

ASSESSMENT OF COMPETENCY FOR INTRATHECAL CHEMOTHERAPY

I _____ (name, grade)

certify that I have checked 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 31.01.22 or date assessed until 31.01.23