

## Intrathecal Chemotherapy (ITC) Prescription and Checklist

This prescription is to be used on only one occasion. All sections of the checklist must be completed

**Section I: Please fill in before prescribing**

<b>Addressograph label</b>	<b>Ward</b>	<b>Performance status*</b>	<b>Intent*</b> Curative Palliative- extend/ Sympt/remission/delay	<b>Line of treatment* +</b> diagnosis	<b>Consultant</b>	<b>Protocol:</b>  <b>Course/Week No:</b>	<b>Clinical Pharmacy Verification:</b>
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**Section II: Prescribe intrathecal drugs and strike through lines not being used, then complete the first of the checklists over the page**

PRESCRIPTION						DISPENSING & TRANSFER				ADMINISTRATION		
Date	Drug	Route	Dose	Prescribers signature	Batch No.	Pharmacy Expiry date	Pharmacy Release by	Handed out By	Accepted By	Checked By	Given By	Date & Time
1		<b>Intrathecal Only</b>										
2												
3												

**Checking Procedure:**

1. Explain the nature of the procedure, the route of administration and the drug(s) to be administered to the patient, or their guardian.
2. All intravenous chemotherapy apart from continuous infusions should have been completed before this chart is sent to pharmacy.
3. The only other IVs that can be in progress during an ITC procedure are non-cytotoxics such as IV hydration or Rituximab.
4. Ask the patient to confirm their name, date of birth and consent to treatment.
5. Check the patient details on this prescription against patient's name band
6. Then check the following details on the prescription against the chemotherapy syringe  
*Route of administration, drug name, dose, volume, expiry, patient name and patient hospital number.*
7. Sign, using full signature, the appropriate sections of the prescription.
8. Once completed please photocopy this prescription, send the copy to the principal cancer care pharmacist and file the original in the patient's notes.

\*Please record on Aria if receiving combination IV treatment.

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**Section III: Must be completed by the prescriber before the chart is sent to pharmacy**

			Initial
Has the procedure, drug(s), and route of administration, <b>all</b> been explained to the patient?	YES/NO	If NO, please state reason	
Is the patient fit to receive Intrathecal chemotherapy?	YES/NO	If NO, please state reason	

**Section IV: Please fill in before ITC administration and after checking the patients details**

Has the patient given either verbal or written consent?	YES/NO Verbal/ Written	If NO, please state reason	
Is the patient in a designated ITC administration place? Please record bed/room number	YES/NO	If NO, please state reason  Room/bed no:.....	
Are any other IV medications in progress?	YES/NO	If YES What	
Have all the patient's bolus and short infusion chemotherapy doses been completed for today?	YES/NO	If NO, please state reason	
Details checked with patient?	YES/NO	If NO, then reason	

**Section V: Must be completed by the prescriber before the ITC is administered**

Is the treatment wrapped in RED or BLUE or CLEAR or BLACK plastic? <i>(please circle)</i>	RED →	ITC can be given	
	BLUE or → CLEAR or BLACK	If BLUE or CLEAR or BLACK <b>do not give</b> , return it to pharmacy	
Is the treatment one of the following? <i>Methotrexate, Cytarabine or Hydrocortisone</i>	YES/NO	If NO <b>do not give</b> , return to pharmacy	
Is the date of preparation and administration the same?	YES/NO	If NO <b>do not give</b> , return it to pharmacy	
Is the volume >5ml?	YES/NO	If YES <b>do not give</b> , return it to pharmacy	
Is the checking nurse on the current ITC register? The current register must be checked.	YES/NO		

**Section VI: Must be completed by the prescriber after the ITC has been administered**

Lumbar puncture and treatment successfully administered	YES/NO	If NO, please state reason	
Was the ITC returned to Pharmacy?	YES/NO		

Additional comments