

Intrathecal Systemic Anti-Cancer Therapy (SACT) Assessment Questions

1. INTRODUCTION

All NHS facilities providing intrathecal chemotherapy treatment must introduce and maintain a register of designated personnel who have been trained and certified competent to prescribe, dispense, check and administer intrathecal chemotherapy. Individuals placed on the register must demonstrate that they are competent to fulfil their designated role, and have been certified as such.

This SOP describes the training that must be undertaken to fulfil this role.

2. RELATED DOCUMENTATION

2.1 Essential Reading Material:

- 2.1.1 The Scottish Government: Safe Administration of Intrathecal Cytotoxic Chemotherapy CEL 30 (2012) July 2012
- 2.1.2 NHSGG&C: Policy for the Prescribing, Supply and Administration of Intrathecal Systemic Anticancer Therapy.
- 2.1.3 Policy for Administration of Intrathecal Chemotherapy (RHC-HAEM-ONC-013)
- 2.1.4 Policy & Guidelines for the safe Prescribing, Dispensing & Administration of Systemic Anticancer Therapy for Children, Teenagers and Young Adults under the Care of the Haematology/Oncology Team at RHC, Glasgow (RHC-HAEM-ONC-014)
- 2.1.5 Procedure for Performing a Diagnostic Lumbar Puncture & Administration of Intrathecal Chemotherapy (RHC-HAEM-ONC-012)
- 2.1.6 Spillage Procedures for Chemotherapy (RHC-HAEM-ONC-005)
- 2.1.7 NHSGG&C: Women & Children's Directorate "Medicine Policy"

2.2 Recommended Reading:

- 2.2.1 The prevention of intrathecal medication errors. A report to the chief medical officer, Professor Kent Woods. Director, NHS Health Technology Assessment Programme
- 2.2.2 External enquiry into the adverse incident that occurred at Queen's Medical Centre, Nottingham, 4th January 2001. Professor Brain Toft
- 2.2.3 An organisation with a memory. Report of an expert group on learning from adverse events in the NETS, chaired by the Chief Medical Officer

3. AUTHORISED PERSONNEL/SPECIFIC STAFF COMPETENCIES

3.1 All staff on the register must be re-accredited every 2 years. Staff who are not re-accredited will be removed from the register.

3.2 Every member of staff must read the above material and complete the assessment questions - both core and role specific questions. All questions

Intrathecal Chemotherapy Assessment	Version: 7	Page 1 of 8
Author: Sr Wendy Taylor	Authorised by: Sch Clin Gov Group	Issue Date: December 2015
Date of Review: December 2017	Q-Pulse Ref: YOR-HAEM-015	

must be answered correctly. A score of less than 100% will require the individual to re-read the essential reading material and repeat the assessment with their assigned trainer.

4. EQUIPMENT/MATERIALS

Appendix 1 - Intrathecal Chemotherapy Assessment Questions

5. PROCEDURE

The Core General Questions 1-18 must be answered by all staff with reference to the GG&C Intrathecal SACT Policy. In addition the Paediatric Specific Questions 1-9 must be answered with reference to RHC-HAEM-ONC-013 (Policy for Intrathecal Chemotherapy). In addition to this, clinical pharmacy personnel must also answer the additional set of pharmacy questions at the end of the questionnaire.

On completion of the questionnaire staff should pass this to their professional lead for intrathecal SACT or designated deputy for marking.

To be deemed competent a score of 100% must be obtained. If a score of less than 100% is achieved, then the policy must be re-read, and the assessment repeated.

All staff must demonstrate competency associated with their specific role for intrathecal SACT before being signed off as competent and their name added or updated on the register.

6. REFERENCES

None.

7. AUDIT AND REVIEW PROCESS

7.1 This SOP will be reviewed every two years.

7.2 This procedure is subject to external audit under the Intrathecal Cytotoxic Chemotherapy Administration checklist contained within the CEL 30 (2012) guidance. Audits are normally performed every 3 years.

8. FURTHER INFORMATION/EXCEPTIONS

There are no exceptions to this SOP and deviations are not acceptable.

For further information contact:

- Prof Brenda Gibson, Consultant Haematologist
- Karon McDowall, Lead Pharmacist
- Wendy Taylor, Advanced Nurse Practitioner

9. APPENDICES

Appendix 1: Intrathecal Chemotherapy Assessment Questions

Appendix 2: Sign-off Sheet

Intrathecal Chemotherapy Assessment	Version: 7	Page 2 of 8
Author: Sr Wendy Taylor	Authorised by: Sch Clin Gov Group	Issue Date: December 2015
Date of Review: December 2017	Q-Pulse Ref: YOR-HAEM-015	

Appendix 1: Intrathecal SACT Assessment Questions

Core General Questions – must be completed by all staff.

1. "Intrathecal" must never be abbreviated to IT on a prescription form
True / False

2. Intrathecal SACT must be administered in a designated area where no other SACT is being given or stored
True / False

3. Only registered consultants, ST3 and above or staff in a non-consultant career grade can prescribe intrathecal SACT
True / False

4. If approved to be scheduled on the same day, intrathecal SACT must be issued before any intravenous chemotherapy is given to the patient
True / False

5. Intrathecal SACT can be prescribed on any SACT prescription form
True / False

6. Any nurse trained in intravenous SACT can be involved in the checking procedures for the administration of intrathecal SACT
True / False

7. The register of designated staff should be available to all personnel involved in intrathecal SACT
True / False

8. Intrathecal SACT may only be administered outwith normal working hours in exceptional circumstances
True / False

9. Since 1985 there have been at least 13 patients who died or were paralysed through the accidental intrathecal administration of Vincristine intended for intravenous administration
True / False

10. For adults, doses of vinca alkaloids may be prepared as a bolus syringe
True / False

Intrathecal Chemotherapy Assessment	Version: 7	Page 3 of 8
Author: Sr Wendy Taylor	Authorised by: Sch Clin Gov Group	Issue Date: December 2015
Date of Review: December 2017	Q-Pulse Ref: YOR-HAEM-015	

FOR QUESTIONS 11-18 PLEASE SELECT THE MOST APPROPRIATE ANSWER(S)

11. How frequently must registered staff involved in prescribing, supply, administration and checking of intrathecal SACT be assessed?
- a) **Every year**
 - b) **Once on the register they do not need reassessed**
 - c) **Every two years**
 - d) **Twice per year**
12. Who can collect intrathecal SACT?
- a) **A Doctor who is named on the intrathecal SACT register**
 - b) **Anyone from the ward can collect as long as they sign for receipt**
 - c) **A Nurse, who is named on the intrathecal register**
 - d) **A Pharmacist who is named on the intrathecal SACT register**
13. Who is allowed to administer intrathecal SACT to adult patients?
- a) **Any doctor or nurse named on the intrathecal register**
 - b) **Nurses named on the intrathecal register**
 - c) **Consultants, ST3 and above and staff grades/associate specialists in Haematology named on the intrathecal register**
 - d) **Any Consultant**
14. Can intravenous bolus doses of SACT and intrathecal SACT be administered to the same patient on the same day?
- a) **Yes**
 - b) **No**
 - c) **Yes, but only if they are an in-patient**
 - d) **Yes, but only if they are an out-patient**
15. If the answer to question 14 is YES, what precautions must be taken?
- a) **There must be a significant separation in time between administrations**
 - b) **The administering doctor must sign the appropriate section of the SACT prescription to confirm bolus intravenous SACT has been administered**
 - c) **The intrathecal SACT will only be released from pharmacy after pharmacy has received confirmation that the bolus intravenous SACT has been administered**
 - d) **All of the above**
16. Where can intrathecal SACT be stored on a ward?
- a) **With the rest of the SACT injections**
 - b) **In a designated area**
 - c) **No intrathecal SCAT will be stored on the ward**
 - d) **In the controlled drug cupboard**

Intrathecal Chemotherapy Assessment	Version: 7	Page 4 of 8
Author: Sr Wendy Taylor	Authorised by: Sch Clin Gov Group	Issue Date: December 2015
Date of Review: December 2017	Q-Pulse Ref: YOR-HAEM-015	

17. What members of staff must be involved in the administration checking procedure for intrathecal SACT
 - a) **Two members of staff named on the intrathecal register ie doctor/doctor, doctor nurse**
 - b) **One doctor named on the intrathecal register**
 - c) **A doctor and nurse, only one named on the intrathecal register**
 - d) **Any SACT trained nurse**

18. What checks must be made and recorded before administering intrathecal SACT?
 - a) **Patient's name, date of birth and patient CHI number**
 - b) **Drug name**
 - c) **Drug dose and volume**
 - d) **Drug expiry date**
 - e) **All of the above**

PAEDIATRIC SPECIFIC QUESTIONS FROM RHC INTRATHECAL POLICY – MUST BE COMPLETED BY ALL STAFF

1. Where can you check who is authorised to administer intrathecal SACT within your the Women and Children's Directorate?
 - a) **The Women and Children's Directorate intrathecal register of authorised personnel**
 - b) **The national intrathecal register**
 - c) **By asking them**
 - d) **The GG&C adult register**

2. What grade(s) of medical staff, within Women & Children's Directorate, can be on the intrathecal register and therefore authorised to prescribe intrathecal SACT?
 - a) **Consultants only**
 - b) **Specialist registrars and consultants only**
 - c) **ST4 and above, staff in a non consultant career grade and Consultants**
 - d) **Selected ST3s, ST4 and above, staff in a non consultant career grade and consultants**

3. What grade(s) of medical staff, within Women & Children's Directorate, can be on the intrathecal register and therefore authorised to administer intrathecal?
 - a) **Consultants only**
 - b) **Specialist registrars and consultants only**
 - c) **ST4 and above, staff in a non consultant career grade and consultants**
 - d) **Selected ST3s, ST4 and above, staff in a non consultant career grade and consultants**

4. In which clinical areas are staff able to access the database containing copies of the Women and Children's Directorate Intrathecal Register?
 - a) **All areas where intrathecal chemotherapy is routinely administered**
 - b) **All wards and departments**
 - c) **Theatres only**
 - d) **Pharmacy Aseptic Unit**

Intrathecal Chemotherapy Assessment	Version: 7	Page 5 of 8
Author: Sr Wendy Taylor	Authorised by: Sch Clin Gov Group	Issue Date: December 2015
Date of Review: December 2017	Q-Pulse Ref: YOR-HAEM-015	

5. Who is authorised to collect intrathecal SACT from the Aseptic Unit?
- a) **Medical staff who are on the intrathecal register and are administering the drug**
 - b) **Any member of staff who is on the intrathecal register**
 - c) **Anyone, as long as they sign for receipt**
 - d) **No one. Pharmacy staff should deliver directly to ward/theatre**
6. What type of prescription form must SACT chemotherapy be prescribed on?
- a) **A fluid chart with no other drugs prescribed on it**
 - b) **The once only section of an in-patient prescription form**
 - c) **Either the GG&C approved intrathecal prescription or validated chemocare prescription.**
 - d) **A Directorate specific intrathecal drug prescription form.**
7. If outpatients are scheduled to receive intravenous bolus chemotherapy and intrathecal chemotherapy on the same day, in what order should they be released to staff?
- a) **Intravenous dose then intrathecal dose**
 - b) **Intrathecal dose then intravenous dose**
 - c) **Both can be released at the same time.**
 - d) **Out-patients should never be scheduled to receive intrathecal and intravenous bolus chemotherapy on the same day**
8. If out-patients are scheduled to receive intravenous bolus chemotherapy and intrathecal chemotherapy on the same day, what must pharmacy receive before releasing the intrathecal chemotherapy?
- a) **The signed intravenous SACT administration record**
 - b) **The intrathecal SACT administration chart**
 - c) **The patient prescription form**
 - d) **The patient fluid chart**
9. If intrathecal chemotherapy is being administered in a designated area with local anaesthesia, what precautions should be taken?
- a) **No precautions necessary**
 - b) **Local anaesthesia should be drawn up using a 2 mls syringe**
 - c) **Local anaesthesia should be drawn up using a 2 mls syringe and removed from trolley before proceeding with intrathecal chemotherapy administration**
 - d) **Local anaesthesia should be drawn up using a 2 mls syringe, removed from trolley before proceeding with intrathecal chemotherapy administration and a final visual and verbal check of chemotherapy carried out before administration**
 - e) **No precautions necessary but a final visual and verbal check of chemotherapy should be carried out before administration**

Intrathecal Chemotherapy Assessment	Version: 7	Page 6 of 8
Author: Sr Wendy Taylor	Authorised by: Sch Clin Gov Group	Issue Date: December 2015
Date of Review: December 2017	Q-Pulse Ref: YOR-HAEM-015	

CLINICAL PHARMACY STAFF ONLY QUESTIONS

1. Which members of the pharmacy staff are allowed to prepare intrathecal SACT?
 - a) **Pharmacists whose name appear on the intrathecal register as authorised to perform dispensing**
 - b) **Any pharmacist**
 - c) **Technicians whose name appear on the intrathecal register as authorised to perform dispensing**
 - d) **Any technician or pharmacist working in the Aseptic Preparation Unit**

2. What checks must be made before an intrathecal SACT item is final released from the pharmacy? There is more than one correct answer. Please circle all correct answers.
 - a) **The prescriber is named on the intrathecal register**
 - b) **The prescription is written on the pre-printed intrathecal prescription**
 - c) **A clinical pharmacist has verified that the prescription details are correct**
 - d) **A clinical pharmacist named on the intrathecal register has verified that the prescription details are correct**

3. What are the special label requirements for intrathecal SACT?
 - a) **A) "Not for Intravenous Use"**
 - b) **B) "For Intrathecal Injection" on the syringe**
 - c) **C) "For Intrathecal Injection" on the syringe, and over-wrapped and labelled "For Intrathecal Injection"**
 - d) **D) There are no special labelling requirements**

4. Where in the pharmacy department is the prepared intrathecal SACT stored before issue?

5. Who can issue intrathecal chemotherapy? Please circle all correct answers.
 - a) **Any member of staff working in the Aseptic Preparation Unit**
 - b) **Technicians named on the intrathecal chemotherapy register**
 - c) **Pharmacists named on the intrathecal chemotherapy register**
 - d) **Any pharmacist**

6. What checks must be made and recorded before administering intrathecal chemotherapy?
 - a) **Patient's name, date of birth and patient unit number**
 - b) **Drug name**
 - c) **Drug dose and volume**
 - d) **Route of administration (i.e. intrathecal)**
 - e) **Drug expiry date**
 - f) **All of the above**

Intrathecal Chemotherapy Assessment	Version: 7	Page 7 of 8
Author: Sr Wendy Taylor	Authorised by: Sch Clin Gov Group	Issue Date: December 2015
Date of Review: December 2017	Q-Pulse Ref: YOR-HAEM-015	

Appendix 2: Sign-off Sheet

TRAINEE NAME:

JOB TITLE:

DEPARTMENT:

I have read and understood the relevant essential reading contained within the intrathecal assessment policy.

Trainee Signature: Date:

Intrathecal chemotherapy assessment completed successfully (100%) & trainee deemed competent

Name:

Signature: Date:

(Senior Paediatric Haem/Onc pharmacist, Medical trainer, Advanced Nurse Practitioner/Educator)

Review Date (2 years):

NB Medical Staff must have completed (and be signed off as competent) for IntraVenous (IV) Chemotherapy Prescription training before intrathecal competency is signed below

Name of person entering onto database:

Signature: Date:

Intrathecal Chemotherapy Assessment	Version: 7	Page 8 of 8
Author: Sr Wendy Taylor	Authorised by: Sch Clin Gov Group	Issue Date: December 2015
Date of Review: December 2017	Q-Pulse Ref: YOR-HAEM-015	