Appendix 1 Register of Designated Personnel

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REGISTER OF DESIGNATED PERSONNEL

INVOLVED WITH INTRATHECAL CHEMOTHERAPY

Copies of this register are kept in the following areas: Pembroke unit and Pharmacy.

**Doctors** who have been assessed as competent to **prescribe, administer** and **distribute** (deliver) intrathecal chemotherapy:

|  |  |
| --- | --- |
| Name | Grade |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Authorised by:………………………………… Date:

 Medical Director

Appendix 1 continued

abc

REGISTER OF DESIGNATED PERSONNEL

INVOLVED WITH INTRATHECAL CHEMOTHERAPY

**Nurses** who have been assessed as competent to **check** the administration of intrathecal chemotherapy:

|  |  |
| --- | --- |
| Name | Grade |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Authorised by:………………………………… Date:

 Director of Nursing

Appendix 1 continued

abc

REGISTER OF DESIGNATED PERSONNEL

INVOLVED WITH INTRATHECAL CHEMOTHERAPY

**Oncology Pharmacy staff** who have been assessed as competent to **dispense** (prepare and label) intrathecal chemotherapy:

|  |  |
| --- | --- |
| Name | Grade |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Authorised by:………………………………… Date:

 Chief Pharmacist

**Oncology Pharmacy staff** who have been assessed as competent to **clinically verify** and **issue** (label, release and package) intrathecal chemotherapy:

|  |  |
| --- | --- |
| Name | Grade |
|  |  |
|  |  |
|  |  |

Authorised by:………………………………… Date:

 Chief Pharmacist

**Oncology Pharmacy staff** who have been assessed as competent to **distribute** (deliver) intrathecal chemotherapy:

|  |  |
| --- | --- |
| Name | Grade |
|  |  |
|  |  |
|  |  |

Authorised by:………………………………… Date:

 Chief Pharmacist

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**On call Pharmacy staff** who have been assessed as competent to **clinically verify** and **dispense** (label, release, package and deliver) ‘Intrathecal kits’ out of hours.

|  |  |
| --- | --- |
| **Name** | **Grade** |
|  |  |
|  |  |
|  |  |
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|  |  |
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|  |  |

Authorised by:………………………………… Date:

 Chief Pharmacist