

## PART A

PRACTICE DOMAIN	NOVICE	ADVANCED BEGINNER	COMPETENT	PROFICIENT	EXPERT	NOT APPLICABLE TO MY PRACTICE
<p><b>Comprehensive Health Assessment (CANO/ACIO, 2011, p. 10)</b>  <b>Registered Nurses providing cancer chemotherapy care shall perform and document comprehensive health assessments at the onset of cancer chemotherapy (and biotherapy) treatments and continuing throughout the cancer care continuum</b></p>						
<p><input type="radio"/> I perform initial health assessments that identify factors that will impact the person's cancer chemotherapy experience, this may include:</p>						
<ul style="list-style-type: none"> <li>● Pre-existing health problems including allergies, medication and any previous exposure to cancer chemotherapy medications</li> </ul>						
<ul style="list-style-type: none"> <li>● Age and stage of development</li> </ul>						
<ul style="list-style-type: none"> <li>● Psychosocial factors</li> </ul>						
<p><input type="radio"/> I perform ongoing health assessments in a timely manner:</p>						
<ul style="list-style-type: none"> <li>● Before each chemotherapy cycle</li> </ul>						
<ul style="list-style-type: none"> <li>● Before renewal of self-administered and non-cyclical chemotherapy and biotherapy prescriptions</li> </ul>						
<ul style="list-style-type: none"> <li>● In response to patient concerns</li> </ul>						
<ul style="list-style-type: none"> <li>● When health status changes (e.g. physical, emotional, mental, spiritual, cognitive, developmental, environmental changes)</li> </ul>						
<ul style="list-style-type: none"> <li>● When side effects occur</li> </ul>						
<ul style="list-style-type: none"> <li>● When evidence of an adverse event /toxicity</li> </ul>						
<p><input type="radio"/> I implement valid and reliable tools for assessments such as ESAS, ECOG and PPS</p>						
<p><input type="radio"/> I comprehensively document assessments according to my organization's charting standards and my provincial professional association documentation recommendations.</p>						
<p><input type="radio"/> I construct a plan of care in collaboration with the patient, family and interprofessional team to address issues identified during assessments</p>						

**Supportive and Therapeutic Relationships (CANO/ACIO, 2011, p. 11)**  
**Registered nurses providing cancer chemotherapy care will establish, monitor and maintain supportive and therapeutic relationships while providing cancer chemotherapy care to persons living with cancer.**

<input type="radio"/> I consider the emotional cultural and spiritual context of patients and families during initial and ongoing care.						
<input type="radio"/> I work with the patient and family to identify support services needed to manage and initiate referrals as appropriate.						
<input type="radio"/> I reflect on and monitor the therapeutic relationships I am engaged in overtime, as needs evolve and outcomes change.						
<input type="radio"/> I document the patient and family's perspective to enable individualized cancer chemotherapy and biotherapy care while maintaining confidentiality.						
<input type="radio"/> I listen to and explore the patient and family's concerns.						

**Management of Cancer Symptoms and Treatment Side Effects (CANO/ACIO, 2011, p. 11)**  
**Registered nurses providing cancer chemotherapy care will manage cancer symptoms and treatment side effects in collaboration with the inter-disciplinary healthcare team.**

<input type="radio"/> I maintain and apply current knowledge, judgement and skill in the management of chemotherapy and biotherapy side effects and toxicities related to the specific population in which I practice. This includes:						
● Neutropenia						
● Thrombocytopenia						
● Anemia						
● Peripheral neuropathies and neurotoxicity						
● Hepatotoxicity						
● Nephrotoxicity						
● Hemorrhagic cystitis						
● Cutaneous toxicities: nail changes, rash, pigmentation alternations, Hand – foot syndrome, and photosensitivity						
● Alopecia						
● Cardiac toxicity						
● Pulmonary toxicities						

● Cognitive changes						
● Psychosocial distress						
● Chemotherapy induced nausea & vomiting						
● Anorexia & cachexia						
● Mucositis						
● Diarrhea						
● Constipation						
● Sleep disorders						
● Ocular toxicity						
● Fatigue						
● Sexuality alterations and fertility alterations						
● Infusion reactions						
● Extravasation and infiltration						
○ I utilize ESAS or other cancer symptom screening tools and engage in further assessment as needed.						
○ I apply evidence-informed symptom management guidelines and algorithms to prevent, minimize and/or manage cancer related symptoms						
○ I collaborate with the interprofessional team and the patient and family to develop care plans that address chemotherapy and biotherapy side effects, toxicities, adverse events and patient identified concerns.						
○ I understand the principles, indications, classifications and mechanism of action for chemotherapies and biotherapies commonly administered in my practice.						
○ I apply medication safety principles and theories, for example, human factors principles.						
○ I apply principles of safety and safe handling specific to the route and method of chemotherapy and biotherapy administration and the cytotoxic profile of the drugs.						
○ I apply principles of safe handling to disposal of contaminated equipment and cytotoxic agents, spill management, and contaminated body fluids.						

<input type="radio"/> I manage infusions and equipment appropriately related to the treatment protocols, patient and family preference and resources available.						
<input type="radio"/> I document screening, assessments, nursing care, interventions and outcomes in the patient's health record in a timely manner.						
<input type="radio"/> I communicate with cancer care team members, assessments, interventions, outcomes and concerns.						

**Teaching and Coaching (CANO/ACIO, 2011, p. 12)**  
**Registered nurses providing cancer chemotherapy care will provide teaching and coaching specific to the assessed learning needs of persons receiving cancer chemotherapy.**

<input type="radio"/> I assess the patient and family's readiness to learn by evaluating age and developmental level, existing knowledge level, their expectations for the treatment and response to learning.						
<input type="radio"/> I pace the teaching based on the patient's readiness to learn.						
<input type="radio"/> I provide the patient and family with information specific to their cancer treatment in relation to the following:						
<ul style="list-style-type: none"> <li>● Purpose, mechanism of action, route, and schedule of the treatment and supportive medication</li> </ul>						
<ul style="list-style-type: none"> <li>● Immediate, early, late and delayed side effects and toxicities of treatment and their management, differentiating between expected, non-urgent side effects and those that require immediate medical attention</li> </ul>						
<ul style="list-style-type: none"> <li>● Safe use of mechanical devices and equipment</li> </ul>						
<ul style="list-style-type: none"> <li>● Vascular access device assessment and care</li> </ul>						
<ul style="list-style-type: none"> <li>● Safe handling of contaminated equipment and body fluids</li> </ul>						
<ul style="list-style-type: none"> <li>● Requirements and rationale for monitoring parameters including blood work, diagnostic investigations, and symptoms</li> </ul>						
<input type="radio"/> I provide patients and families with opportunities for reinforcement of the education and validation of their understanding.						
<input type="radio"/> I evaluate the outcomes of the education.						
<input type="radio"/> I document teaching provided.						
<input type="radio"/> I collaborate with the healthcare team, including the pharmacist and physician, to provide patient education.						

**Facilitating Continuity of Care/Navigating the System (CANO/ACIO, 2011, p.12)**  
**Registered nurses providing cancer chemotherapy care work to promote continuity of care and help persons navigate the health care system.**

<input type="radio"/> I facilitate and advocate for chemotherapy and biotherapy care to be provided in the most appropriate setting along the cancer continuum for the patient and family, with consideration given to their needs.					
<input type="radio"/> I facilitate processes that enable patients and families to communicate with the appropriate members of the health care team leading to access to resources and assistance when needed. This process addresses who, when and how to communicate with the health care team.					
<input type="radio"/> I communicate with healthcare providers at points of transition for the patient and family to promote continuity of care for the patient.					
<input type="radio"/> I assist patients and families to access comprehensive supportive care. This includes psychosocial care, spiritual care, prosthetic device access, and additional care based on patient and family specific needs.					

**Decision Making and Advocacy (CANO/ACIO, 2011, p. 13)**  
**Registered nurses providing cancer chemotherapy care promote autonomous decision-making and advocate for the well-being of persons receiving cancer chemotherapy care.**

<input type="radio"/> I provide information, education and support to patients and families to facilitate their decision making and autonomy.					
<input type="radio"/> I advocate for the patient's wishes and decisions in relation to their cancer chemotherapy care.					

**Professional Practice and Leadership (CANO/ACIO, 2011, p. 13)**  
**Registered nurses providing cancer chemotherapy care participate in and support professional practice and leadership.**

<input type="radio"/> I recognize the limit of my competence and will only perform cancer chemotherapy administration or care for which I have the competency or ability to manage the outcomes.					
<input type="radio"/> I collaborate with healthcare professionals to make decisions about our organization's capacity to provide safe chemotherapy and biotherapy services based on the level of competence of involved healthcare professionals and clinical facilities available.					
<input type="radio"/> I seek out mentorship in areas where my chemotherapy and biotherapy expertise is limited.					
<input type="radio"/> I provide mentorship to novice nurses in areas in which I possess expertise.					
<input type="radio"/> I use research and evidence-based knowledge to provide care to patients and families.					
<input type="radio"/> I participate in professional oncology associations and professional practice groups to further the practice of cancer chemotherapy and biotherapy nursing.					
I recognize and critically analyze situations for potential and actual ethical issues, collaborating with the healthcare team to apply ethical frameworks to support the patient and family's decision making. I access resources as needed to assist in this process.					
I am working towards completing (or maintaining) my national certification in oncology offered by the Canadian Nurses Association in the next five years, if feasible.	Yes: _____ No: _____ Not Feasible: _____ Comments:				

Adapted from: CANO/ACIO. (2011). Standards and competencies for cancer chemotherapy nursing practice; de Souza Institute. (2010). Self-assessment: Chemotherapy and biotherapy care. Toronto, Ontario, Canada: Author.

**Name (Please Print):** \_\_\_\_\_

**Unit:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Evaluator Name (Please Print):** \_\_\_\_\_

**Evaluator Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## Skills Checklist

### Safe Handling & Disposal of Hazardous Drugs

Name: \_\_\_\_\_

Unit: \_\_\_\_\_

Preceptor: \_\_\_\_\_

Date: \_\_\_\_\_

The RN will perform the procedure consistent with the skills checklist

	<b>Critical Behavior</b>	<b>Yes</b>	<b>No</b>
	<b>Gathers safe handling equipment prior to administration of cytotoxic drugs:</b>		
1.	Selects appropriate gloves		
2.	Selects appropriate gown		
3.	Identifies situations where eye and face protection are required		
4.	Identifies situations where a mask is required		
5.	Obtains cytotoxic waste containers: cytotoxic sharps container/cytotoxic non-sharps container		
6.	Locates spill kit and eye wash station		
7.	Receives drugs from pharmacy in labelled ziplock bags in a closed container		
8.	Keeps cytotoxic drugs in container in designated location until time of administration		
	<b>Implements principles of safe handling during drug administration:</b>	<b>Yes</b>	<b>No</b>
9.	Washes hands and wears gown and gloves before opening drug delivery bag		
10.	Visually inspects the contents of the delivery bag for leaks		
11.	Inspects cytotoxic drug bag to ensure it is properly spiked, clamp is closed, line is primed and capped		
12.	Prepares to administer all cytotoxic drugs at chairside/bedside		
13.	Places cytotoxic drug on a plastic backed absorbent pad when removed from container		
14.	Places a plastic backed absorbent pad on chairside/bedside to absorb leakage and to protect patient/staff from droplets		
15.	Wears any additional protective equipment required for administration e.g. goggles, mask		
16.	Does not expel air from syringes/needleless connectors		
17.	Does not prime IV lines containing chemotherapy drugs		
18.	Tightens all luer lock connections		
19.	Places gauze under injection site when administering drugs direct IV push		
20.	Observes for any leakage during infusion		
21.	Enters the system as little as possible		
22.	Removes gloves and washes hands after hanging/pushing drug and after contact with cytotoxic wastes and before beginning additional care activities		
23.	Gloves whenever touching IV bag, tubing or changing settings on IV pump		
24.	At completion of treatment, discontinues IV bag and tubing intact (lowers IV bag, backflushes with mainline IV, wraps gauze around disconnection site at end of tubing)		

26.	Does not eat, drink, chew gum, apply cosmetics or store food in or near chemotherapy administration area		
27.	Removes personal protective equipment when leaving the chemotherapy administration area		
28.	Changes personal protective equipment regularly, when soiled, torn, contaminated		
	<b>Implements principles of safe handling during disposal of equipment used for cytotoxic administration:</b>	<b>Yes</b>	<b>No</b>
29.	Wears personal protective equipment as appropriate		
30.	Places equipment used to administer cytotoxic drugs in appropriate containers		
31.	Removes personal protective equipment properly (PPE) and disposes of in cytotoxic waste container		
32.	Washes hands thoroughly after removal and disposal of PPE		
34.	Avoids overfilling containers		
35.	Keeps lid closed on waste containers		
36.	Cleans work surface, chairs and pump with detergent after administration		
37.	Ensures cytotoxic non-sharps containers are securely bagged and boxed prior to storage and transport for incineration - as per site procedures and provincial regulations		
38.	Ensures cytotoxic sharps containers are properly sealed and contained prior to storage and transport for incineration - as per site procedures and provincial regulations		
39.	Returns unused cytotoxic drug to pharmacy		
	<b>Implements principles of safe handling during disposal of cytotoxic body fluids:</b>	<b>Yes</b>	<b>No</b>
40.	Implements cytotoxic precautions during administration and for 48 hours after last dose of chemotherapy administration		
41.	Places a cytotoxic caution sign at the bedside		
42.	Wears appropriate equipment during disposal of cytotoxic body fluids		
43.	Covers waste containers to protect from spillage		
44.	Lowers toilet lid prior to flushing		
47.	Collects drainage of body fluids in a closed system		
48.	Handle contaminated linen as per DHA policy		
49.	Isolates personal hygienic equipment when sharing a washroom		
50.	Cleans shared equipment well with detergent between use (e.g. commode)		
51.	Educates patient and family members and other health care workers on cytotoxic protection practices		

**Comments:**



## Skills Checklist

### Best Practice to Prevent Extravasation

Name: \_\_\_\_\_

Unit: \_\_\_\_\_

Preceptor: \_\_\_\_\_

Date: \_\_\_\_\_

The RN will perform the procedure consistent with the skills checklist

	Critical Behavior	Yes	No
	<b>The best approach to extravasation is prevention</b>		
	<b>Site Selection and Venipuncture</b>		
1.	Identifies extravasation potential of each drug		
2.	Ensures the patient is aware of risk and signs and symptoms of extravasation to report		
3.	Washes hands and selects appropriate gloves		
4.	Selects appropriate venipuncture site - large veins of forearm preferred - extremities with no venipuncture in last 24 hours		
5.	Chooses appropriate vein, smooth pliable, distal but proximal to previous venipuncture		
	Initiates new venous access for IV site older than 2 hours		
6.	Applies appropriate tourniquet pressure over patient's clothing – no tourniquet with older adults		
7.	Displays techniques that minimize trauma to veins		
8.	Chooses appropriate size catheter, 22 or 24 gauge		
9.	Approaches skin with catheter parallel for insertion		
10.	Attempts procedure no more than 2 times		
11.	Secures with clear dressing and tapes all connections		
	<b>Checking Vein Patency</b>	Yes	No
12.	Assures vein patency		
13.	Checks for blood return before, during and after drug administration: <b>Direct Vesicant-check prior to and every 3mls</b> <b>Minibag Vesicant-check prior to and every 5 minutes</b> <b>Irritants- check prior to and at least once every hour</b> <b>Continuous infusions administered as inpatient-check prior to and at least once per shift</b>		
	<b>Administration of Vesicant</b>	Yes	No
14.	Administers direct IV push drug using side arm technique		
15.	Administers vesicant in timely manner		
16.	Administers slowly with no undue force		
17.	Flushes line as per policy following administration of each drug		
18.	Sequences drug administration appropriately		
19.	Remains with patient during administration of vesicant		
	<b>Assessment</b>		
20.	Assesses for patency, blood return, IV flow and site during infusion		
21.	Questions patient about discomfort, burning, stinging. Instructs patient to		

	report any changes		
22.	Differentiates between venous flare and extravasation		
	<b>Management of Extravasation</b>		
23.	Displays knowledge of 'Management Algorithm' in Policy and Procedure		
24.	Confirms extravasation – knows signs and symptoms		
	<b>Management of Extravasation</b>	<b>Yes</b>	<b>No</b>
25.	Stop administration of drug and IV fluids		
26.	Disconnect IV tubing. Leave cannula in place		
27.	Attach an empty 3 ml syringe to existing cannula. Attempt to gently aspirate as much drug as possible		
28.	Notify Physician or Nurse Practitioner- see policy and procedure if antidote needed		
29.	If antidote is not indicated, remove the cannula/non-coring huber needle		
30.	Elevate the extremity		
31.	Obtain a colored photograph of the site and place it on the patient's medical record		
32.	Trace the affected area using a black marker and document measurements		
33.	Apply cold <u>OR</u> warm compresses to area for 15-20 minutes 4-6 times/day for 24-48 hours. (see policy and procedure)		
34.	Do not apply ointments or dressings		
35.	Provide patient education		
36.	Arrange surgical consult/ photograph if warranted		
	<b>Documentation</b>	<b>Yes</b>	<b>No</b>
37.	Date		
38.	Time		
39.	Name and volume of drug given		
40.	IV site location		
	Needle type and size		
43.	IV site appearance		
44.	Measurements and photography of extravasation site		
45.	Symptoms reported by patient		
46.	Initial intervention		
47.	Patient teaching		
48.	Follow up care		
49.	Complete patient safety report		
50.	Arrange follow up as per policy and procedure		

**Comments:**



**Skills Checklist**

Management of Hypersensitivity Reactions

Name: \_\_\_\_\_ Unit: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

The RN will perform the procedure consistent with the skills checklist.

	<b>Critical Behavior</b>	<b>Yes</b>	<b>No</b>
	<b>Prevention (where possible)</b>		
1.	Knowledgeably discusses chemotherapy agents which have a high potential for hypersensitive reaction		
2.	Describes the difference between localized reaction and systemic reaction		
3.	Discusses signs and symptoms of hypersensitive reaction		
4.	Recognizes importance of and administers pre-medication as ordered		
5.	Reviews patient history, Recognizes and discusses risk factors		
6.	Has emergency equipment ( oxygen, ambu bag, intubation equipment) and drugs readily available		
7.	Is prepared to administer emergency drugs. Has physician orders available before administration		
8.	Advises patient to report any “difference” in how he/she feels during administration of drug		
9.	Administers test dose of drug if applicable		
10.	Monitors patient closely, Knows patient’s baseline assessment parameters		
11.	Remains with patient for first 15 minutes when administering drugs with high risk of hypersensitivity reactions		
12.	Follows protocols of drug administration		
	<b>Management of Hypersensitive Reaction</b>		
13.	Stop infusion, Notify Physician, Get help		

14.	Ensure mainline IV of 0.9% saline infusing at rate consistent to maintain blood pressure		
15.	Assess vital signs immediately then every 10 minutes until symptoms resolve		
16.	Assess Respiratory status – Maintain airway, Supply supplementary oxygen		
17.	Place patient in supine position with feet elevated		
18.	Administers antihistamines and corticosteroids as ordered		
19.	Recognizes potential need to have Crash Cart available		
20.	Provides reassurance and explanations to patient and family		
21.	Document: Reaction, Interventions, Response to interventions in the appropriate record		
22.	Notifies Pharmacy of any adverse drug reaction		
	<b>Management of Localized Hypersensitivity Reaction</b>		
23.	Stops the infusion		
24.	Observes and evaluate symptoms		
25.	Administers antihistamines and corticosteroids as ordered		
26.	Monitor vital signs every 15 minutes for 1 hour or as required		
27.	Documents appropriately		
28.	Restarts medication with Physician's order		

**Comments:**



**Skills Checklist**

IV Administration of Cancer Chemotherapy via Infusion in a Peripheral Vein

Name: \_\_\_\_\_

Unit: \_\_\_\_\_

Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_

The RN will perform the procedure consistent with the skills checklist

Critical Behavior	Yes	No
1. Performs necessary assessment and verification procedure		
2. Wash hands		
3. Put on PPE and place plastic backed absorbent pad under the patients arm		
4. Initiate IV using small gauge cathlon (20-24)secured with transparent dressing <b>Note: When administering vesicant drugs, a new venous access site should be started for any IV site older than 2 hours. Avoid the vessels of the hands and wrist and antecubital fossa</b>		
5. Allow 10 -20 ml of mainline solution to infuse to verify patency of IV. Mainline must be compatible with chemotherapy		
6. Cleanse medication port or lower y-port of mainline IV with an antimicrobial swab and allow to dry		
7. Verify blood return		
8. Connect chemotherapy line as a secondary line to medication port of mainline IV		
9. Open clamp on secondary bag tubing to allow solution to flow. <b>Note: Vesicant Drugs-Never administer peripherally via infusion pump.</b> Sit with and consistently monitor site for signs and symptoms of extravasation during infusion. Ensure IV continues to flow freely. Verify blood return every 5 minutes. Allow vesicants to drip as quickly as possible by gravity drip. <b>Note: Irritant Drugs-</b> Monitor IV site and patient sensation every 30 minutes; check for blood return every hour during intermittent infusion. *If using an IV pump verify IV setting*		
10. Flush with 50ml IV solution in between drugs and at completion of chemotherapy		
11. Discard cytotoxic equipment in cytotoxic waste container		
12. Document		

**Comments:**



**Skills Checklist**

IV Administration of Cancer Chemotherapy Infusion via CVAD

Name: \_\_\_\_\_ Unit: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

The RN will perform the procedure consistent with the skills checklist

Critical Behavior	Yes	No
1. Performs necessary assessment and verification procedure		
2. Wash hands		
3. Put on PPE and place plastic backed absorbent pad under the CVAD connection site/injection port		
4. Initiate IV according to specific CVAD policy and procedure. Mainline IV must be compatible with chemotherapy. Secure connection site with luer lock and waterproof tape. Site must be visible through transparent dressing		
5. Cleanse lowest injection port with an antimicrobial swab and allow to dry		
6. Infuse 10 ml normal saline via syringe and aspirate for blood return		
7. Cleanse lower y-port of mainline IV with antimicrobial swab and allow to dry		
8. Connect chemotherapy line as a secondary line to appropriate port of mainline IV		
9. Open clamp on secondary bag tubing to allow solution to flow via gravity or via infusion pump *Verify programmed pump rate if using infusion pump* <b>Note: Vesicant /Irritant Drugs/Intermittent Infusion- Infuse as quickly as possible by gravity drip or by an infusion pump. Monitor CVAD site and patient sensation hourly. Blood return is not routinely checked during administration unless patency is questioned.</b>		
10. Back prime secondary bag and wrap needleless cannula in gauze to disconnect when drug is infused		
11. Flush with 50ml IV solution between drugs and 50ml IV solution after chemotherapy administration		
12. Heparin lock/saline lock catheter as per specific CVAD policy and procedure or regulate IV flow as ordered		
13. Discard cytotoxic equipment in cytotoxic waste container		
14. Document		

**Comments:**



**Skills Checklist**

IV **Direct** Administration of Cancer Chemotherapy via Peripheral IV

Name: \_\_\_\_\_ Unit: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

The RN will perform the procedure consistent with the skills checklist

<b>Critical Behavior</b>	<b>Yes</b>	<b>No</b>
1. Performs necessary assessment and verification procedure		
2. Wash hands		
3. Put on PPE; place plastic backed absorbent pad under arm		
4. Initiate IV using small gauge cathlon (20-24) secured with transparent tape <b>Note: Start a new IV for any site older than 2 hours prior to vesicant administration. Avoid the vessels of the hand or wrist or antecubital fossa</b>		
5. Verify blood return		
6. Allow 10-20 ml of mainline solution to infuse to verify patency of IV. Mainline must be compatible with chemotherapy		
7. Clean lowest Y-port with an alcohol swab and allow to dry		
8. Insert syringe containing chemotherapy into the Y-injection port. Apply a 2x2 gauze pad under Y-injection port		
9. Administer chemotherapy according to prescribed rate <b>Note: Maintain free flowing mainline IV when administering vesicants and irritants</b> <b>Note: Verify blood return every 3 ml of drug and monitor site/patient constantly for signs and symptoms of extravasation</b>		
10. Following chemotherapy administration and/or between drugs, flush the line through the injection port with 10mls of compatible IV solution AND flush 50mls of IV solution through the mainline		
11. Saline lock, discontinue or continue IV, according to the orders		
12. Discard chemotherapeutic/cytotoxic equipment in cytotoxic waste containers		
13. Document		

**Comments:**



**Skills Checklist**

IV **Direct** Administration of Cancer Chemotherapy via CVAD

Name: \_\_\_\_\_ Unit: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

The RN will perform the procedure consistent with the skills checklist

<b>Critical Behavior</b>	<b>Yes</b>	<b>No</b>
1. Performs necessary assessment and verification procedure		
2. Wash hands		
3. Put on PPE; place plastic backed absorbent pad under CVAD injection site/port		
4. Access CVAD according to policy and procedure. Secure connection site with luer lock and waterproof tape. Site must be visible through transparent dressing		
5. Cleanse lowest Y- port with an alcohol swab and allow to dry		
6. Insert syringe containing chemotherapy into Y-injection port. Apply a 2x2 gauze under Y-injection port to catch any droplets		
7. Open clamp on mainline IV and ensure the IV is free flowing		
8. Administer chemotherapy according to prescribed rate <b>Note: Maintain free flowing mainline IV when infusing vesicants and irritants. Monitor site constantly for signs and symptoms of extravasation</b> <b>Note: Blood return is not routinely checked during administration unless patency is questioned</b>		
9. Following chemotherapy administration and/or between drugs, flush the line through the injection port with 10mls of compatible IV solution AND flush 50mls of IV solution through the mainline		
10. Heparin/Saline lock catheter as per CVAD policy and procedure or initiate IV according to orders		
11. Discard chemotherapeutic/cytotoxic equipment in cytotoxic waste containers		
12. Document		

**Comments:**

**Skills Checklist**



**Management of a Cytotoxic Spill**

Name: \_\_\_\_\_ Unit: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

The RN will perform the procedure consistent with the skills checklist

Critical Behavior	Yes	No
1. Aware of actions to take in case of accidental exposure to a cytotoxic agent		
2. Alerts staff in the area of the spill		
3. Limits access to the area		
4. Places the warning sign (from the kit) in a prominent position		
5. Removes patients/visitors from the area if necessary		
6. Applies personal protective equipment: mask, face shield/safety glasses, one pair of non-latex gloves, gown, shoe covers, and second pair of non-latex gloves		
7. Places absorbent pads over the spilled liquid and absorbs as much liquid as possible into the pad		
8. Gathers up contaminated pads and any disposable contaminated items and disposes of them in the cytotoxic waste container		
9. Cleans the spill area thoroughly using cleaning solution; discards all waste generated into the cytotoxic waste container		
10. Rinses the area well with clean water and a clean cloth		
11. Dries the area completely with a clean cloth to prevent accidental slippage on wet floor		
12. Removes protective apparel in the following sequence: top pair of gloves, goggles, mask, shoe covers and gown. Discards all used items including personal protective equipment into the cytotoxic waste container or bag		
13. Wearing second pair of gloves, double bags with the aid of a second person and disposes of these gloves between the two bags before closing bag		
14. Places cytotoxic waste bag/container in designated pick up area as per hospital policy		
15. Washes hands thoroughly with soap and water		
16. Arranges for hospital cleaning staff to re-clean the area		
17. Arranges for a replacement spill kit to be obtained		
18. Notifies the Unit Manager or Charge Nurse of spill and completes a Patient Safety Learning Report		