STANDARDIZED PROCEDURE
Management of Antineoplastic Therapy (Adult)

I. Definition

Antineoplastic therapy is the use of cytotoxic drugs, hormones, antihormones, biologic agents, and immunotherapy to treat malignancies. Advanced Practice Providers may only write for continuation orders for antineoplastic therapy. No initial antineoplastic therapy order sets may be initiated by an APP and clinical trial continuation orders are at the discretion of the Primary Investigator.

II. Background information

a. Setting:

The setting (outpatient) and population (adults) for the Advance Practice Provider (APP) is determined by the approval of privileges requested on the APP Privilege Request Form.

b. Supervision:

The necessity of the procedure will be determined by the APP in verbal collaboration with the Attending Oncologist or his/her designee and the APP Supervisor. Direct supervision will not be necessary once competency is determined, as provided for in the protocol. At that time, general or indirect supervision is acceptable.

Designee is defined as another attending physician who works directly with the supervision physician and is authorized to supervise the APP.

c. Indications

Antineoplastic therapy is standard treatment for many malignancies including, but not limited to, breast cancer, lung cancer, genitourinary cancers, gynecologic cancers, hematologic malignancies, head and neck cancers, central nervous system cancers, melanoma, and gastrointestinal cancers. The standardized procedure is developed to enable the APP, under the direct supervision of the Hematology/Oncology attending physician, to order subsequent courses of established antineoplastic therapy regimens and clinical trial chemotherapy regimens, after the physician has established the treatment plan and written the initial antineoplastic therapy orders.

d. Precautions/Contraindications

i. Patients will be continually monitored for excessive toxicities, progression of disease, and concurrent illness that would contraindicate receiving antineoplastic treatment.

ii. Excessive toxicities could include, but not be limited to, excessive myelosuppression, uncontrolled nausea and vomiting and/or diarrhea,
electrolyte imbalances, elevated liver function tests, acute renal insufficiency, fever, rashes, respiratory toxicity or unacceptable neurotoxicity.

e. Materials
   i. Antineoplastic therapy for injection or infusion to be prepared by the UCSD pharmacy staff
   ii. Oral or self-injectable antineoplastic medicines to be obtained by the patient from a licensed pharmacy for home use.

III. Management of Chemotherapy Procedure
   a. Pretreatment evaluation:
      i. History of malignancy appropriate to antineoplastic therapy planned by patient’s Hematology/Oncology attending physician
      ii. History of previous side effects or adverse reactions experienced with antineoplastic therapy
      iii. Patient evaluation: general appearance, vital signs, fever, signs/symptoms of infection, focused physical exam, signs of progressive disease
      iv. Diagnostics: Bone marrow aspiration and biopsy, lumbar puncture; CBC with differential, smear, creatinine, electrolytes, creatinine clearance, liver function tests, PT/PTT, INR, chest x-ray, CT scan, PET scan, MRIs as indicated by patient restaging requirements; disease status and protocol/clinical trials requirements
         1. Review all abnormal/unexpected findings with Attending Oncologist
         2. If the patient is out of the parameters set by the Attending Oncologist, documentation of communication with MD is needed to treat
   b. Patient preparation:
      i. Reviewed risks, benefits, side effects, adverse reactions as needed prior to chemotherapy administration.
      ii. Informed consent obtained by MD/NP
      iii. Renew and revise premedications, hydration, and antiemetic therapy as needed
      iv. Provide written and verbal information as needed
   c. Antineoplastic therapy orders procedure
      i. Verify patient height and weight. Recalculate BSA.
      ii. Confirm doses and dose adjustment parameters specific to treatment protocols. Dose escalations are to be signed by MD.
      iii. Write antiemetics and premedication orders appropriate to chemotherapy protocol (NCCN and ASCO guidelines)
      iv. Sign continuation antineoplastic therapy orders per Attending Oncologist original orders and utilize antineoplastic therapy guidelines (NCCN and ASCO guidelines)
      v. Administer growth factor support as clinically indicated
d. **Posttreatment procedure:**

The Advanced Practice Provider will notify the physician immediately upon being involved in any emergency or resuscitative events or under the following circumstances:

1. Patient decompensation or intolerance
2. Outcome other than expected

IV. **Documentation**

a. Documentation is in the electronic medical record (EPIC)
   
i. Documentation of the pretreatment evaluation
   
ii. Written record reflects: indication for medication, drug allergies, patient response, side effects and/or techniques of use, need for management of serum drug levels and/or monitoring of other laboratory/diagnostic studies as indicated.
   
iii. Modifications to antineoplastic therapy portion of the treatment plan are to be reviewed with Attending Oncologist and documented within the Beacon treatment plan noting the following
   1. The modification being made (verbally with pharmacist or in Beacon)
   2. Reason for dose modification
   3. Name of Attending Physician with whom APP discussed the case

b. All abnormal findings are reviewed with Attending Oncologist

Procedure performed ONLY by a Hematology/Oncology APP who meets the clinical skills outlined in the competency assessment in Section V below.

V. **Competency Assessment**

a. Initial Competency
   
i. The Advanced Practice Provider will be instructed on the efficacy and the indications of this therapy and demonstrate understanding.
   
ii. The APP will demonstrate knowledge of the following:
   1. Medical indication and contraindications of antineoplastic therapy
   2. Risks and benefits
   3. Related anatomy and physiology
   4. Consent process
   5. Adverse events
   6. Side effect management
   7. Ability to interpret results and implications in management

iii. The Advanced Practice Provider MUST possess a valid Furnishing License

iv. To be eligible for privileging, the APP should have a minimum of three years of oncology experience and/or has obtained Chemotherapy/Biotherapy certification through Oncology Nursing Society

v. APPs with less than three years direct care experience within oncology are required to obtain a Chemotherapy/Biotherapy certification and have final approval from nursing leadership and the Supervising Oncologist in order to be eligible for privileging.
vi. The APP who is eligible for privileging will write orders and furnish medications consistent with the Standardized Procedure for a total of 20 chemotherapy orders under direct supervision of an attending Oncologist with a physical co-signature of all orders.

vii. Advanced Practice Providers may only write for continuation orders for antineoplastic therapy. No initial antineoplastic therapy order sets may be initiated by the APP.

b. Continued Proficiency

i. Only an Advanced Practice Provider who has successfully met the requirements for initial competency, is currently licensed as an APP in the state of California, has a valid Furnishing license and who meets the clinical skill as outlined above may perform these procedures.

ii. Each APP will initially be proctored and signed off by an Attending Oncologist. The APP must perform this activity at least 20 times per year. In cases where this minimum is not met, the Oncology Attending must again proctor and sign off the procedure for the APP. The APP will be signed off by the proctor after demonstrating 100% accuracy in completing the procedure.

iii. Demonstration of continued competence shall be monitored through annual evaluation, departmental chart audits, departmental quality improvement measures, and documentation of successfully performing 20 orders within the preceding year.

iv. Advanced Practice Providers may only write for continuation orders for antineoplastic therapy. No initial order sets may be initiated by an APP.

v. If it is determined by an Attending Oncologist and the APP supervisor that an APP should not have renewal of their privileging, then this will be formally communicated to the Interdisciplinary Practice Committee and Medical Staff Office to make a formal change in their DOP.

A clinical practice outcomes report is to be submitted with each renewal of credentials. It will include the number of antineoplastic therapy orders written per year and any adverse outcomes. If an adverse outcome occurred, a copy of the procedure note will be submitted.

VI. Responsibility

Please contact the Advanced Practice Council and the APP Supervisor of Moores Cancer Center if you need additional help.

VII. HISTORY OF POLICY

Reviewed by the Interdisciplinary Practice Committee 01/23/19
Reviewed by the Credentials Committee 02/06/19
Reviewed/Approved by the Medical Staff Executive Committee 02/21/19

Updated 12/5/2018 AA