POLICY FOR THE ADMINISTRATION OF CYTARABINE (CYTOSINE ARABINOSIDE) IN A PAEDIATRIC PATIENT’S HOME

V1.0

27 Feb 2013
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1. Introduction
   1.1. Treatment for Acute Lymphocytic Leukaemia is made up of blocks of oral chemotherapy interspersed with blocks of intensive intravenous chemotherapy. This can result in patients spending long periods of time in hospital, which can severely impact on the quality of life not only of the patient but also the family. The use of home intravenous chemotherapy can reduce the psychological impact of repeated and prolonged periods in hospital, reduce the risk of hospital acquired infections and reduce the disruption to family life.

1.2. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure
   2.1. The administration and storage of cytotoxic chemotherapy needs to be carefully managed due to the toxic nature of the drugs involved. This policy aims to make this process as safe as possible for the patient, the family and the nurses involved.

3. Scope
   3.1. This policy should be followed by any nurses involved in the administration of intravenous chemotherapy to paediatric patients in the home environment (namely the CLIC outreach nurses).

   3.2. This policy is solely for use in the patient’s home and chemotherapy should not be administered in a school setting.

   3.3. This policy should be read in conjunction with the Royal Cornwall Hospitals Trust policies “The safe handling and administration of cytotoxic products” and “Management of Extravasation of Cytotoxic Drugs in Children”

4. Definitions / Glossary
   ALL – Acute Lymphocytic Leukaemia
   PPE – Personal Protective Equipment. This is equipment, such as aprons, goggles and gloves required to protect the operator from harmful chemicals such as chemotherapy drugs and bodily fluids. See Trust policy “The safe handling and administration of cytotoxic products” for further information.

5. Ownership and Responsibilities

5.1 Role of the Managers
   Line managers are responsible for:
   - Ensuring staff receive appropriate training
   - That there are suitable numbers of trained staff at any one time to carry out this policy where required

5.2 Role of Individual Staff
5.2.1 Nurses

- To ensure they are familiar with this policy and all other policies linked to this policy
- To ensure they have access to all the materials required to comply with this policy (as laid out in section 6)
- To ensure all materials required are in date at time of use

6. Standards and Practice

6.1. Training

6.1.1. Nurses administering cytotoxic chemotherapy in the home must have completed the required Trust training related to IV therapy and administration of chemotherapy and be named as an authorised nurse on the register of nurses allowed to give cytotoxic chemotherapy to children in the Trust.

6.2. Equipment required

6.2.1. The nurse must transport the following equipment to the patients home where the cytotoxic chemotherapy is to be administered:
- Appropriate PPE as laid out in the Trust policy “The safe handling and administration of cytotoxic products”
- Equipment required for safe disposal of contaminated materials (see section 6.5)
- Anaphylaxis kit, produced and maintained by individual nurses, and used in accordance with Resuscitation Council Algorithm (see http://www.resus.org.uk/pages/anapost1.pdf). This should contain:
  - CHLORPHENAMINE 10mg INJECTION X 1
  - HYDROCORTISONE sodium succinate 100mg X2
  - WATER FOR INJECTION 5mL X 2
  - ADRENALINE 1 in 1000 1mL AMPOULES X 1 BOX
  - 1mL SYRINGE X 3
  - 2mL SYRINGE X 3
  - 12 NEEDLES (GREEN)
- Equipment required to deal with an extravasation (see section 6.6) including a copy of the Trust policy “Management of Extravasation of Cytotoxic Drugs in Children”. It is the nurse’s responsibility to ensure that they have an up-to-date version of this policy available to them.
- A cytotoxic spillage kit, available from the pharmacy department. This can be stored on Sennen ward when not in use.
- The syringes, flushes and other equipment required to administer the medication safely.

6.3. Transport of medication

6.3.1. Cytarabine syringes should be provided ready prepared in heat sealed bags to Sennen ward for appropriate storage in the dedicated chemotherapy cupboard.
6.3.2. The cytarabine should be collected immediately prior to going to the patient’s home. It is good practice to check the medication against the prescription with a member of the ward staff before transferring to a locked box.

6.3.3. The original prescription should be signed by the administering nurse and the nurse checking prior to removing the product to go to the patient’s home. The original prescription should be left on the ward. A photocopy should be made to take to the patient’s home to allow a final check with the parents/patient prior to administration.

6.4. Administration

6.4.1. Administration should occur in an environment conducive to safe administration. This would usually be the kitchen, where a sink and water is available, in an area where food is not present. The area should be clean and preferably not carpeted in case of spillages. The area should be free from distractions (i.e. other children and animals).

6.4.2. Prior to administration it is good practice to check the drug to be administered with the parent or child if competent provided they are happy to do this. If this occurs the parent/patient should sign the photocopied prescription along with the administering nurse. This copy should be returned to the ward when complete to file in the patient’s notes.

6.4.3. Cytarabine should be administered as per the trust policy “The safe handling and administration of cytotoxic products”

6.5. Waste handling

6.5.1. Waste should be handled as laid out in the Trust policy “The safe handling and administration of cytotoxic products”

6.6. Extravasation

6.6.1. Extravasations should be managed as per the Trust policy “Management of Extravasation of Cytotoxic Drugs in Children”.

6.6.2. Cytarabine is a relatively safe drug when extravasated. In order to manage an extravasation the nurses should have access to a heat pack. These are available on EROS, under “hand warmer”, MYCOAL brand.

6.6.3. If extravasation occurs medical advice from the CLIC unit (01872 252069) should be sought immediately.

6.7. Spillages

6.7.1. Spillages should be dealt with as laid out in the Trust policy “The safe handling and administration of cytotoxic products” using the spillage kit provided by the pharmacy department.
6.8. **Storage**

6.8.1. Where possible the dose of chemotherapy should be collected from Sennen ward each day directly prior to administration.

6.8.2. Where this is not possible and storage is required in a patient’s home the parents should be made aware of the risks of the medication. The drugs should be stored in the locked container (to which only the CLIC nurses have access) away from food and out of reach of children in a cool place.

### 7. Dissemination and Implementation

7.1. This document will be available on the document library. Staff will be notified of the existence of the policy and any changes made as part of the week paediatric oncology MDT meeting.

### 8. Monitoring compliance and effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>DATIX error reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Paediatric oncology MDT, with the help of the Sennen ward manager</td>
</tr>
<tr>
<td>Tool</td>
<td>DATIX reporting</td>
</tr>
<tr>
<td>Frequency</td>
<td>Annually</td>
</tr>
<tr>
<td>Reporting arrangements</td>
<td>To be reported to Paediatric Oncology MDT</td>
</tr>
<tr>
<td>Acting on recommendations and Lead(s)</td>
<td>Paediatric Oncology MDT will act if procedures need to be reviewed</td>
</tr>
<tr>
<td>Change in practice and lessons to be shared</td>
<td>Changes will be implemented through the Paediatric Oncology MDT</td>
</tr>
</tbody>
</table>

### 9. Updating and Review

9.1. This document will be reviewed by the child health directorate and pharmacy every 3 years.

### 10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement.
# Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Policy for the administration of Cytarabine (Cytosine Arabinoside) in a paediatric patient’s home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>27 Feb 2013</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>27 Feb 2013</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>27 Feb 2015</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>Sabrina Tierney, Paediatric Oncology MDT, Sennen ward</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 252891</td>
</tr>
<tr>
<td>Brief summary of contents</td>
<td>This policy outline the procedures that need to be followed by any nurses involved in the administration of intravenous chemotherapy to paediatric patients in the home environment</td>
</tr>
<tr>
<td>Suggested Keywords:</td>
<td>Paediatric Oncology Home chemotherapy Cytarabine</td>
</tr>
<tr>
<td>Target Audience</td>
<td>RCHT ✗ PCT CFT</td>
</tr>
<tr>
<td>Executive Director responsible for Policy:</td>
<td>Director of Nursing, Midwifery and AHPs</td>
</tr>
<tr>
<td>Date revised:</td>
<td>N/A</td>
</tr>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td>New Document</td>
</tr>
<tr>
<td>Approval route (names of committees)/consultation:</td>
<td>Child Health Guidelines committee MPC</td>
</tr>
<tr>
<td>Divisional Manager confirming approval processes</td>
<td>Divisional Manager – diagnostics and therapeutics</td>
</tr>
<tr>
<td>Name and Post Title of additional signatories</td>
<td>Not required</td>
</tr>
<tr>
<td>Signature of Executive Director giving approval</td>
<td>{Original Copy Signed}</td>
</tr>
<tr>
<td>Publication Location (refer to Policy on Policies – Approvals and Ratification):</td>
<td>Internet &amp; Intranet ✗ Intranet Only</td>
</tr>
<tr>
<td>Document Library Folder/Sub Folder</td>
<td>Clinical / Paediatrics</td>
</tr>
<tr>
<td>Links to key external standards</td>
<td>None</td>
</tr>
<tr>
<td>Related Documents:</td>
<td>• The safe handling &amp; administration of cytotoxic products, RCHT</td>
</tr>
</tbody>
</table>
• Management of Extravasation of Cytotoxic Drugs in Children, RCHT

Training Need Identified? No

Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 Dec 12</td>
<td>V1.0</td>
<td>Initial Issue</td>
<td>Sabrina Tierney, Clinical pharmacist</td>
</tr>
</tbody>
</table>

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document
This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.
**Appendix 2. Initial Equality Impact Assessment Screening Form**

<table>
<thead>
<tr>
<th>Name of service, strategy, policy or project (hereafter referred to as <em>policy</em>) to be assessed:</th>
<th>policy for the administration of Cytarabine (Cytosine Arabinoside) in a paediatric patient’s home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directorate and service area:</td>
<td>Paediatrics</td>
</tr>
<tr>
<td>Is this a new or existing Procedure?</td>
<td>New</td>
</tr>
<tr>
<td>Name of individual completing assessment:</td>
<td>Sabrina Tierney</td>
</tr>
<tr>
<td>Telephone:</td>
<td>01872 252590</td>
</tr>
</tbody>
</table>

1. **Policy Aim***
   - To provide guidance on the safe administration of chemotherapy in the home setting

2. **Policy Objectives***
   - To ensure chemotherapy is given safely at home

3. **Policy – intended Outcomes***
   - Safe administration of chemotherapy

4. **How will you measure the outcome?**
   - Monitoring of DATIX reports

5. **Who is intended to benefit from the Policy?**
   - Paediatric patients and their families during ALL treatment
   - Outreach nurses to provide guidance for their practice

6a. **Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?**
   - Yes

b. **If yes, have these groups been consulted?**
   - Yes

c. **Please list any groups who have been consulted about this procedure.**
   - Paediatric Oncology MDT

*Please see Glossary

**7. The Impact**

Please complete the following table using ticks. You should refer to the EA guidance notes for areas of possible impact and also the Glossary if needed.

- Where you think that the *policy* could have a **positive** impact on any of the equality group(s) like promoting equality and equal opportunities or improving relations within equality groups, tick the ‘Positive impact’ box.
- Where you think that the *policy* could have a **negative** impact on any of the equality group(s) i.e. it could disadvantage them, tick the ‘Negative impact’ box.
- Where you think that the *policy* has **no impact** on any of the equality group(s) listed below i.e. it has no effect currently on equality groups, tick the ‘No impact’ box.
<table>
<thead>
<tr>
<th>Equality Group</th>
<th>Positive Impact</th>
<th>Negative Impact</th>
<th>No Impact</th>
<th>Reasons for decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td>✓</td>
<td>Procedure available to all patients who require treatment.</td>
</tr>
<tr>
<td>Disability</td>
<td></td>
<td></td>
<td>✓</td>
<td>Procedure available to all patients who require treatment.</td>
</tr>
<tr>
<td>Religion or belief</td>
<td></td>
<td></td>
<td>✓</td>
<td>Procedure available to all patients who require treatment.</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td>✓</td>
<td>Procedure available to all patients who require treatment.</td>
</tr>
<tr>
<td>Transgender</td>
<td></td>
<td></td>
<td>✓</td>
<td>Procedure available to all patients who require treatment.</td>
</tr>
<tr>
<td>Pregnancy/ Maternity</td>
<td></td>
<td></td>
<td>✓</td>
<td>Procedure available to all patients who require treatment.</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td>✓</td>
<td>Procedure available to all patients who require treatment.</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td></td>
<td></td>
<td>✓</td>
<td>Procedure available to all patients who require treatment.</td>
</tr>
<tr>
<td>Marriage / Civil Partnership</td>
<td></td>
<td></td>
<td>✓</td>
<td>Procedure available to all patients who require treatment.</td>
</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- A negative impact and
- No consultation (this excludes any policies which have been identified as not requiring consultation).

8. If there is no evidence that the policy promotes equality, equal opportunities or improved relations - could it be adapted so that it does? How?

Full statement of commitment to policy of equal opportunities is included in the policy.

Please sign and date this form.

Keep one copy and send a copy to Matron, Equality, Diversity and Human Rights, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Chyvean House, Penventinnie Lane, Truro, Cornwall, TR1 3LJ

A summary of the results will be published on the Trust’s web site.

Signed _______________________________________

Date _________________________________________