Northern Devon Healthcare NHS Trust

Document Control

Title			
Chemotherapy Drug Library Policy			
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Directorate Unscheduled Care			**Department** Seamoor Unit
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CONTENTS

1. Purpose

1.1. The use of drug libraries has been highlighted as an important development within the administration of intravenous drugs as they have the potential to reduce drug error caused by miscalculation of drip rates and healthcare professional inputting errors.

1.2. Systemic Anti-Cancer Treatment (SACT) is renowned for their complex administration protocols. A drug library will assist in the safe administration of SACT, automatically calculating the rates of even the most complex of regimens based on the information uploaded to the library.

1.3. This policy enables all clinical staff within Northern Devon Healthcare NHS Trust (NDHT) to safely and effectively use intravenous infusion device inclusive of a chemotherapy drug library. This policy is to be used in accordance with the Trust's Injectable Medicines Policy 2016 and the Nursing & Midwifery Council Standards for Medicines Management (2007).

1.4. The policy applies to registered chemotherapy nurses working within the Chemotherapy Day Treatment Unit (Seamoor Unit).

1.5. Implementation of this policy will ensure that:

- Patient safety is maintained during the administration of SACT
- Provide guidance to healthcare professionals involved in the revalidation and development of drug libraries
- Adequate training for all staff using the drug library

2. Definitions

EBME

2.1. Electro-BioMedical Engineering

SACT

2.2. Systemic Anti-Cancer Treatment

SPC

2.3. Summaries of Product Characteristics

3. Responsibilities

3.1. Each of the following individuals and groups has a responsibility in the delivery of this policy.

Role of Clinical Matron for Cancer Services

3.2. The Clinical Matron for Cancer Services is responsible for:

- Approving new drug libraries for upload
- Reviewing and approve existing drug libraries

Role of Lead Cancer Pharmacist

3.3. The Lead Cancer Pharmacist is responsible for:

- Approving new drug libraries for upload
- Reviewing and approve existing drug libraries

Role of Electro-BioMedical Engineering Manager

3.4. The Electro-BioMedical Engineering Manager is responsible for:

- Ensuring the commissioning, servicing (unless under warrantee or contract) and general upkeep of the infusion devices held within NDHT
- Uploading any new or existing drug library to the infusion devices following ratification

Role of Chemotherapy Day Treatment Unit Manager

3.5. The Chemotherapy Day Treatment Unit Manager is responsible for:

- Facilitating the delivery of education to users of infusion devices and when necessary, organise training on specific devices used in their department
- Maintaining training and competence records, held at ward/department level
- Assessing risk and act on findings as appropriate
- Monitoring incident and investigate where appropriate
- Reporting all incidents and risks through the North Devon Chemotherapy Governance Committee
- Implementing any change in practice required to maintain patient safety

Role of Registered Chemotherapy Nurse

3.6. The registered chemotherapy nurse is responsible for:

- Ensuring that policy and procedure is followed when using the infusion device drug library
- Maintaining current competence in the administration of chemotherapy, infusion devices and drug libraries
- Maintaining patient safety at all times

Role of North Devon Chemotherapy Governance Committee

3.7. The North Devon Chemotherapy Governance Committee is responsible for:

- Acting as experts within the field of chemotherapy administration and provides ultimate sign-off for any drug library to be included within the infusion devices
- Ensuring governance is maintained through the monitoring of risk

4. Training

4.1. All registered professionals before using the drug library must be first deemed competent. Competence must be gained through practical assessment facilitated by the designated key trainer or training representative from BBraun.

4.2. Training will be delivered through indepth demonstration followed by assessment in practice.

4.3. Records of assessment and competence must be signed by both the key trainer and trainee. Records will be then kept by the relevant manager of the competent individual. See appendix 1 for the assessment paperwork/training record.

5. Incidents

5.1. Any incidents during the use of the drug library must be reported to the Chemotherapy Day Treatment Unit Manager and Lead Cancer Pharmacist, ensuring the incident is formally logged on the Trust's electronic incident reporting system

5.2. Any pump involved with any incident must be removed from service, decontaminated and reported to the EBME department for analysis.

5.3. Incidents must be audited by the Chemotherapy Day Treatment Unit Manager, identifying the level of risk and act appropriately to preserve patient safety.

6. Drug Library creation, review and upload

6.1. Each drug within the library must be written and signed off by the Clinical Matron for Cancer Services and the Lead Cancer Pharmacist using the "drug library upload form" template in appendix 2.

6.2. The rate of infusion will be based on the electronic prescribing system protocol. If these rates are not accurate within the electronic prescribing system, the correct rates must be agreed during Joint Chemotherapy Governance with Royal Devon and Exeter Hospital before ratification for upload.

6.3. Each drug must subsequently be approved by the North Devon Chemotherapy Governance Committee prior to upload to the infusion devices and documented within the drug library upload form.

6.4. Once approved by all relevant parties, the library will be forward to BBraun for conversion to electronic format. The original upload form will be returned to the Clinical Matron along with electronic format for final check and verification. Once verified, the electronic format will be passed to EMBE for upload.

6.5. Upload of the Drug Library will be completed by the EBME department and may be achieved directly through physical connection to the machine or wirelessly via a dedicated network. At point of upload, the engineer conducting the action will use the "Individual Device Drug Library Update Record" (appendix 3), to record completion of the transfer of information. Copies of the completed form will be held by EMBE, Lead Cancer Pharmacist and Clinical Matron for Cancer Services.

6.6. Infusion devices can be updated at any point throughout the day, the drug library will automatically update when the pump has been switched off.

6.7. The entire drug library will be reviewed and ratified by the Clinical Matron for Cancer Services and Lead Cancer Pharmacist on a six monthly basis, authorising additional drugs for upload, or sanctioning the archiving of unused drugs.

6.8. Software updates will occur when recommended by BBraun and executed by the EBME department. It is important to note, this action is separate to any drug library upload.

7. Use of Drug Library

7.1. A two nurse check of the drug to be administered must take place at the chair side with involvement of the patient obtaining an active response when checking identification details.

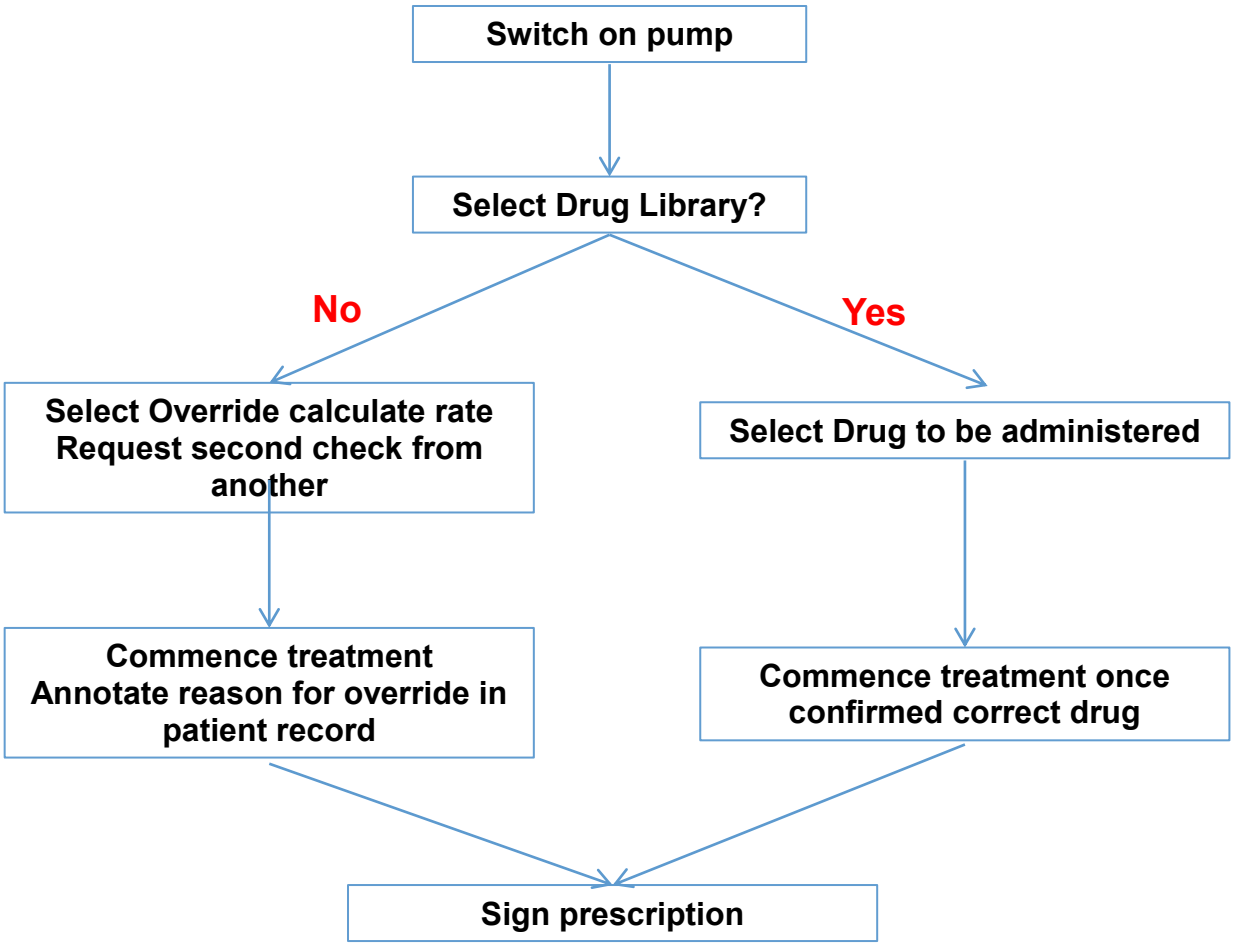
Checks must include:

- Critical test results; inclusive of
  - Haemoglobin
  - White Cell Count
  - Platelets

- Neutrophil Counts
- Any other critical test noted on the electronic prescribing system

- History of toxicities and complications from previous cycles
- Patient identification; inclusive of
  - Full name
  - Date of birth
  - Hospital number
- Regimen and cycles
- Individual drug identification and doses
- Diluent and dilution volumes
- Administration route and duration
- Expiry date, both treatment and diluent

7.2. The drug library is accessed through both Infusor and Perfusor pumps via an on screen prompt. The following pathway must be followed by the administering nurse when commencing any infusion.



7.3. The drug library must be utilised if the drug is listed for use. The user can only override the drug library if there is a documented reason to override the pump.

7.4. If an error occurs relating to the set-up of the pump, the error will be classed as a medication error. An electronic incident report must be submitted and the Trust's "Drug Error Matrix" must be implemented by the investigating officer with the user.

8. Monitoring Compliance with and the Effectiveness of the Policy

Standards/ Key Performance Indicators

8.1. Key performance indicators comprise:

- Annual Chemotherapy Revalidation to comply with QSIS measures
- Area specific training and competence for Medical Devices

9. Equality Impact Assessment

9.1. The author must include the Equality Impact Assessment Table and identify whether the policy has a positive or negative impact on any of the groups listed. The Author must make comment on how the policy makes this impact.

Table 1: Equality impact Assessment

Group	Positive Impact	Negative Impact	No Impact	Comment
Age			x	
Disability			x	
Gender			x	
Gender Reassignment			x	
Human Rights (rights to privacy, dignity, liberty and non-degrading treatment)			x	
Marriage and civil partnership			x	
Pregnancy			x	
Maternity and Breastfeeding			x	
Race (ethnic origin)			x	
Religion (or belief)			x	
Sexual Orientation			x	

10. Associated Documentation

- Injectable Medicines Policy 2016
- Nursing & Midwifery Council Standards for Medicines Management (2007)
- QSIS Chemotherapy Measures

Appendix 1 - Drug Library Competency (Perfusor Space Syringe & Infusomat Space Volumetric Pump)

Assessment/Competency Document for Chemotherapy Registered Nurses

Knowledge covered	Demonstration	Assessment
The Clinical Application of the Perfusor Space Syringe &/or Infusomat Space pumps	Explain that the device is a Volumetric or Syringe pump and the main uses for each within their clinical setting	You will expect the trainee to demonstrate knowledge on which infusions should be put through the PSS pump and ISV pump
Safety checks prior to use	The pump should be clean, free from any cracks or damage, and the power supply should be connected and in good condition. There should also be an in dated electrical safety sticker	You will expect the trainee to observe the device prior to use for any obvious defects
Cleaning the PSS and ISV pumps	Advise to clean the pumps in accordance to Trust policy, and explain what this is	You will expect the trainee to know how to clean medical equipment in accordance to Trust policy
Using the power supply	Demonstrate attaching and removing the power supply and explain that the other port is for configuration purposes	Ensure the trainee is aware that the power supply only attaches to the correct port
Using the pole clamp and Space Station	Demonstrate use of pole clamp including swivel mechanism, and how to attach and remove pump from clamp.	Ensure the trainee is aware that the pole clamp can be mounted vertically or horizontally
Interface Overview	1. Power On/Off key 2. Start/Stop Key 3. Bolus Key 4. OK – Confirmation key 5. C – Clear/Cancel key 6. Directional Keypad 7. Communication key 8. Door Open Key (ISV only)	Ensure the trainees are familiar with the interface and what each key is used for
Drug Library Functions	Demonstrate accessing the drug library during the Start Up process and after starting the infusion. Explain how to override the library and in what circumstances this is prohibited and what documentation must be completed following the decision not to utilise the drug library	Ensure the trainee is familiar with the drug library and can access and commence treatment with or without its use. Ensure the trainee is familiar with how to override the drug library and when this is prohibited.

Trainer/Assessor:
I can confirm that …….. have successfully demonstrated a safe level of knowledge and understanding in the use of the Perfusor Space Syringe and Infusomat Space Volumetric Pumps and I can confirm on the date below, they are competent to use the drug library.

Signature:…….. Name:…….. Date:……

Trainee:
I can confirm I have received training and feel competent in the use of the Perfusor Space Syringe and Infusomat Space Volumetric Pumps. I recognise my area of competence and will practice in accordance with the Nursing and Midwifery Council's Guidelines.

Signature:…….. Name:…….. Date:……

Appendix 2 - Drug Library Update Form

Drug Details			
Drug Name:		Pump Display Name:	
Cycle/Day:		Drug Library Version:	
Administration Details			
Infusion method:	Bolus/Infusion	VTBI:	ml
Duration *(hr/min)*:	:	Rate:	ml/hr
Diluent:			
Variable infusion rates:			

Additional pump/drug information					
Pressure Alert	1	2	3	4	5
Additional Information *(ie. set type)*					

Agreement for upload (sign-off)		
North Devon Governance Committee	Date:	
Lead Cancer Pharmacist:	Signature:	
	Print Name:	
	Date:	
Clinical Matron – Cancer Services:	Signature:	
	Print Name:	
	Date:	

Complete System Upload Details		
EBME	Signature:	
	Print Name:	
	Date:	
	Time:	

Appendix 3 – Individual Device Drug Library Update Record – EBME ONLY

Model	Equip. Type	Equip. No.	Serial No.	Upload Date	Upload Time	Print Name	Signature
Perfusor	Infusion Dev., Syringe	008164	126606		:		
Perfusor	Infusion Dev., Syringe	008165	126473		:		
Perfusor	Infusion Dev., Syringe	008166	126444		:		
Perfusor	Infusion Dev., Syringe	008168	126797		:		
Perfusor	Infusion Dev., Syringe	008169	126508		:		
Perfusor	Infusion Dev., Syringe	008171	126627		:		
Perfusor	Infusion Dev., Syringe	008173	126059		:		
Perfusor	Infusion Dev., Syringe	008176	126781		:		
Perfusor	Infusion Dev., Syringe	008177	126773		:		
Perfusor	Infusion Dev., Syringe	008178	126082		:		
Perfusor	Infusion Dev., Syringe	008184	126039		:		
Perfusor	Infusion Dev., Syringe	008185	126028		:		
Perfusor	Infusion Dev., Syringe	008186	126509		:		
Perfusor	Infusion Dev., Syringe	008187	126784		:		
Perfusor	Infusion Dev., Syringe	008190	126861		:		
Perfusor	Infusion Dev., Syringe	008191	126438		:		
Perfusor	Infusion Dev., Syringe	008193	126472		:		
Perfusor	Infusion Dev., Syringe	008194	126459		:		
Perfusor	Infusion Dev., Syringe	008237	126454		:		
Perfusor	Infusion Dev., Syringe	008239	126468		:		

Model	Equip. Type	Equip. No.	Serial No.	Upload Date	Upload Time	Print Name	Signature
Infusomat	Infusion Dev., Volumetric	371847	371847		:		
Infusomat	Infusion Dev., Volumetric	371855	371855		:		
Infusomat	Infusion Dev., Volumetric	371857	371857		:		
Infusomat	Infusion Dev., Volumetric	371863	371863		:		
Infusomat	Infusion Dev., Volumetric	371869	371869		:		
Infusomat	Infusion Dev., Volumetric	371871	371871		:		
Infusomat	Infusion Dev., Volumetric	371872	371872		:		
Infusomat	Infusion Dev., Volumetric	371873	371873		:		
Infusomat	Infusion Dev., Volumetric	371874	371874		:		
Infusomat	Infusion Dev., Volumetric	371875	371875		:		
Infusomat	Infusion Dev., Volumetric	371876	371876		:		
Infusomat	Infusion Dev., Volumetric	371890	371890		:		
Infusomat	Infusion Dev., Volumetric	371902	371902		:		
Infusomat	Infusion Dev., Volumetric	371903	371903		:		
Infusomat	Infusion Dev., Volumetric	371905	371905		:		
Infusomat	Infusion Dev., Volumetric	371906	371906		:		
Infusomat	Infusion Dev., Volumetric	371907	371907		:		
Infusomat	Infusion Dev., Volumetric	371908	371908		:		
Infusomat	Infusion Dev., Volumetric	371919	371919		:		
Infusomat	Infusion Dev., Volumetric	372075	372075		:		