

**PARKLAND HEALTH & HOSPITAL SYSTEM
DEPARTMENT OF NURSING EDUCATION**

**COMPETENCY VALIDATION
CHEMOTHERAPY ADMINISTRATION AND DISPOSAL
SKILLS CHECKLIST CRITERIA**

Name: _____ ID#: _____

Unit: _____ Date: _____

COMPETENCY STATEMENT: Demonstrates safe administration of chemotherapeutic agents and disposes of contaminated equipment safely.
Note: Use √ marks as section is completed satisfactorily. Identify the drug(s) and routes of administration discussed. Validator signs last page.

| CRITERIA | Demonstrated | | | Skills Lab |
|---|---------------------|---|---|-------------------|
| | 1 | 2 | 3 | Optional/recred. |
| A. Pretreatment Interventions | | | | |
| 1. Review physician's orders. | | | | |
| 2. Check lab values: Hemogram & diff, PTT, BUN, Creatinine as appropriate. Calculate ANC. | | | | |
| 3. Verify consent is signed and current. | | | | |
| 4. Assess patient, baseline T, P, R & B/P, weight, height. | | | | |
| 5. Check BSA, dosing, coordinate with pharmacy, time of administration. | | | | |
| 6. Teach patient and/or significant others about chemotherapy, potential side effects, and self care measures. Utilize patient teaching resources: i.e. chemotherapy booklet / teaching sheets. Documents patient response. | | | | |
| B. Administration of Chemotherapy | | | | |
| 1. Establish venous access or confirm patency of existing IV line by checking for brisk blood return. | | | | |
| 2. Administer pre-medications/ pre-hydration as ordered. | | | | |
| 3. Check chemotherapy with second RN to verify schedule, drug, dose, patient and route. Document on chemotherapy flowsheet. | | | | |
| 4. Assemble chemotherapy administration kit and necessary supplies in patient's room. | | | | |
| 5. In patient's room, with second nurse, check patient/ ID band with medications and MD order, Don appropriate apparel for chemotherapy administration. | | | | |
| 6. Administer chemotherapy by appropriate route as order: | | | | |
| a. IV push through free-flowing peripheral IV line (vesicants and nonvesicants). | | | | |
| 1) Establish line of normal saline to be used as continuous free-flowing IV. | | | | |
| 2) Place absorbent pad under extremity and gauze under injection port site. | | | | |
| 3) Visualize IV insertion site during administration. | | | | |
| 3) Verify patency of IV line by obtaining brisk blood return. | | | | |
| 5) Using slow, even pressure, inject 2-5cc of chemotherapy through free-flowing IV. | | | | |
| 6) Allow chemotherapy to flush through IV line and continue to verify blood return prior to each injection of 2-5 cc of chemotherapy until injection is completed. | | | | |
| 7) Close clamp and withdraw syringe from injection port with gauze wrapped around needle to minimize droplet contamination. | | | | |
| CRITERIA | Demonstrated | | | Skills Lab |
| B. Administration of Chemotherapy (cont.) | 1 | 2 | 3 | Optional/recred |
| 8) Dispose of contaminated items (gown, gloves, absorbent pad, gauze, and IV tubing) into safe-lock chemotherapy bag. | | | | |
| 9) Remove safe-lock chemotherapy bag from room and dispose of the bag into chemotherapy waste container. | | | | |
| 10) Verbalize assessment parameters to monitor for indication of extravasation during injection of chemotherapy, i.e. flow rate, blood return, resistance to injection, patient discomfort, localized swelling. | | | | |
| 11) Verbalizes action in event of adverse event of hypersensitivity reaction. | | | | |

| | | | | |
|---|--|--|--|--|
| 12) Document administration procedure, condition of IV site and tolerance on medication record / flowsheet / nurses notes. Note the start and stop time of each drug administered. Agents administered: _____ (1) Vesicant (2) Vesicant (3) Vesicant _____ Nonvesicant Nonvesicant Nonvesicant | | | | |
| b. IVPB or continuous infusion | | | | |
| 1) Verify patency of line by aspirating for brisk blood return. | | | | |
| 2) Prime IV tubing into gauze placed in safe-lock chemotherapy bag. | | | | |
| 3) Connect IV tubing to IV line and secure connection. | | | | |
| 4) Set infusion pump to indicated rate as ordered and begin infusion. | | | | |
| 5) Remove chemotherapy gown and gloves and dispose of them into safe-lock chemotherapy bag. | | | | |
| 6) Assess infusion periodically to confirm patency of IV line. | | | | |
| 7) Flush line with compatible solution following completion of chemotherapy. | | | | |
| 8) Don clean surgical latex or nitrile chemotherapy gloves and disconnect the bag and tubing and place in safe-lock bag. | | | | |
| 9) Remove safe-lock chemotherapy bag from room and dispose of the bag into chemotherapy wasted container. | | | | |
| 10) Wash hands. | | | | |
| 11) Document administration procedure and tolerance on medication record / flowsheet / nurses notes. Note the start and stop time of each dose / infusion. | | | | |
| Agent administered: _____ (1) infusion (2)infusion (3)infusion | | | | |

Validated by: (1) _____ Date: _____

(2) _____ Date: _____

(3) _____ Date: _____

Skills Lab _____ Date: _____