I. PURPOSE: To define persons competent to administer intraperitoneal antineoplastic drugs and determine a safe procedure for antineoplastic administration.

II. POLICY: It is the policy of MaineGeneral Medical Center that:

A. “Antineoplastic” will be a term used to identify chemotherapy and biotherapy used in the treatment of cancer.

B. Intraperitoneal antineoplastics are administered by RNs who are certified in chemotherapy and biotherapy administration.

C. Before administering an intraperitoneal antineoplastic drug, the following routine procedures be required:
   1. Laboratory results specific to treatment must be obtained and evaluated prior to each treatment cycle.
      a. If the patient has not received any previous antineoplastic therapy, laboratory completed within the last week is acceptable.
      b. If the patient is currently receiving a course of antineoplastic therapy, laboratory completed within the last forty-eight (48) hours is required.
   2. Documentation of informed consent must be on the patient record.
   3. Baseline vital signs and weight are taken prior to each treatment cycle.
      a. A weight change of 10 percent, lost or gained, requires a re-calculation of BSA and physician notification. The physician will assess the need for dose adjustment.
   4. Baseline height is taken prior to the initial cycle of chemotherapy.
   5. Pre-treatment medications and/or hydration will be administered as
ordered by the physician.
D. Intake and output records are maintained as applicable.
E. Powder-free chemotherapy gloves are worn while preparing and administering antineoplastic drugs.
F. The use of chemical splash goggles and/or protective gowns are optional.
G. Appropriate documentation is completed.
H. Employees who are pregnant, planning a pregnancy (male or female), or breastfeeding may elect to refrain from preparing or administering antineoplastic drugs. This also applies to caring for patients during their treatment and up to forty-eight [48] hours after completion of therapy.

III. RESPONSIBILITY:

A. The Physician:
1. Initiates the Chemotherapy/Biotherapy Patient Profile to include dose, route, rate of administration and schedule.
   a. The Pharmacist will create the "Medical Oncology Chemotherapy/Biotherapy Patient Profile" using standard protocols and modifications as directed by the physician.
   b. The "Medical Oncology Chemotherapy/Biotherapy Patient Profile" will be reviewed and signed by the Oncologist, the Oncology Nurse, and the Pharmacist.
      1) Review of the profile will include verification of the patient’s height and weight, calculation of the patients’ body surface area, review of recent CBCD & Chemistries, calculation of doses, verification of standard protocol dosing and scheduling of treatments.
   c. The prescribing physician will be credentialed through oncology fellowship training or equivalent clinical practice expertise in the treatment of malignancy.
2. Executes the order for administration of chemotherapy/biotherapy per profile. Order to administer may include dose reduction changes or changes in pre-treatment medications and intravenous fluids. The aforementioned changes may be enacted on the treatment day without the creation of a new chemotherapy/biotherapy profile however a new profile reflecting the changes will be created and required for subsequent treatments.

B. Physician Assistant:
Reviews bloodwork and medical assessment sheet. Executes the order for administration of chemotherapy/biotherapy per profile. Order to administer may include changes in pre-treatment medications and intravenous fluids. Chemotherapy dose reductions must be made by a physician.

C. Nurse Practitioner:
Same as for Physician Assistant (B. above).
D. The Registered Nurse:
1. Must be certified in chemotherapy/biotherapy administration.
2. Possesses knowledge of the drugs as well as assessment parameters.
4. Verifies that appropriate informed consent has occurred prior to administering treatment with antineoplastic drugs.

E. Pharmacist:
1. Ensures accuracy in BSA, dose calculations and correlation with standard dosing protocols.
2. Prepares antineoplastic drugs for administration.
3. Screens for drug-allergy, drug-drug, and drug-disease state contraindications. Also reviews pertinent laboratory results.

F. Manager, Oncology Nursing:
1. Serves in an advisory capacity for the administration of antineoplastics at MaineGeneral Medical Center.
2. Provides supervision to hospital staff.

G. Oncology Clinician:
1. Provides and promotes educational programs in chemotherapy/biotherapy to establish and maintain skills and competency of hospital staff.
2. Provides updated material to the Department Directors and Oncology Nurse Managers for review by their staff.

IV. PROCEDURE
A. EQUIPMENT
Sterile gloves to access port
19-gauge non-coring needle of appropriate length
Saline-filled syringes
Syringe
Central Line Dressing Kit
Clear, occlusive dressing
Tape
Disposable, absorbent, plastic-backed pad
Primary and secondary IV tubing for gravity drip infusion
- Non-PVC tubing and filter required for Taxol infusion
Blood/fluid warmer (to warm fluid to 37°C)
Blood/fluid warmer tubing
Chemotherapy waste container
Chemotherapy gloves (used for the administration of antineoplastic drugs)
Alcohol wipes
Sterile 2x2 gauze
B. PRE-TREATMENT PROCEDURE FOR INTRAPERITONEAL ADMINISTRATION:

1. Identify the patient according to hospital policy (PC–4)
2. Explain the procedure to the patient and/or significant other.
3. Instruct patient to void prior to initiation of intraperitoneal administration.
4. Assemble equipment.
5. Wash hands.
6. Assess the area around the port for redness, edema, warmth, tenderness, infection, or leakage.
7. Open sterile field.
8. Place equipment onto sterile field.
9. Don sterile gloves.
10. Attach non-coring needle to syringe of normal saline and flush needle.
11. Using sterile technique cleanse access site over port.
12. Following standard procedure for implanted ports, access port and withdraw 10 mL of discard (Heparin used to flush the port).
   - There will be no blood return.
13. Flush port with 20 mL of normal saline to ensure patency.
14. Anchor the non-coring needle securely to minimize potential for dislodgment.
15. Apply a transparent, occlusive dressing to allow visualization of the insertion site.

C. INTRAPERITONEAL INFUSION:

1. Verify the drug order.
2. Ensure that IV pre-hydration has occurred if ordered.
   - Intraperitoneal Cisplatin infusions usually include IV pre-hydration.
3. Ensure premedications have been administered (i.e., antiemetics).
4. Assemble appropriate supplies.
5. Place patient on bedrest in semi-Fowler’s position during procedure.
   - Head of bed must be no higher than 30 degrees to prevent dislocation of non-coring needle.
   - A flat position during infusion may increase pressure on the diaphragm causing respiratory compromise and GI upset.
6. Wash hands.
7. Infuse ordered amount of Normal Saline warmed to 37°C via fluid warmer as rapidly as possible by gravity.
8. Observe for:
   - Swelling, leakage, or redness around non-coring needle.
   - Unusual local swelling of the abdominal surface.
   - Complaints of pain, shortness of breath, dyspnea, respiratory distress, and cramping.
9. Two chemotherapy/biotherapy certified RNs will document verification of patient identification, treatment profile, physician’s order, dose, route of administration, and treatment schedule.

10. Don chemotherapy gloves for administering antineoplastic medication.

11. If no untoward effects noted after intraperitoneal infusion of Normal Saline, access antineoplastic container with a secondary IV set following standard procedure for administration of antineoplastic agents.

12. Place a disposable, absorbent plastic-backed pad under the insertion site to absorb any droplets of the drug that may inadvertently be spilled.

13. Infuse the antineoplastic drug as fast as possible by gravity following standard procedure for piggyback infusions.
   - Stop the infusion immediately if severe pain is experienced.
   - Slow the rate of infusion if the patient experiences shortness of breath or discomfort.


15. Upon completion of intraperitoneal infusion, flush the port with 20 mL of Normal Saline followed by 10 mLs of Heparin (100 units/mL).

16. Remove non-coring needle following standard procedure.

17. Apply a sterile pressure dressing.
   - Dressing can be removed in 12 hours.


D. POST INTRAPERITONEAL TREATMENT PROCEDURE
1. Reposition patient every 15 minutes from side to side for 1 hour.
2. Assess for:
   - Pain or abdominal discomfort
   - Shortness of breath
   - Diarrhea

V. POLICY STORED AT: Original signed MaineGeneral Health Policies are maintained in the following areas:

<table>
<thead>
<tr>
<th>Entity Policies</th>
<th>Filed in the Office of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MGH Human Resources</td>
<td>Sr. VP of Human Resources</td>
</tr>
<tr>
<td>ALL Other MGH Policy Chapters</td>
<td>Sr. VP of Patient Services</td>
</tr>
<tr>
<td>HealthReach Network</td>
<td>Sr. VP MGH &amp; President HRN</td>
</tr>
<tr>
<td>MaineGeneral Rehab &amp; Nursing Care</td>
<td>Sr. VP MGH &amp;President MGRNC</td>
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<tr>
<td>MaineGeneral Health Associates</td>
<td>Administrative Office of MGHA</td>
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<tr>
<td>Jackman Regional Health Center</td>
<td>Administrative Office of JRHC</td>
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• Copies of MGH Policies are Available:
  - In the Seton Campus Library
  - In the Patient Services Office – Augusta Campus
In the Jackman Regional Health Center Administration Office
Employees can access policies via the MaineGeneral intranet.

VI. POLICY APPLIES TO:
   _ MaineGeneral Health _ MaineGeneral Retirement Community
   X MaineGeneral Medical Center _ Jackman
   X MaineGeneral Health Associates _ HealthReach
   _ MaineGeneral Rehab & Nursing Care _ All

VII. PROPOONENT: Medical Oncology

VIII. KEY SEARCH WORDS: Administration, Intraperitoneal, Antineoplastic, administration