



Nottingham University Hospitals **NHS** NHS Trust University Hospitals of Leicester **NHS** NHS Trust
Northampton General Hospital **NHS** NHS Trust

ASSESSMENT OF PRACTICE CHEMOTHERAPY CLINICAL COMPETENCY DOCUMENT For Paediatrics

Print Name.....
Signature.....

Date Chemotherapy Study Day Attended.....

Part 1: Date Commenced..... Expected Completion Date.....
Actual Completion Date..... Verified (signature).....

Part 2: Date Commenced..... Expected Completion Date.....
Actual Completion Date..... Verified (signature).....

Part 3: Date Commenced..... Expected Completion Date.....
Actual Completion Date..... Verified(signature).....

Mentor NameSignature.....Initials.....

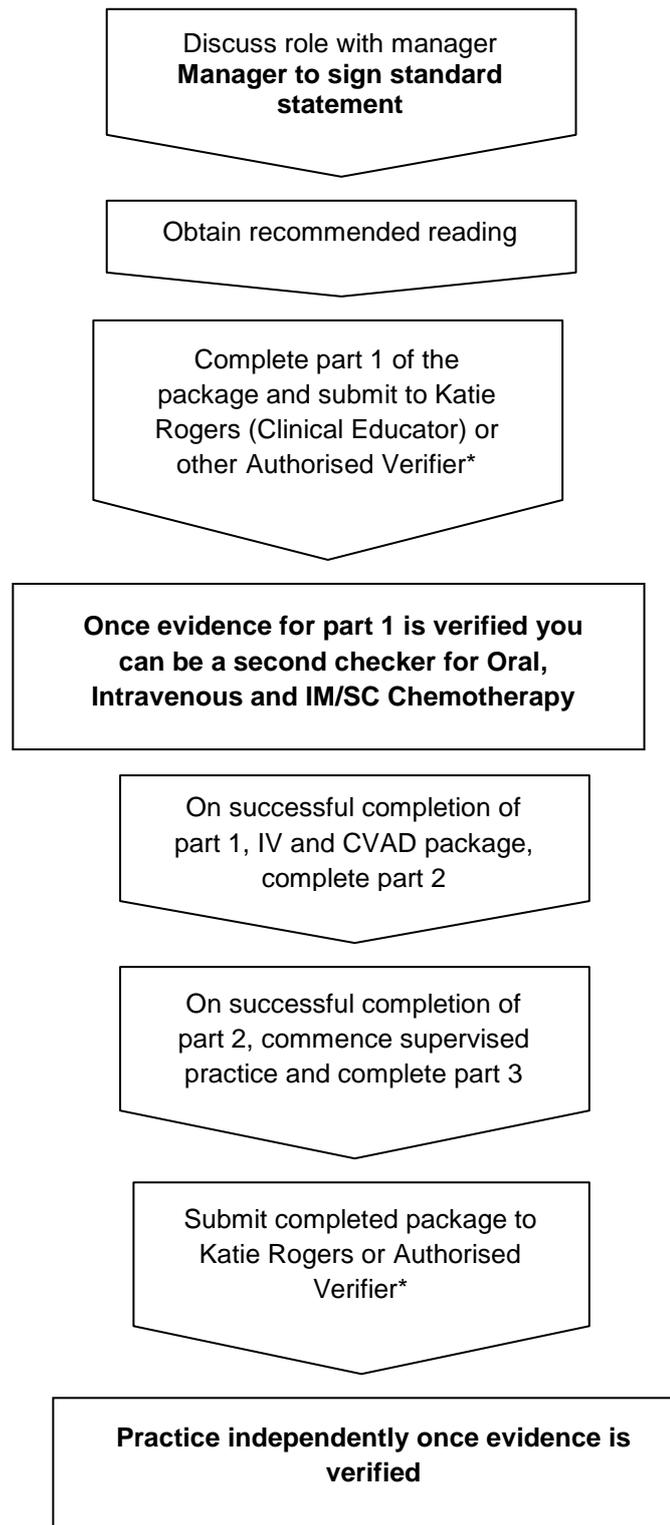
Mentor NameSignature.....Initials.....

Verifier NameSignature.....Initials.....

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How to Complete This Package



*Authorised Verifiers – Katie Rogers (Clinical Educator), Ward Manager's (ward 27, E38, E39, E38 DCU), Sheila Fox (NGH), Margaret Parr (Lead Nurse)

Introduction

Cytotoxic administration is an integral part of the clinical practice for nurses working within the East Midlands Children's and Young Persons' Integrated Cancer Service. This package can be commenced once you have attended the cytotoxic study day.

Pre-requisites

Staff must be assessed competent in the management of intravenous lines and central lines prior to commencing this package.

Competency Package

The purpose of this package is to enable the practitioner to be competent and safe in the **checking** of cytotoxic chemotherapy,* **handling** of cytotoxic chemotherapy via all routes and **administration** of cytotoxic chemotherapy via **SPECIFIED ROUTES** according to the requirements of their role.

***A separate package must be completed prior to being involved with the checking or administration procedure for intrathecal chemotherapy.**

Process

- The mentors/ verifier will be co-jointly responsible, with the practitioner for ensuring any necessary documentation is completed. Time should be set aside for the mentors to assist the practitioner in addressing any other personal objectives, further meetings to be arranged as required.
- Mentors should work with their practitioners at least 3 times per month.
- Practitioners should **self assess** all aspects in the initial (formative) category **within two weeks** of commencing the specified competencies
- Practitioners must provide evidence for the compulsory category in each competency and should indicate in the box provided which additional method is used and the page number in their profile where this evidence can be found
- Ideally practitioners should provide 2 forms of evidence for each competency.
- The verifiers/ mentors should sign and date the document when the competencies are assessed (as per rating criteria).
- The practitioner will be responsible for arranging a mutually agreed time with an experienced member of staff, mentor or clinical educator to perform their assessments

NB Self-assessments must be completed before mentor/verifier ratings.

Each practitioner must have both an initial (formative) and a final (summative) assessment

Standard Statement:

The practitioner will be safe and competent in the management and care of a patient receiving chemotherapy.

What you need to know:

Katie Rogers (August 2011) Adapted from the RCN competencies: an integrated career and competence framework for nurses working in the field of children and young people's cancer care (RCN 2010)

- Local and national policies governing administration of chemotherapy
- Consent issues around administration of chemotherapy e.g. consent for administration, entry onto a randomised trial, obtaining biological tissue
- Protocols used for the treatment of Cancer in children and young people
- Normal blood results and when chemotherapy should be withheld
- How drug dosages are calculated
- How to calculate surface area and the importance of this calculation
- Correct interpretation and completion of cytotoxic chemotherapy prescriptions
- Drug specific investigations and how to interpret the results
- Signs of side effects of chemotherapy and whether chemotherapy should be withheld
- Health & safety issues around the handling and administration of cytotoxic drugs
- Potential drug interactions
- The potential side effects of the drug to be given, and the nursing implications.
- The method of administration (e.g. S/C, IM, IV) according to the treatment protocol in use
- The correct procedure for giving chemotherapy via the following routes:
 - Intravenous Infusion
 - Intravenous bolus
 - Oral
 - Subcutaneous
 - Intramuscular
 - Intrathecal – **Doctor only**
- The hazards and potential problems of cytotoxic chemotherapy administration
- The safe handling and disposal of body fluids from a patient undergoing cytotoxic chemotherapy
- How to prevent, recognise and manage extravasation of cytotoxic chemotherapy
- How to prevent, recognise and manage a spillage of cytotoxic chemotherapy
- Signs and management of anaphylaxis
- Relevant pharmacological issues pertaining to the administration of cytotoxic chemotherapy
- Specific observations that must be made of the intravenous site prior to administering cytotoxic chemotherapy

What You Need To Do

1. Discuss the procedures with your line manager and obtain written agreement to proceed with the training for administration of cytotoxic chemotherapy via specified routes.

NB: You must obtain a separate signature for each route of administration.

ROUTE OF ADMINISTRATION (See NB above)	SIGNATURE OF MANAGER	DATE OF AGREEMENT TO PROCEED
Intravenous infusion		
Intravenous bolus		
Subcutaneous/Intramuscular		
Oral		

2. Attend East Midlands Children's and Young Persons' Integrated Cancer Service Cytotoxic study day
3. Complete part 1 – checking chemotherapy competency assessment
4. Complete part 2 – safe administration of cytotoxic chemotherapy competency assessment
5. Complete a period of supervised practice for each of the specified routes of administration

Outcome

- You will be competent in the checking procedures for cytotoxic chemotherapy
- You will be competent in the administration of cytotoxic chemotherapy **via specified routes**
- You will demonstrate safe practice with regard to handling, administration, storage and disposal of cytotoxic chemotherapy via specified routes.
- You will display sound knowledge of the care required for the children/young people receiving cytotoxic chemotherapy

Guidelines for using the Competency Measuring Tool

The framework describes four levels of competence. Competence is defined as “the skills, knowledge, experience, attributes and behaviours required by an individual in order to perform the job effectively” (Royal College of Nursing 2002)

The criteria for achievement are divided into three areas:-

- STANDARD
- QUALITY OF PERFORMANCE
- ADVICE ASSISTANCE CUES

Each of these 3 areas must be considered to determine the level of competence (level). The level that is awarded will relate to the lowest of the 3 areas achieved.

Terminology Used in the Assessment of Competence

- Safety - Performance includes both physical and psychological aspects. The criteria for safety is that behaviour does not cause harm by action or omission.
- Accuracy is assessed by the extent to which the knowledge base is used during the performance.
- Effectiveness refers to the achievement of stated objective.
- Affectiveness refers to the manner with which the behaviour is performed.
- Cues. This refers to the amount and type of assistance required. Cues can be directive or supportive and may be verbal or practical. They refer to what is necessary to maintain or promote the performance.

Evidence Required

Evidence should be collected using one of the evidence methods identified in the table below. At least one form of evidence should be used for assessment of practice, ideally two. Once competence has been verified this should then be put into the practitioner's portfolio to provide evidence of learning and continuing professional development.

Updating professional Competency

Updating theoretical knowledge and clinical competence across the full scope of their professional practice activities is the responsibility of the individual nurse.

To remain on the register to be authorised to administer chemotherapy you must:

- Be regularly administering chemotherapy as part of your role
- Update theory and practice annually.

Assessment of Practice/Competency Tool

SCALE/ LEVEL OF ACHIEVEMENT	STANDARD	QUALITY OF PERFORMANCE	ADVICE ASSISTANCE CUES
Proficient (PRO)	Safe, accurate and effective with appropriate affective manner. Applies theory to practice and judges its appropriateness	Performance demonstrates expertise. Pro-active and flexible approach. Acts as a role model for practice, stimulates and informs others. <u>Client/patient</u> centred.	Freely offers cues to others
Independent (I)	Safe, accurate and effective at all times. Applies theory to practice	Skilful and co-ordinated performance. Confident and economical use of time. Able to focus primarily on the <u>client/patient</u> .	Self-directing
Supervised (S)	Safe, accurate and effective performance. Some potential for omissions or inaccuracies. Can relate theory to practice most of the time	Skilful and co-ordinated performance in some key aspects. Some degree of confidence but spends excess time in achieving objectives. Focuses on the <u>client/patient</u> but is distracted when the skill is more complex.	Frequent directive and supportive cues.
Unskilled (U)	Unsafe practice when unsupervised. Some potential for omissions or inaccuracies. Limited ability to relate theory to practice	Unskilled in some aspects. Lacks confidence. Spends considerable time in achieving objectives. Unable to focus on the <u>client/patient</u> , but concentrates on the skill.	Continuous directive and supportive cues.

Adapted from K. N Bondy (1983) Criterion-Referenced definitions for rating scales in clinical evaluation *Journal of nursing Education* 22 (9) 376-382

EVIDENCE METHOD:

O =Naturalistic Observation

Observation of the candidate by the assessor at work

WT = Witness Testimony

As the named assessor cannot always be present and /or available to for assessment, the written testimonies of others are valuable. The candidate or an approved mentor/assessor/other may write a witness testimony. It is an account of the candidates' performance that is signed by an approved assessor with the relevant skills and knowledge e.g. a physio may sign for respiratory competencies.

WP = Work Product

Various products of the candidates work may be used as supporting evidence towards a competency. These may include competency documents, care plans, observation charts, WINW packages, reflective diaries, study days, portfolios and teaching packages.

PA = Project or Assignment

In depth exploration / learning contract of a specific area related to work, this may be of any length providing that sufficient evidence is shown to achieve the actual competency, it should contain evidence and/or research. Examples include literature reviews, essay, projects and assignments (undertaken within last 5 years) providing that the candidate can show clear evidence of up- to- date knowledge and /or skills.

WQ = Written questions

Assessors may wish to give the candidate a list of written questions to answer to assist them in achieving the competency; the candidate and assessor should then go through the questions to ensure they are accurate and both should sign.

S = Simulation

Occasionally it may be necessary for the assessor to watch a simulation when a situation is unlikely to happen regularly in real life. For an example, resuscitation skills are often assessed in this way using a manikin and a basic scenario. When a simulation is used, the candidate is required to reflect on the simulation, outlining what skills and learning have been demonstrated. This is then signed by the assessor and submitted as evidence.

CE = Candidate Explanation

The assessor and candidate discuss/ and demonstrate the competency. The candidate explains their understanding of the competency and gives work related examples of their knowledge and skills being used in practice. The assessor may clarify the candidates understanding and abilities by asking questions about the subject, probing for additional information.

Please note whichever method is used the evidence must be signed and dated by both the candidate and the verifier

Recommended Reading

- Allwood, M. Stanley, A. Wright, P. (2002) **The cytotoxic handbook 4th Edition**. Radcliffe Medical Press: Oxon.
- Brighton D. Wood M. (2005) **The Royal Marsden Hospital Handbook of Cancer Chemotherapy: A guide for the multidisciplinary team**. Churchill Livingstone
- Department of Health (2001) **The prevention of intrathecal medication errors –a report to the Chief Medical Officer Professor Kent Woods**. DoH: London
- Department of Health (2001) **External inquiry into the adverse incident that occurred at Queens Medical Centre, Nottingham 4th January 2001. Professor Brian Toft**. DoH: London
- Department of Health (2003) **HSC/2003/010 Updated National Guidance on the Safe Administration of Intrathecal Chemotherapy**. DoH: London.
- Gibson, F. Evans, M. (1999) **Paediatric Oncology; Acute Nursing Care**. John Wiley and Sons Ltd.: London
- Gibson, F. Soanes, L. (2008) **Cancer in children and young people**. John Wiley and Sons Ltd.: West Sussex
- Langton, H. (2000), **The child with cancer. Family centred care in practice**. Baumaime Tundall Harcourt Publishers
- National Cancer Action Team (2009) **National Cancer Peer Review Programme. Manual for Cancer Services 2008: Children's Cancer Measures**. NCAT: London
- Royal College of Nursing (2010) **RCN competences: an integrated career and competence framework for nurses working in the field if children and young people's cancer care**. RCN: London
- Schulmeister, L. (2007) Extravasation Management. **Seminars in Oncology Nursing**. 23 (3), pp. 184-190.
- Tomlinson D. Kline NE. (2009) **Pediatric Oncology Nursing: Advanced clinical handbook 2nd Edition**. Springer: Berlin
- Voute, PA. Barrett A. Stevens MCG. Caron HN. (2005) **Cancer in children: clinical management**. Oxford University Press: Oxford
- Ward, C. (2010) **East Midlands Cancer Network Cytotoxic Policy**. Available at: www.eastmidlandscancernetwork.nhs.uk Accessed: 11/4/2011

Websites:

Katie Rogers (August 2011) Adapted from the RCN competencies: an integrated career and competence framework for nurses working in the field of children and young people's cancer care (RCN 2010)

www.macmillan.org.uk
www.cclg.org.uk

Part 1. Aim: The learner is able to safely and competently handle chemotherapy

COMPETENCY / OUTCOME	EVIDENCE METHOD USED + PAGE NUMBERS IN PROFILE	Criteria for practice assessment	MIN LEVEL TO ACHIEVE	INITIAL	LEVEL	FINAL	LEVEL
				SELF RATING DATE & SIGN	VERIFIER RATING DATE & SIGN	SELF RATING DATE & SIGN	VERIFIER RATING DATE & SIGN
1. Demonstrates a knowledge and understanding of potential risks of handling chemotherapy		Can discuss exposure risks in the handling of chemotherapy Can identify local policies and procedures relating to risk management, COSHH regulations, storage, transportation, safe handling, spillage and disposal	PRO PRO				
1.2 Demonstrates safe practice in the handling of cytotoxics and cytotoxic waste		<ul style="list-style-type: none"> - Acts in accordance with local policies and procedures in transporting and storing cytotoxic drugs - Disposes of excreta in accordance with local procedures - Can explain the action to be taken in the event of a spillage - Can identify appropriate equipment required to deal with a spillage, and is aware of their location - Can explain procedures for dealing with contaminated linen and equipment - Can explain the procedures for dealing with contaminated skin/eyes - Demonstrates an awareness of the role of occupational health in the event of cytotoxic contamination, and guidance for pregnant staff 	PRO PRO I I PRO I S				

Aim: The learner is able to safely and competently check chemotherapy

Competency/Outcome	Evidence method used + Page numbers in profile	Criteria for practice assessment	Min Level to Achieve	Initial Level		Final Level	
				Self rating Date and Sign	Verifier rating date and sign	Self rating date and sign	Verifier rating date and sign
1.3 Demonstrates a knowledge and understanding of the cell cycle and how this relates to the action of cytotoxic drugs	WP WP WP	<ul style="list-style-type: none"> - Label diagram 1 - Briefly explains what happens in each phase of the cell cycle - Identifies three differences between normal and malignant cells - Briefly explains how cytotoxic drugs work - Describes what is meant by cell kill and the rationale for cytotoxic administration - Defines what is meant by the following terms: cell cycle specific, phase specific, non-phase specific, and identify 2 drugs for each group. - Outlines the reasons for pulsed administration of chemotherapy (e.g. chemotherapy given 3 weekly) - Complete table 1 - Discusses the rationale for combination therapy 	<ul style="list-style-type: none"> I I I I I I I I 				
1.4 Demonstrates knowledge and understanding of the consent procedures for chemotherapy administration		<ul style="list-style-type: none"> - Identifies the correct consent forms required for consenting for chemotherapy and for clinical trials - Identifies who is able to gain and provide consent for treatment with chemotherapy - Identifies where the chemotherapy consent form is stored once completed - Can discuss the procedure to follow if consent is revoked 	<ul style="list-style-type: none"> I PRO PRO I 				

1.5 Demonstrates an awareness and understanding of the local chemotherapy prescribing procedures		<ul style="list-style-type: none"> - Identifies who is able to prescribe chemotherapy locally for children and young people with cancer (and those who are not) - Identifies where to check if the prescriber is a 'named and trained' prescriber for chemotherapy - Correctly identifies all of the chemotherapy prescriptions used locally and which drugs may be prescribed on each chart - Identifies what information is required on the chemotherapy prescription chart - Explains what to do if the chemotherapy prescription was found to be unsigned during the checking process 	<p>PRO</p> <p>PRO</p> <p>PRO</p> <p>PRO</p> <p>I</p>				
1.6 Demonstrates a knowledge and understanding of treatment protocols		<ul style="list-style-type: none"> - Defines what is meant by: treatment protocol; cycle; course; supportive drugs - Identifies the correct treatment protocol for a child with: Acute Lymphoblastic Leukaemia (A.L.L.), Rhabdomyosarcoma (high risk), Osteosarcoma, Medullablastoma (standard risk), Ependymoma - Identifies when chemotherapy should be withheld 	<p>I</p> <p>I</p> <p>I</p>				
1.7 Demonstrates a knowledge and understanding of the pre-treatment investigations required prior to chemotherapy administration	WP	<ul style="list-style-type: none"> - Identifies the range of acceptable values for commencing chemotherapy - Describes the actions that would need to be taken when these values are outside of the normal range - Complete table 2 - For A.L.L. regimen B consolidation, Osteosarcoma course AP, standard risk Medullabastoma and Ependymoma identify the pre-treatment investigations required and what the acceptable blood values are in order for chemotherapy to commence - Correctly calculates body surface area 	<p>I</p> <p>I</p> <p>I</p> <p>I</p>				

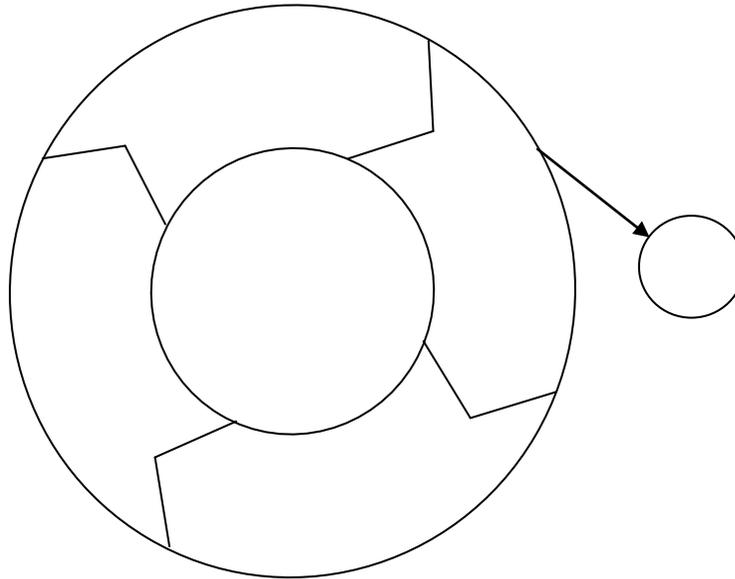
		(using the CCLG table)					
1.8 Demonstrates safe checking of chemotherapy prior to administration according to local and national policy	O/WT	- Identifies the verification procedure and follows this accordingly.	PRO				
	O/WT	- Checks the chemotherapy consent form is signed by appropriate personnel prior to commencing initial chemotherapy treatment	I				
	O/WT	- Ensures all essential information is documented on the prescription chart	I				
	O/WT	- Correctly checks prescription against the treatment protocol	PRO				
	O/WT	- Correctly checks chemotherapy drugs against the prescription with a chemotherapy trained nurse/doctor	PRO				
	O/WT	- Ensures positive patient identification prior to administration as per local policy	PRO				
1.9 Demonstrates understanding of the local policies and procedures for intrathecal chemotherapy (N.B. further training must be undertaken to be involved in the checking procedure and administration process for intrathecal chemotherapy)		- Identifies the local designated areas for intrathecal chemotherapy administration	I				
		- Discusses the role of the following personnel in relation to the administration of intrathecal chemotherapy: pharmacy department, trained medical personnel, trained nurses	I				
		- Identifies where to check that staff are trained and up to date for intrathecal chemotherapy competencies	PRO				

You may only commence second checking of chemotherapy once the evidence for part 1 has been signed and verified by EMCYPICS Clinical Educator Katie Rogers or another authorised verifier (see page 1 'How to Complete This Package' for list of verifiers).

1. Aim: - The learner is able to safely and competently check chemotherapy

1.3 Demonstrates a knowledge and understanding of the cell cycle and how this relates to the action of cytotoxic drugs

Diagram 1: The Cell Cycle



Briefly explain what happens in each phase of the cell cycle

Table 1: Cytotoxic drugs are divided into groups according to their mode of action. Outline these 6 classifications of cytotoxic drugs and give two drug examples for each classification and which disease they may treat.

Classification	Drug Examples	Used to treat
	1. 2.	

1.7 Demonstrates a knowledge and understanding of the pre-treatment investigations required prior to chemotherapy

Table 2: Identify one drug for each group and identify the specific pre-treatment investigations required for each one:

Toxicity	Drug	Pre-treatment investigations
Cardiotoxic		
Nephrotoxic		
Ototoxic		
Pulmonary toxic		

Once part 1 is verified and both IV and CVAD packages are successfully completed, you may proceed to part 2.

Part 2. Aim: The learner is able to safely and competently manage complications/side effects associated with chemotherapy

COMPETENCY/ OUTCOME	EVIDENCE METHOD USED + PAGE NUMBERS IN PROFILE	Criteria for practice assessment	MIN LEVEL TO ACHIEVE	INITIAL LEVEL		FINAL LEVEL	
				SELF RATING DATE & SIGN	VERIFIER RATING DATE & SIGN	SELF RATING DATE & SIGN	VERIFIER RATING DATE & SIGN
2.1 Demonstrates knowledge of signs and symptoms of adverse reactions to chemotherapy and the immediate treatment required in this event	WP	<ul style="list-style-type: none"> - Complete table 3 - Provides an explanation of extravasation and is able to describe signs and symptoms of extravasation - Complete table 4 - Discusses the immediate management required if an extravasation has occurred - Identifies where the extravasation kit is located in the clinical area 	PRO				
			PRO				
2.2 Demonstrates a knowledge and ability to recognise and manage the most commonly occurring side effects and complications of chemotherapy	WP	<ul style="list-style-type: none"> - Discusses commonly occurring side effects and their management - Discusses agents to use to minimise these side effects - Identifies any relevant documentation that may be required to monitor or assess these side effects - Takes the appropriate action regarding management of the side effects 	PRO				
			PRO				
			PRO				
			PRO				

<p>2.3 Demonstrates an ability to inform and support parents/carers, children and young people about their chemotherapy treatment and the recognition and management of side effects</p>		<ul style="list-style-type: none"> - Identifies the education needs of children, young people and parents/carers - Gives clear explanation to parents/carers, children and young people about the chemotherapy being administered - Provides and uses appropriate educational resources - Gives clear explanations to parents/carers, children and young people about the consequences and potential side effects of chemotherapy treatment - Educates the family about where, when and how to seek advice when side effects develop at home - Demonstrates an ability to relate clinical information into lay terms 	<p>PRO</p> <p>PRO</p> <p>PRO</p> <p>PRO</p> <p>PRO</p> <p>PRO</p>				
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You may only commence supervised practice of cytotoxic administration once the evidence for part 2 has been signed and verified by EMCYPICS Clinical Educator Katie Rogers or another authorised verifier (see page 1 ‘How to Complete This Package’ for list of verifiers).

2. Aim: - The learner is able to safely and competently manage complications/side effects associated with chemotherapy
2.1 Demonstrates knowledge of signs and symptoms of adverse reactions to chemotherapy and the immediate treatment required in this event.

Table 3: State what adverse reactions may occur with the following drugs and what you would do if this occurred:

Drug	Potential Reaction	Management/Treatment
Asparaginase		
Etoposide		
Ifosfamide		
Cytarabine		

Table 4: Explain the following terms and identify 2 examples of drugs from each group:

Classification of Cytotoxic Drugs	Explanation	Example Drugs
Vesicant DNA-binding		1. 2.
Vesicant Non-DNA-binding		1. 2.
Irritant		1. 2.
Non-vesicant		1. 2.

Part 3: The learner is able to safely and competently administer chemotherapy
 You may now commence supervised practice

3.1 Demonstrates the ability to safely administer chemotherapy	WP WP	<ul style="list-style-type: none"> - Complete table 5 - Complete activity 1 - Administers chemotherapy safely according to local policies and procedures: <ul style="list-style-type: none"> • Correctly identifies route of administration for each drug • Can state potential drug interactions • Is aware of the precautions or cares required with specific drugs • Identifies when and what adjuvant therapies are required for specific drugs • Safely administers oral chemotherapy • Safely administers an intravenous bolus • Administers vesicant drugs in the correct order • Checks fluids compatibility • Safely administers an intravenous infusion of chemotherapy • Safely administers chemotherapy intramuscularly or subcutaneously • Recognises side effects and/or reactions and takes appropriate action 	PRO				
--	----------	--	-----	--	--	--	--

3.2 Demonstrates a knowledge and understanding of maintaining a safe environment whilst preparing to and during the administration of chemotherapy	- Maintains a safe environment for self and others prior to, during and after the administration of chemotherapy	PRO				
	- Wears the appropriate personal protective equipment during preparation and administration of chemotherapy	PRO				
	- Handles chemotherapy and associated equipment safely, minimising risk of contamination, exposure and spillage whilst preparing and during the administration of chemotherapy	PRO				
	- Correctly and safely disposes of equipment following the administration of chemotherapy	PRO				

Part 3. Aim: The learner is able to safely and competently administer chemotherapy

3.1 Demonstrates the ability to safely administer chemotherapy

Table 5: List the different routes of administration for cytotoxic drugs and give an example of a drug that is commonly given by that route.

Route of Administration	Name of Drug

Activity 1: Use the treatment protocols to complete the following section (see pages 23 -28). For each disease identify:

- a. Protocol Name
- b. Schedule/Frequency of Treatment*
- c. Administration Considerations*
 - i. What chemotherapy is required
 - ii. Dose per m²
 - iii. Duration of treatment
 - iv. The adjuvant therapies required – What? Why? When? E.g. fluids

(* for the ALL protocol choose one part of regimen A, B or C e.g. remission induction to look at for schedule/frequency of treatment and administration considerations, and for the rhabdomyosarcoma, choose one risk group and state which one you have chosen).

N.B. NGH staff only need to complete the A.L.L., Rhabdomyosarcoma, and Hodgkin's Lymphoma protocols

Acute Lymphoblastic Leukaemia
Protocol Name:
Schedule of Treatment
Administration Considerations

Hodgkin's Lymphoma

Protocol Name:

Schedule of Treatment

Administration Considerations

Rhabdomyosarcoma
Protocol Name:
Schedule of Treatment
Administration Considerations

Osteosarcoma
Protocol Name:
Schedule of Treatment
Administration Considerations

Ependymoma

Protocol Name:

Schedule of Treatment

Administration Considerations

Low Grade Glioma
Protocol Name:
Schedule of Treatment
Administration Considerations

Record of Supervised / Assessed Practice
Administration of cytotoxic drugs as an intravenous bolus

Please note at least 2 of the intravenous bolus assessments must be a vesicant.

Assessment Number	Date	Drug	Strengths	Development Areas	Actions Agreed	Learner Initials	Mentor/Verifier Initials
1.							
2.							
3.							
4.							
5.							

The assessor must assess the nurses':

- a) knowledge regarding the drug to be administered
- b) potential side effects of the drug being administered
- c) knowledge of policies and procedures relating to the administration of cytotoxic drugs
- d) competency in carrying out the procedure

Record of Supervised / Assessed Practice
Administration of cytotoxic drugs as an intravenous infusion

Assessment Number	Date	Drug	Strengths	Development Areas	Actions Agreed	Learner Initials	Mentor/Verifier Initials
1.							
2.							
3.							
4.							
5.							

The assessor must assess the nurses':

- a) knowledge regarding the drug to be administered
- b) potential side effects of the drug being administered
- c) knowledge of policies and procedures relating to the administration of cytotoxic drugs
- d) competency in carrying out the procedure

**Record of Supervised / Assessed Practice
Administration of cytotoxic drugs orally**

Assessment Number	Date	Drug	Strengths	Development Areas	Actions Agreed	Learner Initials	Mentor/Verifier Initials
1.							
2.							

Administration of cytotoxic drugs via intramuscular/subcutaneous injection

Assessment Number	Date	Drug	Strengths	Development Areas	Actions Agreed	Learner Initials	Mentor/Verifier Initials
1.							
2.							

The assessor must assess the nurses':

- a) knowledge regarding the drug to be administered
- b) potential side effects of the drug being administered
- c) knowledge of policies and procedures relating to the administration of cytotoxic drugs
- d) competency in carrying out the procedure

Katie Rogers (August 2011) Adapted from the RCN competencies: an integrated career and competence framework for nurses working in the field of children and young people's cancer care (RCN 2010)

COMPETENCY STATEMENT

I feel competent in the procedure of handling cytotoxic chemotherapy in general and in the administration of cytotoxic chemotherapy via the **routes specified** below, having received appropriate training and been deemed competent by an assessor.

I accept professional accountability and responsibility in undertaking the role of administration and handling of cytotoxic chemotherapy via routes specified below.

ADMINISTRATION OF CYTOTOXIC CHEMOTHERAPY VIA INTRAVENOUS INFUSION		ADMINISTRATION OF CYTOTOXIC CHEMOTHERAPY VIA <i>BOLUS/ INTRAVENOUS ROUTE</i>	
Signature of Nurse:	Date:	Signature of Nurse:	Date:
Signature of Assessor:	Date:	Signature of Assessor:	Date:
Signature of Clinical Educator/Lead Nurse (NGH):	Date:	Signature of Clinical Educator/Lead Nurse (NGH):	Date:

ADMINISTRATION OF CYTOTOXIC CHEMOTHERAPY VIA ORAL ROUTE		ADMINISTRATION OF CYTOTOXIC CHEMOTHERAPY VIA <i>INTRAMUSCULAR / SUBCUTANEOUS ROUTE</i>	
Signature of Nurse:	Date:	Signature of Nurse:	Date:
Signature of Assessor:	Date:	Signature of Assessor:	Date:
Signature of Clinical Educator/Lead Nurse (NGH):	Date:	Signature of Clinical Educator/Lead Nurse (NGH):	Date: