LAC+USC MEDICAL CENTER POLICY

Subject:	Original Issue Date:	Policy #
CHEMOTHERAPY ORDERS	12/1/17	**948**
	Supersedes: 12/1/17	Effective Date: 11/16/20

Departments Consulted:	Reviewed & Approved by:	Approved by:
P&T Committee	Attending Staff Association Executive Committee Senior Executive Council	(Signature on File) Chief Medical Officer
		(Signature on File) Chief Executive Officer

PURPOSE

This policy establishes procedures for ordering, dispensing, and administering chemotherapy medications.

POLICY

A. **Ordering Chemotherapy**

1. Chemotherapy orders must be written in black ink on a preprinted chemotherapy order form or entered directly into the Orchid EHR. Parenteral chemotherapy orders must be written or cosigned by a fellow or attending physician specializing in hematology or oncology.
2. Verbal orders must not be used for chemotherapy orders. Communication orders must not be used to add, modify, or delete chemotherapy orders.
3. For patients admitted to the hospital, new chemotherapy orders must be submitted to the Chemotherapy Pharmacy before 16:30 on weekdays and 15:30 on weekends and holidays to be processed for administration the same day. Otherwise, the new chemotherapy order will be processed for administration at 07:30 the following day.
4. Authorization by an attending physician must be present to exceed the maximum dose of (target Area Under the Curve (AUC) x 150 mg) for carboplatin and 2 mg for vincristine. This authorization must be a physician order acknowledging that the maximum dose will be intentionally exceeded.

B. **Dispensing Chemotherapy**

1. Written chemotherapy orders must be initiated within 30 days of the date written. A registered nurse certified in cytotoxic medication use must review and sign the written chemotherapy order prior to initiation.

2. On the day of treatment and prior to dispensing parenteral chemotherapy, a pharmacist must assess the patient chart and the chemotherapy order for appropriateness of treatment. The pharmacist must contact the physician to discuss interventions and recommendations to optimize therapy. These discussions must be documented in the Orchid EHR. At a minimum, the following standards must be followed.
    a. Current patient body parameters must be used to ensure accuracy of the written chemotherapy dose.
        i. Height recorded within three months and weight recorded within one week are considered current.
        ii. If the current calculated chemotherapy dose differs by greater than or equal to 5% from the written chemotherapy dose, then the physician must be contacted to consider adjusting the chemotherapy dose. Authorization by a fellow or attending physician must be present to continue with chemotherapy as written. This authorization must be a physician order acknowledging the current patient body parameters and stating approval to continue with chemotherapy as written.
    b. Current patient laboratory results must be used to ensure efficacy and safety of the written chemotherapy and chemotherapy dose.
        i. Laboratory results recorded within 72 hours are considered current when required with a specific dose of chemotherapy.
        ii. The Appendix A lists required laboratory monitoring and generally acceptable laboratory values for administering specific chemotherapy medications. However, a fellow or attending physician may supersede the generally acceptable laboratory values by defining alternative acceptable laboratory values on the original chemotherapy order.
        iii. If one or more current laboratory values exceed the acceptable laboratory values, then the physician must be contacted to consider holding the chemotherapy or adjusting the chemotherapy dose. Authorization by a fellow or attending physician must be present to continue with chemotherapy as written. This authorization must be a physician order

acknowledging the current laboratory results and stating approval to continue with chemotherapy as written.

3. Chemotherapy doses must be rounded by the pharmacist to provide an achievable level of accuracy during compounding.

Dose Range of:	**Must be Rounded to:**
Less than 1 unit of measure	No more than two decimal places
1 to 10 units of measure	No more than one decimal place
Greater than 10 units of measure	Whole number

4. Chemotherapy doses may be rounded by the pharmacist to facilitate compounding and reduce waste.
    a. Cytotoxic chemotherapy doses may be rounded within 5% of the written dose.
    b. Biologic chemotherapy doses may be rounded within 10% of the written dose.
5. Syringes containing cytotoxic chemotherapy must be filled to no greater than 80% of the listed syringe capacity.
6. Infusion bags containing cytotoxic chemotherapy must be primed with an intravenous administration set by pharmacy personnel.
7. Vincristine, vinblastine, and vinorelbine must be dispensed in an infusion bag with a minimum of 25 mL of 0.9% sodium chloride. An auxiliary warning label with the statement “FATAL IF GIVEN INTRATHECALLY” must be placed on the infusion bag.

C. **Administering Chemotherapy**

1. Authorization by a fellow or attending physician must be present to exceed the maximum schedule deviations defined in the table below. This authorization must be a physician order acknowledging that the maximum schedule deviation will be intentionally exceeded.

Dosing Schedule of:	**Must be Administered within:**
Every 12 hours or more frequently	One hour of scheduled time
Every 24 hours	Two hours of scheduled time
Every two days to every six days	Twelve hours of scheduled time
Every one week	One calendar day of scheduled time
Every two weeks	Two calendar days of scheduled time

Every three weeks	Three calendar days of scheduled time
Every four weeks	Four calendar days of scheduled time

2. For patients admitted to the hospital and receiving daily chemotherapy, the scheduled time of administration may be advanced by a maximum of two hours each day.
3. Intrathecal chemotherapy must be administered by a fellow or attending physician. Prior to intrathecal chemotherapy administration, the medication product must be verified by two licensed professionals, one being the physician administering the medication. A Time Out must be conducted for independent verification and documentation of medication, dose, and route of administration prior to initiating intrathecal chemotherapy administration. Use of the LAC+USC Medical Center Pre-Procedure Verification form is recommended.
4. Cytotoxic chemotherapy must not be administered to any patients located in the antepartum-postpartum unit (3C).

DEFINITIONS

Chemotherapy: medication treatment intended to stop or slow the growth of malignant cells
EHR: electronic health record.

RESPONSIBILITY

Nursing Department
Pharmacy Department

REFERENCES

American Society of Clinical Oncology (ASCO)/Oncology Nursing Society (ONS) Chemotherapy Administration Safety Standards, including Standards for Pediatric Oncology, 2016
Institute for Safe Medication Practice (ISMP) Acute Care Guidelines for Timely Administration of Scheduled Medications, 2011

- ISMP International Medication Safety Self-Assessment for Oncology, 2012

ATTACHMENTS

Appendix A – Medical Center Chemotherapy Orders

REVISION DATES

November 16, 2020