

University Hospitals of Leicester NHS Trust

Children's Hospital



Children and Young People

Chemotherapy Administration

Assessment Booklet

Adapted from the RCN Competences: an integrated career and competence framework for nurses working in the field of children and young people's cancer care (RCN, 2010)

Chemotherapy Administration in Children and Young People

This is to *verify* that:

Name	Designation
Area	Date

Has reached the required standard for Chemotherapy Administration to C & YP in the following categories:

Assessment of Area of Practice	Assessors Name & Sign	Date
Attended CYPICS Chemotherapy study day		
Completed Assessment Booklet Section 2		
Completed Assessment Booklet Section 3		
Completed Assessment Booklet Section 4		
Completed Assessment Booklet Section 5		
Passed Assessment for Second Checking Chemotherapy		
Passed Oral Chemotherapy Administration Assessment		
Completed Assessment Booklet Section 7		
Completed Assessment Booklet Section 8		
Completed Assessment Booklet Section 9		
Completed Supervised Practice for Chemotherapy Administration		
Passed Final Assessment for Chemotherapy Administration		
Assessor for Chemotherapy Administration		



Chemotherapy Administration is an essential part of caring for the child or young person with cancer.

Through developing skills and competence in caring for the child receiving chemotherapy, and the administration of chemotherapy, practitioners can facilitate the delivery of holistic and timely care. For nurses working with children and young people, the second checking and administration of chemotherapy is an extended role.

Pre-requisites

Prior to commencing this training programme, nurses should be competent and confident in the care of the child and young person, including the use and management of peripheral and central venous lines.

Aim

The aim of this programme is to enable practitioners to develop and demonstrate competence in the handling, checking and administration of chemotherapy via specified routes according to the requirements of their role.

N.B. A separate package and competency assessment must be completed prior to being involved with the checking procedure for intrathecal chemotherapy.

Section 1 – Criteria for Undertaking Chemotherapy Administration

To undertake this training you must:

- Be supported by your employer to undertake chemotherapy administration
- Work in an area where chemotherapy administration forms a part of the care
- Be willing to undertake chemotherapy administration
- Accept accountability and responsibility for your actions
- Attend the CYPICS chemotherapy study day
- Undertake a period of supervised practice
- Be assessed as competent to undertake chemotherapy administration
- Maintain your competence by regularly practising this skill
- Keep up-to-date with any changes in the procedure, equipment, documentation or treatments

It is required that you complete the assessment booklet and be assessed as competent within 6 months of attending the study day. If you are struggling to achieve this target please let Katie Rogers, CYPICS Clinical Educator, or Ward 27 Ward Sister/ Matron know so that they can support you in the assessment process.

Please Note:

If you have been assessed previously in another trust within the UK then you can continue to practise in the Trust provided the following has been demonstrated:

- You can provide evidence of recent training and assessment of competence (previous 12 months)
- You have read and understand the relevant local policies related to chemotherapy handling and administration
- You have received additional training in the use of the equipment, documentation and procedures used in this trust
- You have undertaken a summative assessment by an appropriate assessor within this trust

Section 1 – Chemotherapy Administration Training Requirement

Chemotherapy administration is a practical skills underpinned by theoretical knowledge. Teaching and learning strategies will focus on developing the confidence and competence of the practitioner in performing the procedure safely, whilst being able to educate the child and family about their disease and the necessary treatments and their side effects.

Formal Training Requirement

A theory based training session, followed by a period of supervised practice until the practitioner is assessed as competent in the checking, handling and administration of chemotherapy.

Content of theory training session:

- Professional and Legal issues
- The cell cycle
- Pharmacology of chemotherapy
- Health and safety related to safe handling, spillage, extravasation, prescription
- Clinical trials
- Treatment protocols
- Intrathecal chemotherapy

Section 1 – Assessment

It is expected that to achieve competence in the checking and administration of chemotherapy to children and young people the practitioner will:

- Attend the chemotherapy study day
- Complete the chemotherapy administration competency booklet
- Complete the supervised practices in a timely manner
- Complete and pass the final assessment for chemotherapy administration
- Return the completed assessment booklet and final assessment framework to CYPICS Clinical Educator (Katie Rogers) within **6 months**.

Once the assessor and yourself agree that the level of competence has been achieved the Clinical Educator will document this in your training record and on e-UHL. Your ongoing competence will be maintained through the appropriate managerial, appraisal and clinical supervision processes.

Criteria for Assessors

To be able to assess the knowledge and competence of others in chemotherapy administration an assessor **must**:

- Be competent and confident in chemotherapy administration
- Practice the skill regularly
- Have knowledge of relevant policies and procedures
- Have been assessed as a competent chemotherapy administrator for **over 12 months**
- Be identified by W & C Division Education Lead as an LCAT assessor
- Have completed or be working towards:
 - NVQ 3 or 4 in Teaching and Learning
 - ENB 997/998
 - NVQ D32/33 (A1 assessors course)
 - City & Guilds 7307
 - LCAT Training
 - Other equivalent course

Section 1 – How to Use this Booklet

This booklet should be used by the practitioner undertaking this programme to build up a portfolio of evidence to demonstrate competence in all of the sections.

Evidence to demonstrate competence in all sections may include:

- Observation under supervision by a competent practitioner
- Reflective Practice
- Formal/informal discussion with assessor
- Feedback on observed practices by competent practitioners
- Demonstration of underpinning knowledge
- Evidence showing the development of skills and experience
- Final Assessment

Supervised Practice

Supervised practices should include a variety of chemotherapy drugs and treatment protocols. Supervised practices demonstrating underpinning knowledge and reflection on practice must be achieved before final assessment. There is space for the following supervised practices to be completed prior to the final assessment. These must be completed as a **minimum** and should include an LCAT assessment prior to the final assessment:

- 2 oral administrations
- 2 subcutaneous/intramuscular injections
- 5 intravenous infusions
- 5 intravenous boluses (2 of which must be a vesicant)

Please Note:

Final Assessments should only be undertaken when competence has been achieved in all sections, supervised practices have been completed including an interim LCAT assessment.

Section 2 – Legal and Professional Issues

Identify the local policies and procedures relating to the storage, transportation, safe handling, spillage and disposal of chemotherapy.

Identify the correct consent forms to be used for tumour banking, clinical trials and standard chemotherapy treatments (non-trial) and where they should be stored once completed:

Discuss what is required to gain informed consent:

Discuss who is able to provide informed consent for treatment with chemotherapy in:

- a) A child

- b) A teenager

- c) A young adult (over 18 years)

Who can obtain the consent?

Section 2 – Legal and Professional Issues

What procedure would you follow if consent is revoked by a legally competent person/person with parental responsibility?

Identify who is able to prescribe chemotherapy for children and young people with cancer at UHL

State what information is required on the chemotherapy prescription chart

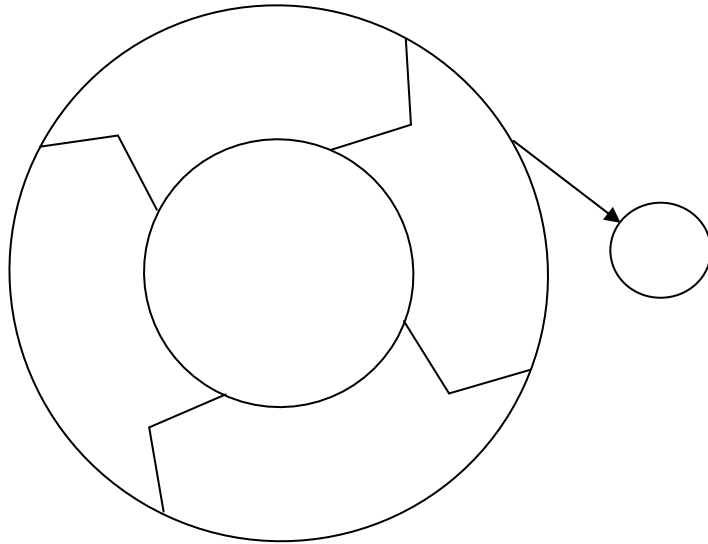
What would you do if the chemotherapy prescription was found to be unsigned during the checking process?

State what checks need to be completed prior to chemotherapy administration – i.e. what does the verification procedure involve

Identify all of the chemotherapy prescriptions used in UHL and what chemotherapy can be prescribed on each.

Section 3 – Cytotoxic Drugs and Treatment Protocols

Label the diagram of the cell cycle and briefly explain what happens within each phase



Identify three differences between normal and malignant cells:

Briefly explain how cytotoxic drugs work to kill cancer cells

Section 3 – Cytotoxic Drugs and Treatment Protocols

Describe what is meant by the cell kill hypothesis

Define what is meant by the following terms:

Cell-cycle specific chemotherapy:

Phase-specific chemotherapy:

Non-phase specific chemotherapy:

Discuss the rationale for combination chemotherapy

What is meant by pulsed chemotherapy and outline the reasons why this would be given.

Section 3 – Cytotoxic Drugs and Treatment Protocols

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 (complete table 1).

Table 1:

Classification	Drug Examples	Used to treat
	1. 2.	
	1. 2.	
	1. 2.	
	1. 2.	
	1. 2.	
	1. 2.	

Define what is meant by the following terms:

Treatment Protocol:

Cycle:

Course:

Supportive drugs:

Section 3 – Cytotoxic Drugs and Treatment Protocols

Identify the correct treatment protocol by name for a child with:

Acute Lymphoblastic Leukaemia:

Rhabdomyosarcoma:

Osteosarcoma:

Medullablastoma (standard risk)

How are most chemotherapy doses calculated?

Identify one drug and the specific pre-treatment investigations required for each toxicity (table 2):

Table 2:

Toxicity	Drug	Pre-treatment investigations
Cardiotoxic		
Nephrotoxic		
Ototoxic		
Pulmonary Toxic		

Section 3 – Cytotoxic Drugs and Treatment Protocols

For the following treatment courses identify the pre-treatment investigations required and what the acceptable blood values are in order for chemotherapy to commence:

A.L.L. Regimen B: Consolidation

Osteosarcoma: course AP

Ependymoma:

Discuss when you may need to withhold chemotherapy and the procedure you would follow:

Section 4 – Health and Safety

What measures are taken to reduce the risk and minimise exposure when handling chemotherapy:

Where should chemotherapy drugs be stored within the ward area:

What precautions should be taken when dealing with patient excreta and what advice would you give to parents/carers/young person/child?

Where is the cytotoxic spillage kit located and what does it contain?

How would you manage a spillage of chemotherapy?

Section 4 – Health and Safety

Explain the procedure for dealing with contaminated linen and equipment:

Explain the procedure you would follow if chemotherapy spilt onto the skin of a patient:

What is the role of occupational health in relation to cytotoxic contamination?

What advice would you give to a member of staff who administers chemotherapy if they informed you that they were pregnant?

Identify the local designated areas for intrathecal chemotherapy administration:

Discuss the role of the following personnel in relation to intrathecal chemotherapy:

Pharmacy department:

Intrathecal trained medical personnel:

Intrathecal trained nurses:

Section 5 – Oral Chemotherapy

Identify the chemotherapy drugs that are regularly administered via the oral route:

If a child was going home on oral chemotherapy, what advice would you give to a parent on how to administer the drug?

What precautions must be taken when administering 6-mercaptopurine and why?

What are the potential side effects of high dose steroids and how would you monitor for some of the effects?

Section 6 – Competency Assessment – Supervised Practice

Paediatric Chemotherapy Administration (2nd Checking) LCAT Assessment

Candidate's Name

Date

Paediatric Chemotherapy Administration (2 nd Checking)		Brief Clinical Details (as appropriate)	PERFORMANCE LEVEL or SCORE
COMPETENCE CATEGORY	POSITIVE FEATURES	OPPORTUNITIES FOR IMPROVEMENT (OMISSIONS)	
<p>Communication and working with the patient and/or family</p>	<p>Assesses the child's physical development and psychological needs before, during and after procedure</p> <p>Introduced self to the patient and/or carer</p> <p>Demonstrated suitable preparation of the patient and/or carer to include provision of written drug information</p> <p>Gained valid and ongoing consent</p> <p>Checked patient and/or carers understanding of administration method</p> <p>Demonstrated good communication skills appropriate for age, development and ability of patient & family throughout procedure</p> <p>Can explain rationale for the involvement of a play specialist</p> <p>Following procedure reassured child and parent</p>		
<p>Safety</p>	<p>Checked appropriate written consent obtained and documented in the medical notes prior to procedure</p> <p>Ensures all essential information is documented on the chemotherapy prescription chart</p> <p>Checked prescription and chemotherapy with treatment protocol</p> <p>Checked all pre-chemotherapy investigations have been undertaken and are within acceptable limits prior to commencing chemotherapy</p> <p>Checked child has been clerked and is fit to commence chemotherapy – and this is documented in the medical notes</p> <p>Checked patients identity prior to starting procedure</p> <p>Signs Drug chart before leaving patient & colleague</p>		

Infection Prevention	<p>Demonstrated appropriate hygiene practices including: hand cleaning</p> <p>Checked expiry dates on equipment to be used</p> <p>Checked infusion equipment is clean and prepared for use</p>	
Procedural Competence	<p>Checked prescription and chemotherapy with treatment protocol</p> <p>Correctly identified route and method of administration for each drug</p> <p>Correctly calculated infusion rate and programs pump accordingly (if applicable)</p> <p>Ensured patient was comfortable following procedure</p>	
Team Working	<p>Demonstrated limitations of own competence or knowledge</p> <p>Completed documentation appropriately</p> <p>Involved other team members appropriately</p> <p>Displayed respect for roles of team members</p>	
NOTES ON OVERALL PERFORMANCE (E.G. 2 OR 3 PARTICULAR STRENGTHS / WEAKNESSES)		
SPECIFIC STRATEGIES FOR IMPROVEMENT		OVERALL

Assessors Name	Signature	Date
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Additional Comments

Section 6 – Competency Assessment – Supervised Practice

Supervised Practice for the Administration of Oral Chemotherapy

Assessor should only sign each section when Competence has been achieved and practices should cover a range of medication applicable to the clinical area					
– the number of supervised practices expected will depend on your level of experience and recent clinical experience these should be agreed & done before Final Assessment					
Date	Medication and Dose	Demonstrates Safe Calculation & Preparation of Medicines	Demonstrates Correct Checking of Chart & Medicines	Demonstrates Correct & Safe Administration to Patient	Assessors Name and Signature
1					
2					
3					
4					
5	Final Assessment can take place AFTER this assessment				

Section 6 – Competency Assessment – Supervised Practice

Paediatric Oral Chemotherapy Administration LCAT Assessment

Candidate's Name

Date

Paediatric Oral Chemotherapy Administration		Brief Clinical Details (as appropriate)	
COMPETENCE CATEGORY	POSITIVE FEATURES	OPPORTUNITIES FOR IMPROVEMENT (OMISSIONS)	PERFORMANCE LEVEL or SCORE
<p>Communication and working with the patient and/or family</p>	<p>Assesses the child's physical development and psychological needs before, during and after procedure</p> <p>Introduced self to the patient and/or carer</p> <p>Demonstrated suitable preparation of the patient and/or carer to include provision of written drug information</p> <p>Explained potential side effects and precautions to the patient and/or parent/carer</p> <p>Gained valid and ongoing consent</p> <p>Checked patient and/or carers understanding of administration method</p> <p>Demonstrated good communication skills appropriate for age, development and ability of patient & family throughout procedure</p> <p>Can explain rationale for the involvement of a play specialist</p> <p>Following procedure reassured child and parent</p>		
<p>Safety</p>	<p>Checked appropriate written consent obtained and documented in the medical notes prior to procedure</p> <p>Ensures all essential information is documented on the chemotherapy prescription chart</p> <p>Checked prescription and chemotherapy with treatment protocol</p> <p>Checked all pre-chemotherapy investigations have been undertaken and are within acceptable limits prior to commencing chemotherapy</p> <p>Checked patients identity prior to starting procedure</p> <p>Trouble-shoots difficulties that arose</p> <p>Maximised own and safety of others during procedure</p>		

	<p>Demonstrated safe handling of chemotherapy</p> <p>Ensured all equipment disposed of correctly</p> <p>Described potential drug specific side effects and supportive therapies that may be required</p>	
Infection Prevention	<p>Demonstrated appropriate hygiene practices including: hand cleaning</p> <p>Demonstrated safe handling of chemotherapy</p> <p>Checked expiry dates on equipment to be used</p>	<input type="text"/>
Procedural Competence	<p>Checked prescription and chemotherapy with treatment protocol</p> <p>Applied appropriate personal protective equipment</p> <p>Administered chemotherapy according to prescription and Trust policy</p> <p>Dispose of equipment safely and appropriately</p> <p>Ensured patient was comfortable following procedure</p>	<input type="text"/>
Team Working	<p>Demonstrated limitations of own competence or knowledge</p> <p>Completed documentation appropriately</p> <p>Involved other team members appropriately</p> <p>Displayed respect for roles of team members</p>	<input type="text"/>
NOTES ON OVERALL PERFORMANCE (E.G. 2 OR 3 PARTICULAR STRENGTHS / WEAKNESSES)		
SPECIFIC STRATEGIES FOR IMPROVEMENT		OVERALL <input type="text"/>

Assessors Name	Signature	Date
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Additional Comments

Section 7 – Preparing the Child & Family

What information should you provide to a family prior to starting chemotherapy?

How would you prepare the following people for their first chemotherapy?

A 5 year old child:

A 16 year old:

What information would you give to a family/child about attending school whilst on treatment?
What other options are available to the child if they cannot attend school?

Section 7 – Preparing the Child & Family

What information would you provide to a family who was coming towards the end of treatment?

Section 8 – Managing Treatment Side Effects and Complications

State the potential adverse reactions of the following drugs and what you would do if this occurred (table 3).

Table 3:

Drug	Potential Reaction	Management/Treatment
Asparaginase		
Etoposide		
Ifosfamide		
Cytarabine		

If a young person had previously experienced significant nausea and vomiting with their last cycle of chemotherapy, what considerations would you make in relation to managing their nausea and vomiting for their next admission?

Discuss how you would plan the care of a pre-school child with severe mucositis:

Section 8 – Managing Treatment Side Effects and Complications

How would you explain to a parent what neutropenia is and what they should be aware of when caring for their child at home?

What information would you provide to a family about when and how to seek advice when side effects develop at home?

What does extravasation mean and what signs and symptoms may be observed if an extravasation is suspected?

Where is the extravasation kit located and what is included within it?

Section 8 – Managing Treatment Side Effects and Complications

What would be your immediate management if an extravasation of doxorubicin is suspected?
Explain the following terms and identify 2 examples of drugs from each group: (table 4)

Table 4:

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.

Section 9 – Administration of Chemotherapy

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

Table 5:

Route of Administration	Name of Drug

Section 9 – Administration of Chemotherapy

Activity 1:

Use the treatment protocols to complete the following section. For each disease identify:

Protocol Name

Schedule/Frequency of Treatment*

Administration Considerations*

What chemotherapy is required

Dose per m²

Duration of treatment

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).

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

Section 10 – Competency Assessment – Supervised Practice

Supervised Practice for the Administration of Subcutaneous/Intramuscular Chemotherapy

Assessor should only sign each section when Competence has been achieved and practices should cover a range of medication applicable to the clinical area					
– the number of supervised practices expected will depend on your level of experience and recent clinical experience these should be agreed & done before Final Assessment					
Date	Medication and Dose	Demonstrates Safe Calculation & Preparation of Medicines	Demonstrates Correct Checking of Chart & Medicines	Demonstrates Correct & Safe Administration to Patient	Assessors Name and Signature
1					
2					
3					
4					
5	Final Assessment can take place AFTER this assessment				

Section 10 – Competency Assessment – Supervised Practice

Supervised Practice for the Administration of Intravenous Bolus Chemotherapy

Assessor should only sign each section when Competence has been achieved and practices should cover a range of medication applicable to the clinical area					
– the number of supervised practices expected will depend on your level of experience and recent clinical experience these should be agreed & done before Final Assessment					
– at least 2 of these assessments should be with vesicant chemotherapy					
Date	Medication and Dose	Demonstrates Safe Calculation & Preparation of Medicines	Demonstrates Correct Checking of Chart & Medicines	Demonstrates Correct & Safe Administration to Patient	Assessors Name and Signature
1					
2					
3					
4					
5	Final Assessment can take place AFTER this assessment				

Section 10 – Competency Assessment – Supervised Practice



Supervised Practice for the Administration of Intravenous Infusion Chemotherapy

Assessor should only sign each section when Competence has been achieved and practices should cover a range of medication applicable to the clinical area					
– the number of supervised practices expected will depend on your level of experience and recent clinical experience these should be agreed & done before Final Assessment					
Date	Medication and Dose	Demonstrates Safe Calculation & Preparation of Medicines	Demonstrates Correct Checking of Chart & Medicines	Demonstrates Correct & Safe Administration to Patient	Assessors Name and Signature
1					
2					
3					
4					
5	Final Assessment can take place AFTER this assessment				

Section 10 – Competency Assessment – Supervised Practice

Paediatric Chemotherapy Administration LCAT Assessment

Candidate's Name		Date	
Paediatric Chemotherapy Administration		Brief Clinical Details (as appropriate)	PERFORMANCE LEVEL or SCORE
COMPETENCE CATEGORY	POSITIVE FEATURES	OPPORTUNITIES FOR IMPROVEMENT (OMISSIONS)	
<p>Communication and working with the patient and/or family</p>	<p>Assesses the child's physical development and psychological needs before, during and after procedure</p> <p>Introduced self to the patient and/or carer</p> <p>Demonstrated suitable preparation of the patient and/or carer to include provision of written drug information</p> <p>Explained potential side effects to the patient and/or parent/carer</p> <p>Shared information and explained procedure to the patient and/or their carer</p> <p>Gained valid and ongoing consent</p> <p>Checked patient and/or carers understanding of administration method</p> <p>Worked with patient and/or carers to gain on-going cooperation</p> <p>Demonstrated good communication skills appropriate for age, development and ability of patient & family throughout procedure</p> <p>Consider involving play specialist or other professionals– can explain rationale for this</p> <p>Following procedure reassured child and parent</p>		
<p>Safety</p>	<p>Checked appropriate written consent obtained and documented in the medical notes prior to procedure</p> <p>Checked prescription and chemotherapy with treatment protocol</p> <p>Checked all pre-chemotherapy investigations have been undertaken and are within acceptable limits prior to commencing chemotherapy</p>		

	<p>Checked child has been clerked and is fit to commence chemotherapy</p> <p>Able to describe circumstances when chemotherapy should be withheld and what action to take</p> <p>Checked patients identity prior to starting procedure</p> <p>Trouble-shoots difficulties that arose</p> <p>Maximised own and safety of others during procedure</p> <p>Demonstrated safe handling of chemotherapy</p> <p>Monitored patient safety throughout</p> <p>Ensured sharps and all equipment disposed of correctly</p> <p>Described potential drug specific side effects and supportive therapies that may be required</p> <p>Described signs of extravasation</p>	
<p>Infection Prevention</p>	<p>Demonstrated appropriate hygiene practices including: hand cleaning</p> <p>Wore appropriate gloves, apron and PPE</p> <p>Checked expiry dates on equipment to be used</p> <p>Checked infusion equipment is clean and prepared for use</p> <p>Appropriate use of non-touch technique</p> <p>Disposed of waste appropriately</p>	
<p>Procedural Competence</p>	<p>Checked prescription and chemotherapy with treatment protocol</p> <p>Correct selection of equipment – able to give rationale for choice</p> <p>Applied appropriate personal protective equipment</p> <p>Demonstrated correct preparation of IV tray using ANTT</p> <p>Correctly identified route and method of administration for each drug</p> <p>Primed infusion line with compatible fluid (if applicable)</p> <p>Checked correct position of central line prior to chemotherapy administration (ensures line bleeds back or position correct on x-ray)</p> <p>Administered chemotherapy according to prescription and Trust policy</p> <p>Administered any vesicant drugs first (if given as a bolus)</p>	

	<p>Administered chemotherapy hydration as per prescription (if applicable)</p> <p>Correctly calculated infusion rate and programs pump accordingly (if applicable)</p> <p>Ensured patient was comfortable following procedure</p> <p>Disposed of equipment safely and appropriately</p>	
<p>Team Working</p>	<p>Performed chemotherapy administration following legal, professional and policy requirements</p> <p>Demonstrated limitations of own skill, competence or knowledge</p> <p>Completed documentation appropriately</p> <p>Involved other team members appropriately</p> <p>Displayed respect for roles of team members</p> <p>Left clinical area clean and tidy</p> <p>Demonstrated awareness of the risk and complications to self and child associated with chemotherapy administration</p> <p>Ensures ward staffing and skill mix will enable chemotherapy administration when necessary</p>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
<p>NOTES ON OVERALL PERFORMANCE (E.G. 2 OR 3 PARTICULAR STRENGTHS / WEAKNESSES)</p>		
<p>SPECIFIC STRATEGIES FOR IMPROVEMENT</p>		<p style="text-align: center;">OVERALL</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>

Assessors Name	Date

Additional Comments



Chemotherapy Assessment Booklet 2012

