14. PRESCRIBING, DISPENSING AND ADMINISTRATION OF SYSTEMIC ANTI CANCER THERAPY (SACT)

14.1 Introduction

Particular care is needed when a patient is treated with potent chemotherapeutic agents. The East Midlands Cancer Network East Midlands Expert Clinical Advisory SACT policy https://www.eastmidlandscanceralliance.nhs.uk/images/SACT.pdf

covers the principles around SACT (often referred to as chemotherapy) prescribing dispensing & administration. These should be followed in all areas of the trust. .In addition the ChemoCare System Clinical Governance document available on QPulse should be referred to.

14.2 Records

Records of the prescription and administration of SACT should be organised so that the overall plan of treatment intended and given is clear: An electronic chemotherapy prescription must be used.

14.3 Prescribing

14.3.1 **SACT must be prescribed electronically on ChemoCare for any cancer treatment. . In the event of chemotherapy being prescribed for non-malignant disease a standard prescription must be completed legibly.**

Any changes in SACT required after the prescription has been generated (e.g. on account of the patient's results) must be notified to pharmacy & a new prescription generated. If treatment has already been delivered to the giving area pharmacy must be informed and any parenteral drugs not required will be collected.
In addition to the electronic Chemocare prescription when Oral chemotherapy is for administration in an inpatient setting it must be prescribed on eMEDS or a paper drug chart- whichever is the usual record for the inpatient area.
Prescribing must be in accordance with the https://www.eastmidlandscanceralliance.nhs.uk/images/SACT.pdf

14.4 Dispensing

14.4.1 Whenever possible parenteral SACT must be planned in advance even where this is provisional and the final decision to prepare and administer the medicines depends, for example, on the patient's blood count. All parenteral cytotoxic chemotherapy is prepared in pharmacy, whilst many other forms of SACT may be made on the ward. Some medicines deteriorate rapidly after reconstitution - on receipt, check the expiry date and storage conditions and ensure that the drug is not administered outside of this period without further reference to the Pharmacy Department.

14.4.2 **Where doses are prepared in the aseptic lab the pharmacist must check the**

prescription and doses on the electronic system at the time of releasing the medication to ensure no dose modifications have occurred.

14.4.3 Oral chemotherapy and other SACT therapy will be dispensed as a discrete course where appropriate.
Some routinely used SACT may be available on specific wards in advance for local preparation. Full details of doses administered must be submitted to pharmacy on the appropriate form to secure further stock and ensure records are completed retrospectively.

14.5 Administration

Administration must be in accordance with the https://www.eastmidlandscanceralliance.nhs.uk/images/SACT.pdf
On no account must a SACT drug be administered unless

a. there is an official prescription validated by relevant oncologist/haematologist or relevant medical specialist

b. the medicines have been checked against the prescription

14.5.1 All staff administering SACT must be fully aware of the basic principles of SACT their toxicities and the correct route of administration and administrative procedures for use.

14.5.2 Immunotherapy and antibody therapy and potentially other types of SACT do not require specialist cannulation or have notable risks of extravasation (neither vesicant nor irritant). Following local risk assessment, it is permissible for such drugs to be administered by staff not specifically trained in cytotoxic SACT administration. They may also be given in an area other than one dedicated to the administration of SACT.

14.5.3 Only staff trained in administering intravenous cytotoxic SACT chemotherapy may administer chemotherapy by this route. Training must be documented and cover aspects of potential harm including waste management. Medical staff in areas managing non malignant disease may be asked to administer cytotoxic therapy but must have sufficient training to administer & ensure other staff are able to manage the risks relating to waste.

14.5.4 **The administration of intrathecal chemotherapy requires additional precautions because of the grave potential for harm and is covered in the Intrathecal Policy. Staff must have no involvement in the dispensing delivery administration or checking of intrathecal chemotherapy unless they have received training within the trust to do so. Refer to UHL Intrathecal Policy for further information.**

14.5.5 Under no circumstances whatsoever are medical students or junior doctors (FY1+ 2) allowed to administer cytotoxic chemotherapy.

14.5.6 Chemotherapy administered by IM or subcutaneous injection should follow the principles above. The route of administration MUST always from part of the clinical check. The administration of oral chemotherapy requires a “no-touch” technique & staff must be aware of waste management requirements. See the https://www.eastmidlandscanceralliance.nhs.uk/images/SACT.pdf Oral chemotherapy for administration in an inpatient setting must be prescribed on eMEDS or a paper drug chart-

whichever is the usual record for the inpatient area. Administration should be recorded as locally agreed with two signatures where required.
Prior to commencing administration, there must be confirmation that the relevant oncologist/haematologist or relevant medical specialist has reviewed the patient since admission. Systems must be in place to ensure prescribing of oral SACT agents is undertaken by suitably trained prescribers or following consultation with such prescribers. https://www.eastmidlandscanceralliance.nhs.uk/images/SACT.pdf

14.6 Patient Information

All patients undergoing SACT treatment should receive written information on their treatment outlining treatment plan and potential side effects. Patients should carry information on what to do in the event of feeling unwell. All patients must be consented in writing before receiving chemotherapy for any reason by any route. CRUK national consent forms are now available for many regimens. The https://www.eastmidlandscanceralliance.nhs.uk/images/SACT.pdf should be followed in relation to information provided.

14.7 Oral Chemotherapy

14.7.1 Secondary Care

Pharmacy staff must ensure robust procedures to double check both the quantity required and supplied.

Patients admitted onto general wards on oral chemotherapy should be clinically reviewed once their FBC and biochemistry results are available. The relevant haematology / oncology team must be informed of the admission the next working day with blood results. Any significant change in clinical parameters should be discussed with the original prescribing consultant/SpR before prescribing. Prescriptions for oral chemotherapy for oncology or haematology patients must be signed by a SpR or Consultant in that specialty. https://www.eastmidlandscanceralliance.nhs.uk/images/SACT.pdf

Pharmacy must be able to check the patient's treatment plan and blood result before any further supply is made to an inpatient which must be supplied from an electronic Chemocare prescription.

On discharge pharmacy must not supply oral chemotherapy without checking if the patient already has a supply at home and when a review is planned. Pharmacy must ensure the patient is aware of the course length and what to do with any tablets remaining at home.

14.7.2 Primary care:

Only oral hydroxycarbamide and topical cytotoxics for the treatment of some skin malignancies and pro-malignant conditions may be prescribed in primary care. Hydroxycarbamide must be supplied as part of a Shared Care Agreement for cases under the overall care of a consultant haemato-oncologist.. GPs and pharmacists supplying oral chemotherapy will have access to the protocol. and treatment plan in the form of a hydroxycarbamide chemotherapy booklet.