The Pharmacist's Role in Chemotherapy Order Set Development

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Learning Objectives

Discuss elements of a complete chemotherapy order
 Describe how standardized order sets can decrease cost and improve throughput

Demonstrate how orders can help effectively communicate the plan of care

Chemotherapy Agents

Lowest therapeutic index Small safety margin Complex regimens Variable dosing ranges - Disease state – Regimen - Renal/hepatic function Body Surface Area (BSA) - Concomitant radiation





Selection of Correct Agent

Generic: sound-alikes – carboplatin or cisplatin - vincristine or vinblastine Trade names - Taxol or Taxotere – Amethopterin, Mexate, Folex Abbreviations/Chemical Names - CPT-11, VP-16, BCNU



Routes of Administration

- Administration route: IV, IM, SQ, IT, IVP, CIVI or PO
- Intrathecal (IT)-must be preservative free/isotonic
- IV Push
 - Toxicity of infusion
 - Extravasation risk



doxorubicin, vincristine

Subcutaneous or Intramuscular: small volumes

Stability/Storage Requirements

Stability Information



- -Compatible solutions (NS or D5W)
- Polyvinyl chloride vs. Non-PVC
- Volume of solution (concentration of final soln)
- Protect from Light
- Expiration
- Refrigeration



Calculations: BSA



- Nomogram
- BSA Slide Rule
- Manual calculations (Mosteller vs. Dubois)
- BSA calculator (Dubois)
- Pharmacy computer system
- 5% error rule
- Weight to use
 - Actual (ABW), Ideal (IBW), Corrected (CBW)

Types of Med Errors

Dosage/BSA miscalculations Wrong drug/regimen Chemo protocol/order misinterpretation Changes in organ function (ex: carboplatin)

Preparation errors

- Drug (Doxil vs. doxorubicin)
- Amount (60.5ml vs.65ml)
- Wrong IVF, volume

Administration

 rate, route, patient, timing

Prevention of Errors



Hospital/Pharmacy Policy

Goal: Medication error prevention Consistency of prescriber habits Consistency of pharmacy order processing & product preparation Chemotherapy cut-off times Training of nurses, pharmacists and technicians

Physician Prescribing Criteria

Chemotherapy orders

- Written on standard chemotherapy form
- -Typed as preprinted form
- Computerized Physician Order Entry (CPOE)
- Dose is prescribed as amount/unit (m2 or kg)
- Dose must be written per day and per course of therapy

Physician Prescribing Criteria

Oncology Attendings (credentialing) No verbal orders No acronyms - cisplatin, not CDDP No trailing zeros - 5.0gm or 50gm Unapproved abbreviations – units, <u>not</u> u Informed consent from patient

UNIVERSITY OF KENTUCKY HOSPITAL John Die CHANDLER MEDICAL CENTER LEXINGTON, KENTUCKY CHEMOTHERAPY ORDERS 123456789 NOTE: Use Physician Order Sheet (H310) for all other medication/lab orders. 4-1-57 DIAGNOSIS NON-Hoda 06 IS PATIENT ON PROTOCOL YES - LIST PROTOCOL NAME OR NUMBER: NO PATIENT'S B.S.A. (see back) BEGIN THERAPY (DAY 1) PATIENT'S WEIGHT PATIENT'S HEIGHT, in 2.19 M² 205 DATE: TIME: GIVE ON PATIENT'S SOLUTION INFUSION ROUTE DRUG (Amt/m 2 or Amt/kg) DOSE RATE DAYS & VOLUME 750mg TUP 1642-5m mz ١ 50mg/m Tul 109.5m XORND: L'N FUP ł Neristine 1.4mg/~ з REDNISONE 100mg/2 PD -5 5 PRECHEMOTHERAPY MEDICATION ORDERS (e.g., antiemetics, hydration) Kutril Ding PO X! Decadron Dom IV XI POSTCHEMOTHERAPY MEDICATION ORDERS (e.g., antiemetics, hydration) Compazione 10mg po QB° pro - Scutt attached. may 9-22-97 1400 ignature, Ordering Physician Lucille VARKOR MAR M #1234 Name of Attending Physician: Please Prig PINK - Nursing CANARY - PCS WHITE - Chart J443 (2/88)

Pharmacy-Verify Orders for Accuracy

- Correct patient? Need two identifiers
 - Name, birth date, medical record number
- Calculations
 - BSA, unit conversion, patient specific dose
- Is the chemotherapy regimen appropriate for diagnosis?
- Review IVF compatibility (if appropriate)
- Check rate of administration
- Independent check by another pharmacist

Chemo Regimens

- Appropriate dose for regimen?
 Common references for chemo regimens:
 - Drug Information Handbook
 - Chemoregimen.com
 - Pharmacy Practice News (yearly publication) and wall chart (poster).
 - Original protocols/investigational studies (SWOG, ECOG, etc)
 - MicroMedix
 - PubMed

Other Verification Issues

Lab values Adequate hydration - Ex: cisplatin Tumor Lysis Syndrome prophylaxis -allopurinol, sodium bicarbonate in IVF Anti-emetic regimen Pre-medications/adjunct therapy?

Approval for Chemotherapy

Before preparation, MD verifies patient okay to receive therapy (labs/toxicity criteria)
 Confirm "Consent for Treatment" signed
 Labs are drawn and evaluated:

 electrolytes, renal function, hepatic function,

blood counts

Patient weighed prior to each treatment cycle

- Is it the correct date and time to prepare the chemo?
- Expiration must be > administration time

Administration

Double check pharmacy prep/labels/orders
Personal Protective Equipment
Tubing primed by pharmacy with IVF, not chemo
Limit syringe size for IV push (IVP)

Flush tubing/buretrol

Summary: What's in it for me?

- Error prevention is the responsibility of <u>all</u> pharmacists
 - hospital, retail, industry
- Systems should be in place to minimize errors in order processing, preparation and administration of chemotherapy
- Peace of mind

Every great mistake has a halfway moment, a split second when it can be recalled and perhaps remedied. **Pearl Buck** US novelist in China (1892 - 1973)





