

## 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 doses/batch sheets +label) (Pharmacy)	
Clinically verify (Pharmacist)	
Issue syringes (label, product app, release + package) (Pharmacy Technician or Pharmacist)	
Distribute syringes (Pharmacy or Doctor)	

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 Bugg for doctors, Helen Hambling for nurses and Debra Robertson for pharmacy staff).

Valid from 29.02.24 or date assessed until 28.02.25