



## CLINICAL POLICY

### Cancer Therapy Ordering and Administration - Part 3: Safe administration of intra-cerebrospinal fluid anticancer therapy (ICC)

**A. EFFECTIVE DATE:**

October 19, 2021

**B. PURPOSE:**

To establish a consistent and safe practice of prescribing, preparing, administering and monitoring of ICC. This policy reflects the institutional regulations on safe prescribing and administration of ICC that applies to all patients treated at UConn Health.

**C. POLICY:**

1. All staff involved in ICC prescribing, preparing, administration, and monitoring should be included in a formal training appropriate to their roles in these procedures.
2. ICC certified staff will include, but are not be limited to, Hematology/Medical Oncology Attendings and Fellows, Hematology/Oncology APRNs, Pharmacists and Pharmacy Technicians, Hematology/Oncology Nurses, Interventional Radiology Attendings and Nurses.
3. The NEAG Cancer Center Medical Director, or designee, will provide oversight and review for all process and issues related to ICC administration.
  - a. Deviations from this policy should be reported to the NEAG Cancer Center Medical Director, or designee, the Medical Hematology/Oncology Fellowship Program Director, the Oncology Pharmacy Clinical Coordinator, Hematology/Oncology Nursing Director, and the Clinical Effectiveness and Patient Safety Department.
  - b. Once approved, this policy will be reviewed and updated at a minimum of every 3 years by the NEAG Cancer Center Medical Director or designee in accordance with the Joint Commission. All suggestions and / or changes to this policy should be discussed with the NEAG Cancer Center Medical Director or designee.
4. Education, Training and Certification:
  - a. Training and certification should take place as follows:
    - a. For the Faculty/Fellows/APRN'S/Pharmacy: as part of their initial hospital training
    - b. For the Nurses: as part of their initial hospital training on high alert medications and/or chemotherapy and immunotherapy administration.
  - b. The training sessions will include:
    - a. Prescribing ICC
    - b. Verifying ICC

- c. Preparing and dispensing of ICC
- d. Administering ICC
- e. Patient monitoring post ICC
- c. Certified ICC Staff will conduct the course. This will include members from each specialty area.

5. ICC Administration:

- a. ICC should not be administered on weekends, holidays, or after working hours unless it is urgent.
- b. If the ICC is to be given outside of normal working hours, the Oncology Pharmacy Clinical Coordinator or Director of the Pharmacy Department must be notified in advance unless deemed an emergency.

**D. SCOPE:**

NEAG Cancer Center Medical Director, Hematology/Medical Oncology Attendings and Fellows, Hematology/Oncology APRNS, Pharmacists and Pharmacy Technicians, Hematology/Oncology Nurses, Interventional Radiology Attendings and Nurses.

**E. DEFINITIONS:**

- 1. **Intracerebral anticancer therapy (ICC)** – anticancer therapy administered by injection through a lumbar puncture (intrathecal) or intraventricular Ommaya reservoir to prevent or treat leptomeningeal metastases.

**F. MATERIAL(S) NEEDED:**

- 1. Anticancer agent
- 2. Hazardous drug-rated personal protective equipment (PPE)

**G. PROCEDURE :**

- 1. Prescribing ICC Regulations:

According to guidelines established for the safe administration of cancer therapy and the chemotherapy consent process (*HAM policies 08-041 & 08-097*)

- a. ICC orders are created within the electronic medical record for computerized physician order entry.
  - b. The chemotherapy order will be available to the pharmacy at a minimum of 24 hours in advance of the procedure along with a reference protocol if not already available.
  - c. Documentation should be provided in the chart regarding the ICC indications and the potential side effects that have been discussed with the patient.
  - d. The practitioner administering the ICC chemotherapy will verify a signed, valid chemotherapy consent is present in the medical record prior to administration.
- 2. Preparation of ICC:
    - a. The pharmacy personnel dedicated to preparation of ICC will not prepare any other chemotherapy at the same time.
    - b. All ICC will be made with **preservative-free** products.
    - c. The pharmacist will review the order, label and product for correct preparation according to pharmacy policy.

- d. A second pharmacist will double-check the completed product label with orders to verify accuracy.
- e. ICC medication will be placed in a chemotherapy bag labeled as chemotherapy and will not include any other medication within the bag.

3. Delivery of Intra-CSF Chemotherapy:

- a. All the ICC medications should be delivered to the designated administration area and given directly to a certified provider or placed in a locked box designated for ICC.

2. ICC Administration:

- a. ICC Chemotherapy Administration will be performed by certified provider only.
- b. Confirm that consent has been obtained for procedure to access CSF.
- c. No intravenous medication is given at the same time or in the same room as the ICC, if needed the intravenous medication should be given in another setting, unless it must be given emergently.
- d. An “intra-CSF chemotherapy injection in progress” sign should be hung on the outside of the procedure room door to minimize distraction.
- e. Two licensed staff members (at least one of them must be a certified provider) must independently verify and cosign the original order of the delivered medication.
- f. The administering certified provider should never inject the ICC if there is any discrepancy between the label and the order. Any discrepancy should be addressed and resolved by the pharmacy. The Director of Pharmacy and NEAG Cancer Center Medical Director or designee must be notified of this event.

H. **ATTACHMENTS / LINKS:**

[HAM policy 08-097, Chemotherapy Consent](#)

[HAM policy 11-019, Safe Handling of Hazardous Drugs](#)

[HAM policy 08-041-Part 1, Cancer Therapy Ordering and Administration - Part 1: Chemotherapy Ordering](#)

Elsevier Nursing Clinical Skills Manual: [Antineoplastic Drug Administration: Intrathecal \(Oncology\)](#)

I. **REFERENCES :**

Clement JM, Holle LM. Safe Administration of intra-cerebral spinal fluid (CSF) chemotherapy: time for guidelines. *J Oncol Pract.* 2017;13:713-718.

J. **SEARCH WORDS :**

Chemotherapy, cancer therapy, anticancer therapy, intrathecal therapy, intraventricular therapy, intracerebral therapy, ICC

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

**O. REVISION HISTORY :**

Date Issued: 10/2013

Date Revised: 6/2018 Titled, *HAM 08-041 Part VIII*, Revised and re-named *HAM 08-041 Part 3*, 5/2021

Date Reviewed: