

**CHEMOTHERAPY ADMINISTRATION VIA CENTRAL VENOUS CATHETER**

**Section:** Nursing

**Compliance:** ACHC Infusion Pharmacy

**ACHC Standards:**

**Policy ID:** NUR203

**Effective:** 1/1/21

**Reviewed:** 5/1/21

**Revised:**

**Approved by, Title and Date Approved:** Kathleen Patrick, President 1/1/21, 5/1/21

**I. POLICY**

Only nurse clinicians who have completed the nursing orientation program with chemotherapy agents may administer chemotherapy. Nurses who undergo an approved chemotherapy program will also be able to perform this procedure.

**II. PROCEDURES**

**A. Supplies:**

1. Chemotherapy agent premixed, labeled and ready to be administered in pump cassette with extension tubing or bag with tubing
2. Chemo gloves
3. SASH kit (use 10 cc syringe to minimize pressure)
4. Chemo spill kit
5. Chemo disposal bag or sharps container
6. Disposal absorbent pad
7. Antiemetics, if prescribed
8. Sharps container
9. Alcohol pads
10. Pump

**B.** Wash hands and gather supplies and spread absorbent pad on clean work surface.

**C.** Assemble pump, cassette/bag and tubing according to specific pump directions.

**D.** Verify physician orders, label on cassette/bag, recalculate dose for accuracy and any special instructions, i.e., protocol. Check that lab values specific to therapy are acceptable for treatment.

**E.** Don protective clothing (chemo gloves, gown, mask, and eyewear optional).

**F.** Place absorbent barrier under catheter/administer tubing connection.

**G.** Prepare container/administration tubing of cytotoxic agent and infusion control device. Slowly prime infusion tubing holding the distal tip over a sterile gauze pad which is enclosed in a sealable 4 ml polypropylene bag. Clamp tubing.

- H. Cleanse injection cap with alcohol wipe using friction for 30 seconds.
- I. Aspirate for a positive blood return. If a blood return is present, flush with normal saline and continue to the next step. **IF A BLOOD RETURN IS NOT PRESENT**, reposition the patient, ask him to cough and attempt aspiration again. If aspiration is still unsuccessful, do not continue with the treatment. Notify the physician for further instructions. Inspect catheter exit site for evidence of redness, edema, drainage, and leakage.
- J. Wipe injection cap with alcohol and administer pre-medications as per physician's orders.
- K. Turn pump on and check programming.
- L. Cleanse injection cap with alcohol for 30 seconds, allow to dry. Connect chemotherapy via needless adapter. Tape connection if necessary.
- M. Unclamp catheter. Begin infusion.
- N. Document and remain with the patient for 15 minutes to make sure that the pump is functioning properly and that the alarm does not signal a problem. Document patient's condition before and after initiation of chemotherapy.
- O. Discard of all used supplies in sharps container
- P. Wash hands
- Q. Discontinuing Infusion:
  - 1. Don protective clothing.
  - 2. Turn off infusion control device.
  - 3. Clamp catheter
  - 4. Place absorbent barrier under catheter/administration tubing connection.
  - 5. Disconnect administration tubing.
  - 6. Dispose of cytotoxic agent container and tubing into sharps container.
  - 7. Cleanse injection cap with alcohol for 30 seconds. Allow to dry.
  - 8. Unclamp catheter and flush with normal saline and Heparin flush if appropriate for catheter type.
  - 9. Remove protective clothing and discard in plastic bags.
  - 10. Dispose of all contaminated syringes/needles in sharps container.
  - 11. Wash hands.
- R. Document all interventions and outcomes including:
  - 1. Method used to assure patency of venous access device
  - 2. Patient condition before and after infusion.
  - 3. Agents administered
  - 4. Pump settings.
  - 5. Dose used for heparin locking
  - 6. Proper disposal of contaminated supplies and equipment