



## APPHON/ROHPPA

### Pediatric Chemotherapy/Biotherapy Administration

#### Clinical Competency Checklist

**Competency statement:** The Registered Nurse (RN) will assess the patient, educate the patient/ family, provide applicable physiological preparation, administer chemotherapy/ biotherapy, and provide post care in a safe and therapeutic manner. **The RN must have met the knowledge criteria and clinical competence before administering chemotherapy or biotherapy to a patient:**

<http://www.apphon-rohppa.com/en/levels-care>

**Clinical competency** must be **initially** verified by at least **three supervised chemotherapy/ biotherapy administrations**. Additional supervised administrations may be required to ensure competency of the new learner. Clinical competency must be shown in the following aspects, reflective of the level of care the nurse will provide at their institution, and in keeping with local institutional policies. Supervision must be by a competent chemotherapy administration supervisor\*\* using this APPHON/ROHPPA chemotherapy/biotherapy administration clinical competency checklist. A Registered Nurse (RN) who will administer **vesicants peripherally must have an additional initial supervision**.

**\*\* Competent chemotherapy administration supervisor must meet the following criteria:**

- an RN who has completed the APPHON Pediatric Chemotherapy Biotherapy Provider program **and**
- has demonstrated current clinical and knowledge competency based on the APPHON/ROHPPA Pediatric Chemotherapy Administration Standards and Competencies for Practice and Education **and**
- has at least 2 years of chemotherapy administration experience.

Learner Name: \_\_\_\_\_ Work Site \_\_\_\_\_

Supervising RN(s)

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

| <i>Competency Criteria</i>   | Drug: _____<br>Date: _____<br>Supervisor Initial: _____ | Drug: _____<br>Date: _____<br>Supervisor Initial: _____ | Drug: _____<br>Date: _____<br>Supervisor Initial: _____ |
|--|---|---|---|
| <b><i>Assessment of Patient Prior to Administration</i></b>  |   |   |   |
| Ensures a <b>recent history and physical</b> has been completed by physician/NP prior to initiating therapy (as required by protocol and or change in status)    |   |   |   |
| Completes current nursing <b>patient assessment</b> prior to administration and reports any new or concerning findings   |   |   |   |
| Confirms results of required <b>blood work, tests, and imaging</b> . Ensures physician(s) are aware of results   |   |   |   |
| Assesses <b>history of side effects including hypersensitivities and allergy profile</b> , as well as their management   |   |   |   |
| <b><i>Providing Patient/Caregiver Education</i></b>  |   |   |   |
| <b>Assesses</b> the patient/caregiver <b>knowledge</b> of agents(s), expected side effects, and required pre/post administration care and body fluid precautions |   |   |   |
| <b>Provides education</b> if gaps in pertinent knowledge identified. Refer to APHON Medication Fact Sheets or About Kids Health                                  |   |   |   |
| Educates the patient/caregiver in <b>prevention/early recognition and management of side effects</b>   |   |   |   |

| <b>Competency Criteria</b>   | <b>Drug: _____<br/>Date: _____<br/>Supervisor<br/>Initial: _____</b> | <b>Drug: _____<br/>Date: _____<br/>Supervisor<br/>Initial: _____</b> | <b>Drug: _____<br/>Date: _____<br/>Supervisor<br/>Initial: _____</b> |
|--|--|--|--|
| Identifies need for <b>psychosocial care</b> and identifies when to involve psychosocial professional to enhance coping during administration procedures   |  |  |  |
| <b>Documents</b> knowledge assessment and interventions  |  |  |  |
| <b>Pre-administration Considerations</b>   |  |  |  |
| Verifies <b>consent</b> for treatment  |  |  |  |
| Coordinates administration time with <b>pharmacy</b>   |  |  |  |
| <b>Verify</b> the following ( <b>independently double checked</b> ): <ul style="list-style-type: none"> <li>• Right patient/protocol/cycle/ day</li> <li>• Treatment roadmap with physician order set</li> <li>• Investigations/test complete and reviewed by physician</li> <li>• Current ht/wt/BSA</li> <li>• Right drug/dose/route/volume/rate/ administration sequence</li> <li>• Expiry date of prepared agent</li> <li>• Compatibility/ IV set-up/ solution</li> </ul> |  |  |  |
| Provides interventions to ensure patient is <b>physiologically ready</b> (meeting pre-administration criteria)   |  |  |  |
| Is prepared for acute <b>hypersensitivity</b> reactions  |  |  |  |
| Patient is <b>pre-medicated</b> as required (ie anti-emetics, antihistamines)  |  |  |  |

| <b>Competency Criteria</b>   | <b>Drug: _____<br/>Date: _____<br/>Supervisor<br/>Initial: _____</b> | <b>Drug: _____<br/>Date: _____<br/>Supervisor<br/>Initial: _____</b> | <b>Drug: _____<br/>Date: _____<br/>Supervisor<br/>Initial: _____</b> |
|--|--|--|--|
| Assesses for <b>CVAD</b> blood return and line/insertion site integrity or <b>PIV</b> site integrity<br><b>Aware of extravasation risk, prevention, and management</b><br>Understands the additional risks, prevention, and potential management of <b>extravasation</b> with PIV administration |  |  |  |
| Aware of procedure if <b>chemotherapy spill</b> occurs and location of <i>chemo spill kit</i>  |  |  |  |
| Aware of procedure if <b>accidental exposure</b> occurs  |  |  |  |
| <b>Documents</b> assessments and interventions   |  |  |  |
| <b>Chemotherapy/Biotherapy Administration</b>  |  |  |  |
| Wears and disposes of <b>PPE</b> appropriately when handling chemotherapy/biotherapy and body fluids. Use closed system transfer device where available (CSTV)   |  |  |  |
| Verifies patient <b>ID</b> at the bedside (2 unique identifiers)   |  |  |  |
| Verifies IV <b>pump settings</b> on the IV pump  |  |  |  |
| <b>Administers</b> chemotherapy/biotherapy as per orders and institutional policy: <ul style="list-style-type: none"> <li>• compatible IV set-up</li> <li>• over appropriate time</li> <li>• delivers flush safely</li> </ul>  |  |  |  |
| Aware of potential drug specific <b>acute side effects</b> during infusion and monitors for same. Aware of potential interventions required  |  |  |  |

| <b>Competency Criteria</b>  | <b>Drug: _____<br/>Date: _____<br/>Supervisor<br/>Initial: _____</b> | <b>Drug: _____<br/>Date: _____<br/>Supervisor<br/>Initial: _____</b> | <b>Drug: _____<br/>Date: _____<br/>Supervisor<br/>Initial: _____</b> |
|---|--|--|--|
| Posts <b>cytotoxic signage</b> in patient room to ensure other team members are made aware of cytotoxic exposure risk.  |  |  |  |
| <b>Documents</b> on the Medication Administration Record and roadmap  |  |  |  |
| <b>Post Administration of Chemotherapy/Biotherapy Care</b>  |  |  |  |
| Demonstrates <b>ongoing assessment</b> for post and delayed side effects/reactions  |  |  |  |
| <b>Reports pertinent findings</b> to physician and other team members in a timely manner  |  |  |  |
| Administer <b>supportive/rescue medications</b> and provide <b>interventions</b> to minimize side effects   |  |  |  |
| Provides <b>ongoing education of patients/families</b> of likely and potential side effects/prevention and management   |  |  |  |
| Ensures patient/family is aware of <b>future treatment/symptom management plan</b>  |  |  |  |
| Ensures family is aware of <b>future follow-up and treatment</b> plans.   |  |  |  |
| <b>Reports</b> pertinent information to <b>oncoming RNs</b> about the therapy administration, tolerance, and supportive care plan   |  |  |  |
| <b>Communicates relevant information</b> with other health professionals involved in the care of this patient: <ul style="list-style-type: none"> <li>• completes permanent documentation of agent administration and supportive care (labs, history and physical, nursing assessment)</li> <li>• faxes/files required documentation to shared care partners</li> </ul> |  |  |  |

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