Appendix 3 Assessment of Competency

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ASSESSMENT OF COMPETENCY FOR INTRATHECAL CHEMOTHERAPY

I (name, grade)

certify that I have assessed that

(name, grade)

is competent to perform the following duty/duties concerning intrathecal chemotherapy.

|  |  |
| --- | --- |
| Duty | Initial and Date |
| Prescribe (Doctor) |  |
| Administer (Doctor) |  |
| Check (Nurse) |  |
| Dispense syringes (prepare +label) (Pharmacy) |  |
| Issue syringes (label, release + package) and clinically verify (Pharmacist) |  |
| Distribute syringes (Pharmacy or Doctor) |  |
| Dispense ‘Intrathecal kits’ (label+release+package+deliver) and clinically verify (Pharmacist) |  |

Assessed by: Date:

Trained by: Date:

Assessee: Date:

|  |
| --- |
| Just an Ordinary Day -Safe Administration of Intrathecal Chemotherapy training film parts 1 and 2 (version 2003) viewed on……………………………………….(insert date)  By…………………………………………………(Signature of assessee) |

Please retain a copy of this form in your professional development file (or portfolio), your personnel file held by your manager and forward a copy to your professional lead (Dr Cullis for doctors, Helen Hambling for nurses and Debra Robertson for pharmacy staff).

Valid from 31.01.19 or date assessed until 31.01.20