



CLINICAL POLICY

Cancer Chemotherapy Ordering and Administration-Part 1: Chemotherapy Ordering

A. EFFECTIVE DATE :

October 19, 2021

B. PURPOSE :

To define the required process for safely ordering cancer chemotherapy.

C. POLICY :

1. The attending oncologist is responsible for the selection of the appropriate of the chemotherapeutic regimen for cancer therapy.
2. The initial order (first cycle) for a chemotherapy regimen must be entered by the attending oncologist.
 - i. Oncology fellows may enter initial chemotherapy orders under the direct supervision of the attending oncologist.
 1. Initial chemotherapy orders entered by a fellow require co-signature of attending oncologist.
3. Chemotherapy orders may be modified and / or renewed as clinically necessary by fellows or APRNs working in hematology / oncology as delegated by attending oncologist.
4. Changes may be made to orders for first cycles of cancer therapy by an APRN or hematology/oncology fellow if a dose change of less than 10% is required.
5. Dose differences greater than 10% may require changes to the cancer therapy order and may be written by an APRN or hematology / oncology fellow with approval from an Attending MD.
 - i. The APRN or fellow must make a notation of the approval by an Attending MD in the medical record.
6. A *Consent for Administration of Chemotherapy* form must be signed by both the patient and legal representative) and provider (either the attending oncologist or oncology fellow) and be present prior to the first administration of an antineoplastic regimen and prior to any change in regimen (refer to HAM policy 08-097, Chemotherapy Consent).

7. A reference is required for each cancer therapy protocol ordered and must be available for all staff involved in the ordering, preparation, and administration of the chemotherapy.
 - i. The National Comprehensive Cancer Network Chemotherapy Templates (NCCN Templates) are the primary references used.
 - ii. If an NCCN template is not available for the protocol ordered, another reference must be provided (a peer-reviewed reference is preferred).
8. No verbal/telephone orders for cancer therapy will be accepted by a Registered Nurse.
 - i. Exception: Verbal/telephone orders for holding chemotherapy doses may be accepted by a Registered Nurse.
9. A licensed independent practitioner is on-site and immediately available to staff who administer chemotherapy in the health care setting.

D. SCOPE :

This policy applies to all inpatient and outpatient cancer chemotherapy regimens.

E. DEFINITIONS :

1. **Chemotherapy** – All antineoplastic agents used to treat cancer, administered through oral, parenteral or other routes. Types include targeted agents, alkylating agents, antimetabolites, plant alkaloids, topoisomerase inhibitors, antitumor antibiotics, monoclonal antibodies, biologics and related agents. Hormonal therapies are not included in the definition of chemotherapy.
2. **Chemotherapy regimen** – One or more chemotherapeutic agents used alone or in combination in a well-defined protocol or course of treatment, generally administered cyclically.

F. MATERIAL(S) NEEDED :

None

G. PROCEDURE :

1. For ordering of a new chemotherapy regimen, the attending oncologist will ensure the following elements are available in the medical record:
 - a. Pathologic confirmation or verification of initial diagnosis.
 - b. Initial cancer stage or current cancer status.
 - c. Complete medical history and physical examination, including pregnancy status, as applicable.
 - d. Presence or absence of allergies and history of hypersensitivity reactions.
 - e. Assessment of the patient's and/or caregiver's comprehension of information regarding the disease and treatment plan.
 - f. Initial psychosocial assessment, with action taken when indicated.
 - g. The chemotherapy treatment plan, including, at a minimum, the patient diagnosis, drugs, doses, duration of treatment, and goals of therapy.
 - h. Planned frequency of office visits and patient monitoring that is appropriate for the individual chemotherapy agent(s).
 - i. Signed consent for chemotherapy (*located in the media tab within Epic Beacon application*).
2. On each clinical encounter for chemotherapy clearance, oncology attending, fellow or APRN performs and documents a patient assessment that includes at least the following:
 - a. Functional status and/or performance status.
 - b. Vital signs.

- c. Weight is measured at least weekly when present in the health care setting.
 - d. Height is measured at least weekly when present in the health care setting and when appropriate to the treatment population.
 - e. Allergies and previous treatment-related reactions.
 - f. Treatment toxicities.
 - g. Pain assessment.
3. For all cancer chemotherapy orders, ordering practitioner will ensure order include the following:
- a. The patient's name.
 - b. A second patient identifier.
 - c. The date the order is written.
 - d. Regimen or protocol name and number.
 - e. Cycle number and day, when applicable.
 - f. All medications within the order set are listed by using full generic names.
 - g. Drug dose is written following standards for abbreviations, trailing zeros, and leading zeros.
 - h. The dose calculation, including the calculation methodology.
 - i. Date of administration.
 - j. Route of administration.
 - k. Allergies.
 - l. Supportive care treatments that are appropriate for the regimen, including pre-medications, hydration, growth factors, and hypersensitivity medications.
 - m. Parameters that would require holding or modifying the dose, for example, laboratory values, diagnostic test results, and patient's clinical status.
 - n. Sequencing of drug administration, when applicable.
 - o. Rate of drug administration, when applicable.
 - p. An explanation of time limitation, such as the number of cycles for which the order is valid.
 - i. In the metastatic setting, the same regimen may be renewed as appropriate since the number of cycles will be determined by individual patient response to treatment.
4. For oral cancer chemotherapy regimens, whether to be dispensed by UConn Health or a specialty pharmacy, the ordering practitioner will ensure the following elements are included:
- a. The patient's name.
 - b. A second patient identifier.
 - c. Full generic drug name.
 - d. The date of order.
 - e. Drug dose following standards for abbreviations, symbols, and dose designations.
 - f. Includes calculation methodology.
 - g. Route of administration, special instructions if applicable.
 - h. Drug quantity to be dispensed.
 - i. Schedule of administration.
 - j. Duration of therapy and an explanation of time limitation, such as number of cycles.
 - k. Number of refills, with zero being the acceptable default value.

H. ATTACHMENTS :

None

I. REFERENCES :

1. 2016 Updated American Society of Clinical Oncology/Oncology Nursing Society Chemotherapy Administration Safety Standards, Including Standards for Pediatric Oncology. Michael N. Neuss, Terry R. Gilmore, Kristin M. Belderson, Amy L. Billett, Tara Conti-Kalchik, Brittany E. Harvey, Carolyn Hendricks, Kristine B. LeFebvre, Pamela B. Mangu, Kristen McNiff, MiKaela Olsen, Lisa Schulmeister, Ann Von Gehr, and Martha Polovich. Journal of Oncology Practice 2016 12:12, 1262-127

J. SEARCH WORDS :

chemotherapy, cancer therapy, chemotherapy regimen, chemo orders, oral chemotherapy

K. ENFORCEMENT:

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

L. STAKEHOLDER APPROVALS :

On File

M. COMMITTEE APPROVALS :

None

N. FINAL APPROVAL :

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 1. <u>Andrew Agwunobi, MD (Signed)</u>
Andrew Agwunobi, MD, MBA
UConn Health Chief Executive Officer | <u>10/21/2021</u>
Date |
| 2. <u>Anne D. Horbatuck, (Signed)</u>
Anne D. Horbatuck, RN, BSN, MBA
Clinical Policy Committee Co-Chair | <u>10/21/2021</u>
Date |
| 3. <u>Scott Allen, MD (Signed)</u>
Scott Allen, MD
Clinical Policy Committee Co-Chair | <u>10/21/2021</u>
Date |
| 4. <u>Caryl Ryan (Signed)</u>
Caryl Ryan, MS, BSN, RN
Interim Chief Operating Officer, JDH
VP Quality and Patient Services & Chief Nursing Officer | <u>10/20/2021</u>
Date |

O. REVISION HISTORY :

Date Issued: 7/97

Date Revised: 2/00, 11/03, 10/09, 3/11, 8/11, 8/13 (combined with other chemotherapy related Hospital and Nursing policies), 4/18, 10/21

Date Reviewed: 3/05, 11/15