						
Offers patient the opportunity to attend to comfort needs before administration	C						

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		Date					
3. Administration preparation							
Assemble necessary equipment • High sided plastic tray (decontaminate as per infection control guidelines) • Intravenous administration set (20 micron filter) with needleless injection port • Intravenous fluid as compatible to drug being administered • Appropriate sterile pack containing absorbent sterile field and 7.5cm x 7.5cm sterile gauze squares. • Chloroprep wipe as per infection control guidelines Prescribed and dispensed Cytotoxic drugs for IV injection.	C						
Attach primed set to patient's venous access device as per infection control guidelines ensuring it is safely secured	C						
Confirm patency of patient's venous access. The following methods must be utilised in order of listing for peripheral venous devices. 1. gravity flashback method 2. syringe negative pressure method 3. venous compression/drip flow method (not suitable for administration of vesicant drugs.) For Central Venous Access Devices blood withdrawal should be used. **Some CVAD will be patent but blood withdrawal will not be achievable, if there is doubt of whether a device is patent expert advice should be sought and refer to local policy.**	C						
4. Patient/Treatment Confirmation							
Adheres to local Trust Medicine Policy	C						
5. Administration Technique							
Ensures appropriate protective clothing worn as per agreed Cytotoxic policy guidelines	C						
Confirms patency and safety of needleless connection on the intravenous administration set by administering 5ml of 0.9% Sodium Chloride in a 10ml luer-lock syringe	C						
Administers medication in prescribed order i.e. pre-medication then intravenous vesicant bolus etc.							
Set gravity infusion rate to an appropriate fast flow rate.							
If peripheral venous access confirms venous patency intermittently during administration at an appropriate frequency. Intervene appropriately if patency decreases or ceases.							
Assesses patient for venous complications, anxiety and hypersensitivity reactions during administration at an appropriate frequency. Intervene appropriately if complications and/or reactions become evident.							

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		Date					
Ulitises a sterile gauze square (7.5 cm x 7.5cm) under the connection of the needleless connection and the syringe. Fully cover the connection when applying pressure to the syringe plunger. For protection of Patient, Chemotherapy Nurse and Environment from mechanical malfunction.	C						
Dispose of Cytotoxic waste in an appropriate manner conforming with agreed Cytotoxic policy guidelines.	C						
6. Termination of procedure							
Documents episode of care in an appropriate manner conforming with NMC guidelines for records and record keeping.	C						
Ensure appropriate level and avenues of communication utilised to communicate necessary information to other MDT and/or other health care professionals.	C						
Ensures patient aware that therapeutic interaction has been completed and adequate followup arrangements are activated.	C						

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Please sign and print name for each entry

Supervised Administration No. 1		**Date**	
Supervisor comments			
Administrator Comments			
Supervised Administration No. 2		**Date**	
Supervisor comments			
Administrator Comments			
Supervised Administration No. 3		**Date**	
Supervisor comments			

Name:_____ **NMC pin No.:**_____

Administrator Comments			
Supervised Administration No. 4		**Date**	
Supervisor comments			
Administrator Comments			
Supervised Administration No. 5		**Date**	
Supervisor comments			
Administrator Comments			

Name:_____ **NMC pin No.:**_____