

SOP for screening of adult chemotherapy electronic prescriptions

All chemotherapy for adult cancer patients in Thames Valley Cancer Network (TVCN) should be prescribed on the validated TVCN electronic chemotherapy prescribing (Aria) system. The validated electronic chemotherapy prescribing system automatically calculates body surface area (BSA), doses, dose banding.

Use in conjunction with the Aria user guides. Use in conjunction with Verification SOP for additional information.

To check a specific chemotherapy prescription on Aria Med Onc Manager:

Patient demographics

Highlight patient name

Check the following against the referral form.

- patient name
- NHS number
- date of birth
- if patient is on a Clinical trial (has a microscope beside date of birth).
- hospital and ward
- If further demographic details are required click on view button.

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Open patient (double click on highlighted name)

NB Several screens can be opened simultaneously (and minimised) using the icons e.g. Summary, Flow sheet, Rx etc.

| e Workup Assessments ManageTx View | | | Help | | | | | |
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| Close Summary History Notes Flow SI | | | Drug Admin Prov Ap | pr Reports | | | | |
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| My Agenda Patient | | | | | | | or yrs boxtroniae 🔼 | |
| Event | Status | Visit Reason | | | | <u></u> | | |
| Events Scheduled for: Aug 02, 2011 | | Treatment This v | visit is not a plan vis | ät. | | | | |
| Results | | Support | | | | | | |
| TVCN Vital Signs | Approved | Visit Provider Ms. S | | | | | | |
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| Drug Orders | Approved | | | | | | | |
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Click on Summary tab (those tabs which are dark blue have information entered).

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Screening
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Click on **Diagnoses/Problems tab** (those tabs which are dark blue have information entered)

 check diagnosis – check ICD10 code is in the code column (except rare patients the ICD10 code should be C00.0-C97, D37.0-D48.9 or E85).

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Click on recent results tab (those tabs that are dark blue contain results)

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🗤 Open Patient 🗾 🗙

- FBC neutrophils, platelets, haemoglobin.
- Chemistry biochemistry, EDTA, CrCl, to monitor renal and hepatic function (reductions may be required as per TVCN or clinical trial protocol). Recommend dose adjustments on the basis of biochemical values. On each subsequent cycle record the patient's latest serum creatinine value in the patient record / profiles and check the serum creatinine level has not deviated from the baseline level by 20% or more.
- Vital signs check weight has been entered recently (should be entered every cycle), BMI, if weight > 30% IBW (reduction required). Check height has been entered.
- Ensure appropriate tests are undertaken for cardiotoxic drugs e.g. 3 monthly ECHO cardiogram / MUGA with trastuzumab

If further details on previous blood counts, chemistry, weights etc are required click graph icon or flow sheet icon.

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Click on last note tab (those tabs which are dark blue have information entered)

- Check notes for a record of administration problems in previous cycles of treatment, e.g. infusion related reactions.
- If further details on previous notes required, click on Notes icon

| File Workup Assessments Manage Tx View Pharmacy System Ad | min Window Applications Help | | |
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| Discipline Physician | Note Date: Author: | Status: Type: | |
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Click on **patient info tab** for Consultant name (those tabs which are dark blue have information entered).

- Classification should be Clinical Oncologist, Consultant Haematologist or Medical Oncologist only.
- Relationship should be Consultant.

| 🛃 Manager | | | | | | | | | | | | | | | |
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| | No picture a | vailable. | | | VMS, MD | | | - (| Physic | | \rightarrow | Consultant |) | | |
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Prescription details Click on Tx details tabs

| Close | | etes Flow Steet Chart Vital Signes Exam Tx:Options: Rx: Drog Admin Prov Appr Reports | |
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| 6 X | 21 days 🖉 | SODIUM CHLORIDE 500 ml (of 0.9 %) infusion Intravenous o.d. for 1 day 0/1 Given Ordered 🌽 | |
| Moderai granisel | te emetic risk tron = | EPIRUBICIN HYDROCHLORIDE 170 mg (at 100 mg/m2) injection Intravenous o.d. bolus for 1 day Ordered D/1 Given | |
| 1 × | 7 days 🖉 | FLUOROURACIL 850 mg (at 500 mg/m2) injection Intravenous o.d. bolus for 1 day 0/1 Given Ordered 🖉 | |
| | | CYCLOPHOSPHAMIDE 840 mg (at 500 mg/m2) injection Intravenous o.d. bolus for 1 day 0/1 Ordered 🖉 | |
| | | Cycle 1 - Day 1 Moderate emetic risk granisetron = | |
| | | GRANISETRON 1 mg injection IV Inj o.d. bolus for 1 day 0/1 Given Ordered 🧷 | |
| | | DEXAMETHASONE 6 mg injection IV Inj o.d. bolus for 1 day in sodium chloride 0.9% w/v 10 ml (1) Ordered 0/1 Given | |
| Cycle | Cycle Start | DEXAMETHASONE 2 - 6 mg (of 2 mg) tablet Oral once Ordered 🌽 | |
| 1 | Aug 02, 2011 🛛 🗸 | METOCLOPRAMIDE 20 mg (of 10 mg) tablet Oral q.d.s. for 6 days Ordered 🏒 | |
| 2 | Aug 23, 2011 | GRANISETRON 2 mg (of 2 mg) tablet Oral o.d. for 1 day Ordered 🥖 | |
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🛊 Open Patient 🗗 🗆 🗙

Always ensure the prescription is checked against the TVCN regimen (<u>www.tvscn.nhs.uk</u>) or clinical trial protocol approved for the indication in your Trust.

If not, it must be queried with the prescriber, ensure the Clinician has a valid clinical reason and peer approval, e.g. MDT and local clinical governance, has completed an exceptional use (IFR) or Cancer drug fund (CDF) Blueteq form and approval and funding, where appropriate, has been obtained. Record details in notes.

Check the regimen has NICE approval and meets the criteria.

- Check regimen name and that it is an approved regimen or clinical trial and is appropriate for the diagnosis.
- On the first cycle check the regimen is the intended treatment as documented in the referral form.
- Check no. of cycles are appropriate for the diagnosis.
- Check the intended start date and exact duration of treatment.
- Check the frequency of administration
- Click on pen icon and show summary (Overview and Chemo order instructions) for regimen specific details e.g. dose reductions, antiemetics, adverse effects etc.
- Check appropriate support regimens have been prescribed.
- Check that hydration has been prescribed as required per protocol. Hydration is essential for the following drugs:
 - Cyclophosphamide (at doses greater than 1000-2000 mg/m²)
 - Ifosfamide
 - Melphalan
 - Cisplatin (check hydration regimen agrees with agreed protocol)
 - High dose methotrexate (at doses greater than 1000 mg/m2).
- Check intended drug doses as mg/m2 or per kg or flat dose or by AUC (for carboplatin)
- Check the final calculated dose to be administered
- Check dose units are correct, e.g. milligrams, grams, international units.
- Check drugs including dose modifications are appropriate and reason, any added are appropriate / correct doses and doses are appropriate for counts / clinical chemistry.
- Check the calculation of any dose modifications or dose reductions. Unless there is a documented
 reason for a dose increase any decision to reverse a previous dose reduction should always be queried
 with the prescriber.

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- Check the administration details are appropriate for the drug, i.e. route and rate of administration and that the drug is compatible with diluent or infusion solutions.
- If any modifications required to the prescription, contact Dr and record details by clicking on **notes** icon and add appropriate information.

Click on flow sheet icon for previous doses administered.



Click on **Rx** icon

| 🛃 Manager | | | | | | | | | | | |
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Click on Orders / Rx tab

• Check regimen approved

| Manager | |
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| Allbut Errored C Error | |
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| | Reorder |
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| | Error EPIRUBICIN HYDROCHLORIDE |
| | Reissue |
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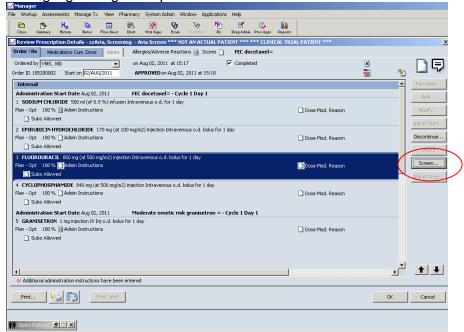
If a drug needs to be put on hold then:

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Click review button

• Highlight drug to be put on hold. Click on Admin instructions and add instruction.



• Click screen button, then interactions tab to check interactions. Check there are no known drug interactions (including with food) or conflicts with patient allergies and other medication(s).

If all drugs, administration routes and doses are correct click ok.

Then click pharmacy approve button, enter your ID and password. Then tick the date treatment has been checked and press checked approve button. Click dispense button, Pharmacy approved sign will appear and the prescription is locked. Add any information required into notes and then print prescription.

First Cycle

BSA Regimen Doses Route Fluids Infusion times Start and stop dates for oral Supportive meds Liver and renal function (if applicable)

Subsequent cycles

Correct patient Interval No dose change Confirm any prescribed change Start and stop dates for oral

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