

**POLICY FOR THE SAFE ADMINISTRATION  
OF INTRATHECAL CHEMOTHERAPY**

**December 2016**

<b>Policy Title</b>	<b>Policy for the Safe Administration of Intrathecal Chemotherapy</b>
<b>Policy Reference Number</b>	<b>Acute 10/004</b>
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<b>Revised</b>	<b>2012 &amp; 2015 &amp; May 2016</b>
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<b>Responsible Officers</b>	<b>Mrs Lorna Cairns, Cancer Services Pharmacist Dr Feargal McNicholl, Consultant Haematologist Sylvia Cole Haematology Nurse Specialist</b>

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## 1.0 Background

At least 55 incidents are known to have occurred around the world (a number in England) where the intravenous vinca alkaloid drug Vincristine has been injected intrathecally during the chemotherapy treatment of a cancer patient. These incidents have resulted in the paralysis or death of the patients involved.

The Government agreed a target to reduce the number of patients dying or being paralysed by maladministered spinal injections to zero by the end of 2001 and issued guidance to the NHS – National Guidance on the safe administration of Intrathecal Chemotherapy HSC (MD)31/01.

## 2.0 Objective

This objective of this trust policy is to comply with and reflect the contents of:

- Updated national guidance on the safe administration of Intrathecal Chemotherapy HSC 2008/001  
<http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservicecirculardh086870>

And

- Using Vinca Alkaloid Minibags (Adult/Adolescent Units) NPSA/2008/RRR004  
<http://www.nrls.npsa.nhs.uk/resources/?EntryId45=59890>

This policy affects Pharmacy and the Sperrin Suite. It may be accessed on the Trust Intranet under Policies then Acute services. The original signed hard copy is available in the Intrathecal file held in Pharmacy and a photocopy is available in the Intrathecal file held in the Sperrin Room.

## 3.0 Register of Designated Personnel for Intrathecal Chemotherapy

The Trust maintains registers of designated personnel who have been trained and are deemed competent in their designated roles. It is the responsibility of the Medical Director to ensure that the register is maintained and kept up to date. For nurses, the responsibility rests with the Director of Nursing and for pharmacists, the Head of Pharmacy and medicines management.

The original signed registers are held in the Pharmacy Intrathecal file and a photocopy is available in the Sperrin Room Intrathecal file.

The registers are reviewed annually and following changes in the designated personnel.

The responsible officer is delegated the task of ensuring the registers are up to date.

## 4.0 Induction and Training

Lead professionals ensure all relevant staff are educated on the guidelines relevant to prescribing, dispensing, checking and administration of intrathecal chemotherapy. All staff attend an induction programme before their name is added to the register.

### **The induction programme includes:**

A presentation on the Intrathecal policy

Watching the DH training DVD "Just an ordinary day"

Read the current DH guidance

Read this policy and the local departmental policies/ procedures relevant to their role and

Correctly answer a questionnaire.

Medical staff should observe and then perform one intrathecal chemotherapy administration under supervision before inclusion on the intrathecal register.

### **The annual update includes:**

Read this policy and the local departmental policies/ procedures relevant to their role and

Correctly answer a questionnaire.

Staff are provided with a certificate of competence which is signed by them that they have completed the above and is countersigned by one of the lead professionals.

Staff who are not on the register should not take part or be asked to take part in any stage of the process. **It is the responsibility of the individuals on the register to ensure that any colleagues they involve in the task are on the register.**

## 5.0 Prescribing

It is Trust policy that only a Consultant Haematologist will be included on the register of doctors authorised to prescribe and administer intrathecal chemotherapy.

Only the purpose-designated intrathecal chemotherapy prescription form (available from pharmacy) will be used for this purpose.

JHOs, SHOs and Registrars will not prescribe or administer intrathecal chemotherapy.

Prescription verification will only be undertaken by a pharmacist on the intrathecal register.

**The intrathecal prescription will only be written on the day of treatment.**

## 6.0 Preparation and Dispensing

All intrathecal prescriptions are screened by a pharmacist on the register, who must ensure the prescriber is also on the register of designated personnel. If the prescriber is not on the list the prescription will not be dispensed.

**The prescription must be signed at the top right hand corner of the prescription, as clinically checked by a pharmacist on the register**

The intrathecal syringe will be prepared aseptically by a pharmacy technician on the register.

## 7.0 Labelling & Packaging

All pharmacy labels for intrathecal chemotherapy will state the route of administration in large emboldened letters.

The intrathecal syringe will be packed into outer packaging that is preprinted “FOR INTRATHECAL USE ONLY”.

All preparations containing vincristine, vinblastine, vindesine or vinorelbine will carry an additional **coloured** warning label-

**‘For Intravenous Use Only – Fatal If Administered by Other Routes’.**

## 8.0 Storage

Intrathecal chemotherapy is stored in the Pharmacy department in a dedicated lockable fridge separate to drugs for intravenous administration. Intrathecal chemotherapy is never stored in any other location.

## 9.0 Supply of Intrathecal Chemotherapy

Only designated pharmacy staff will issue intrathecal chemotherapy to the Consultant who will be administering the dose. Alternatively designated pharmacy staff will deliver the intrathecal dose to the designated ward and issue directly to the Consultant. In both cases:

- (i) the designated pharmacy staff member will sign the intrathecal prescription chart and indicate to whom the dose was released
- (ii) the designated **prescribing** consultant will sign confirming receipt of the dose.

Intrathecal chemotherapy is packed in a designated Intrathecal transport box and is transported separately from treatments for administration by other routes.

Intrathecal chemotherapy will not be issued from pharmacy until evidence has been received that any co-prescribed intravenous doses have been administered.

## 10.0 Administration and Checking of Intrathecal Chemotherapy

Intrathecal chemotherapy administration must be completed within normal working hours ie 9am-5pm Monday to Friday.

Intrathecal chemotherapy is administered in a designated area.  
This is **Consultant room 10 Sperrin Unit**.

The room is designated for the session – either all morning or all afternoon. The Intrathecal sign (see at back of policy) is displayed on the door during the intrathecal session. The door to this room must be locked, if possible, prior to use of the room.

Intrathecal chemotherapy may only be administered by a Consultant Haematologist on the designated register. The “Procedure for Administration of Intrathecal Chemotherapy” must be

followed (Policy number CC/02/04 – Trust Intranet under Guidelines, Procedures and Protocols then Acute services).

### 10.1 Pre-procedure Bloods

These should be done before the procedure to include:

FBP, Prothrombin time, APTT and fibrinogen.

If INR is 1.4 or above consider the administration of vitamin K 5mg IV and if necessary repeat coagulation screen before the procedure.

If platelets <51 transfuse a unit of platelets before the procedure.

Bloods should be documented on the intrathecal prescription before release of the intrathecal chemotherapy syringe from Pharmacy.

### 10.2 Checks

Medical staff use a formal checking procedure before administering the treatment to ensure that the right drug and the right dose is given to the right patient. They should explain to the patient the nature of the procedure, the drug to be administered and the route of administration. The patient must have signed a consent form at the beginning of the course of intrathecal chemotherapy.

The consultant who will administer the dose must perform the checks with a chemotherapy trained nurse on the intrathecal nurse register. Confirm:

- Patient identification (at bedside) to include name, hospital number and date of birth.
- Treatment regimen
- Check the syringe against the prescription – drug, dose, volume and route of administration.

The patient may be involved in the check if they choose and, if appropriate, with a relative or guardian.

All checks are recorded and signed for on the intrathecal prescription chart.

Nursing staff on the designated register must follow “The Administration of Intrathecal Chemotherapy – The Nursing Role” (Policy number CC/06/04) when taking part in the administration of intrathecal chemotherapy. This is available on the Trust Intranet under Guidelines, Procedures and Protocols then Acute services then Cancer Services.

**\*\*If in doubt DO NOT proceed \*\***

### 10.3 Insertion of the Spinal Needle

The spinal needle required for the administration of intrathecal chemotherapy will usually be inserted by the Haematology Consultant performing the procedure.

In the case of a technically difficult lumbar puncture an anaesthetist may insert the spinal needle. This must be a pre-planned event.

The Consultant Haematologist must inform the anaesthetist that they are required to insert the needle **only** and that they must not be involved in any other part of the process.

## 11.0 Supply of Vinca Alkaloids to the Sperrin Room/ Ward

Vinca alkaloids are prescribed, dispensed and administered in a 50ml minibag for intravenous infusion.

The vinca minibag should be infused intravenously over 5 minutes and the patient closely monitored for signs of extravasation. Incidents of extravasation should be reported and shared via the National Extravasation Information Service.

During staff training it is emphasised that vinca alkaloids eg vincristine must only be administered by the intravenous route.

## 12.0 Being Prepared to Challenge

All staff involved with the care and treatment of patients receiving chemotherapy must be encouraged to challenge colleagues, no matter how senior their position, 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 of a colleague should not be seen as adversarial, but as an additional check to improve patient safety and reduce risk.

## 13.0 Knowledge of the policy

The following staff should have knowledge of the policy

All Pharmacy staff working within the Aseptic suite who may be involved in chemotherapy preparation.

All nursing staff in the Sperrin Suite who may be involved in the administration of chemotherapy.

All Medical haematology staff who may be involved in the prescribing of chemotherapy.

## 14.0 Responsibilities

It is the overall responsibility of the Intrathecal Chemotherapy Lead to ensure that all staff involved receive adequate induction, training and annual updates. Only those staff members named on the register for a given task in the intrathecal chemotherapy process are permitted to perform that task.

This training, competency assessment and annual revalidation will be delegated to the following individuals:

<b>Staff to be trained</b>	<b>Training delegated to</b>
Medical staff	Lead Clinician: Dr Feargal McNicholl
Nursing staff	Clinical Nurse Specialist: Sylvia Cole
Pharmacy staff	Cancer Services Pharmacist: Lorna Cairns



## 15.0 References

Updated national guidance on the safe administration of Intrathecal Chemotherapy HSC 2008/001

Using Vinca Alkaloid Minibags (Adult/Adolescent Units) NPSA/2008/RRR004

Procedure for Administration of Intrathecal Chemotherapy” Policy number CC/02/04

The Administration of Intrathecal Chemotherapy – The Nursing Role” Policy number CC/06/04

## 16.0 Signatures

### Head of Pharmacy and Medicines Management

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Medical Director

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Director of Nursing

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**EQUALITY AND HUMAN RIGHTS STATEMENT:** Western Trusts equality and human rights statutory obligations have been considered during the development of this procedure.

# **Intrathecal Chemotherapy**

**DO NOT DISTURB**

No other chemotherapy to be administered in this room.