

Research Grant



Dr. Tony Easty



Dr. Anthony Fields

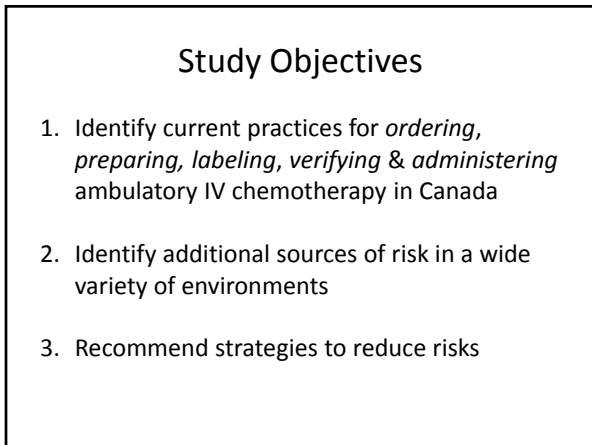
- Multi-disciplinary / multi-jurisdictional team
 - Human factors engineering
 - Pharmacy
 - Nursing
 - Medical oncology



Collaborators

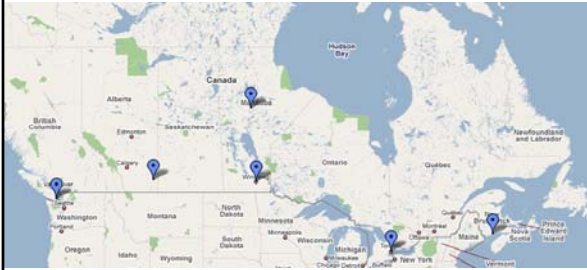
<p>Study Co-Investigators</p> <ul style="list-style-type: none"> • Rachel White • Andrea Cassano-Piché • Jennifer Jeon • Debbie Chan • Roxanne Dobish • Karen Janes • Dhali Dhaliwal • Eshwar Kumar • Venetia Bourrier • Sylvia Hyland • Esther Green • Brent Schacter • Maureen Trudeau • Yoo-Joung Ko • Kim Vicente 	<p>Systemic Therapy Safety Committee</p> <ul style="list-style-type: none"> • Susan Walisser • Susan O'Reilly • Denise Budz • Larry Broadfield • Heather MacKenzie • Roxanne Rodgers-Harding • Scott Edwards • Nancy Bestic • Jessica Peters • Melany Leonard • Jillian Hardy
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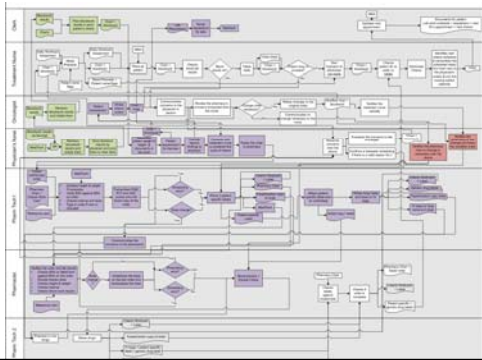




Phase 2: Field Studies



Phase 3: In depth analyses and scans



Safety Themes

1. Elastomeric infusers
2. Preprinted orders and change orders
3. Mixing and checking practices

1. Elastomeric AIPs and Access Devices



BAXTER ELASTOMERIC PUMPS INFUSOR

CONSIDER THESE 5 CONDITIONS

Ensure that patients are provided and instructed in accompanying patient guide

	CLINICAL INFORMATION	PRACTICAL GUIDANCE
1 TEMPERATURE	The INFUSOR flow rate is most accurate at 33.3°C or 92°F. Flow rate will decrease ~ 2.2% per 1°C decrease in temperature. Flow rate will increase ~ 2.2% per 1°C increase in temperature.	Use Car-Lite container at a constant temperature during infusion. Do NOT expose INFUSOR to extreme heat or frost in warming. If INFUSOR is exposed, remove it from the container and allow the device to reach room temperature prior to use. Keep the Car-Lite container upright for its stability. Do NOT touch or shake the patient's site to ensure that the "T" mark on the 33.3°C or 92°F. A temperature of 17°C (63°F) is indicated when the Car-Lite container is kept in a container in direct contact with the patient's site. Do NOT use INFUSOR in a container or container warmer with a 33.3°C (92°F) or higher to ensure accurate flow rate when Car-Lite temperature is at 33.3°C (92°F).
2 VISCOSITY	The INFUSOR flow rate is most accurate with a diluted solution of 8% Dextrose. An INFUSOR flow rate of 8% NaCl or a diluent will flow ~ 17% faster than isotonic saline.	The viscosity of the solution may be affected by the temperature of the solution (80% ethanol), and the concentration of the solution thereby impacting the flow rate.
3 ACCESS	To ensure accurate flow rate, the access system should be 22 GAUGE or larger when using an INFUSOR.	A catheter smaller than 22 gauge will decrease the specified flow rate.
4 FILL VOLUME	INFUSOR flow rate is most accurate when filled to the labelled nominal volume. INFUSOR flow faster than labelled flow rate if INFUSOR is filled to less than a 90% of nominal fill.	INFUSOR flow faster if underfilled. Use aseptic technique throughout the filling process. In clinical or surgical procedures, do not place the INFUSOR into a sterile field (FFA field) until it is sterile unless the volume of 500 microns is 100.

2. Orders and Labels

MEDICATION AND I.V. ORDER

DATE / TIME: 02-10-20

Cycle 3

~~Topotecan 1.5 mg/m² IV daily x 5~~

Prochlorperazine 10 mg po/iv daily for 5 days
prechemotherapy if needed

Topotecan 1.5 mg/m² = 30 mg IV in
50 mL NS daily for 5 days

dosage adjustment for clinical status

REC'D 02/20/20

PHYSICIAN'S SIGNATURE

DOCTOR'S ORDERS 11/13 1000 20

REMEMBER: Please ensure drug allergies and previous toxicities are documented on the Alert Form

DATE: 4/12/10 To be given: ASAP Cycle 8 - 11 and 12

Date of Pretest Case _____

Delay treatment _____ week(s)

CBC & Diff, Platelets day of treatment

May proceed with doses on written if within 72 hours ANC $\geq 1.5 \times 10^9/L$, Platelets $\geq 75 \times 10^9/L$

Dose modification for: Hematology Other Toxicity _____

Proceed with treatment based on blood work from _____

PREMEDICATIONS: Patient to take own supply. Ask Pharmacist to confirm

Ondansetron 8 mg PO prior to treatment

Dexamethasone 8 mg or 12 mg (circle one) PO prior to treatment

NO ice chips

Other: _____

CHEMOTHERAPY: Repeat in two weeks

All lines to be primed with DSW

Oxaliplatin 85 mg/m² or 75 mg/m² x BSA = 165 mg IV in 500 mL DSW over 120 minutes*

* Oxaliplatin and Leucovorin may be infused over same two hour period by using a Y-site connector placed immediately before the injection site.

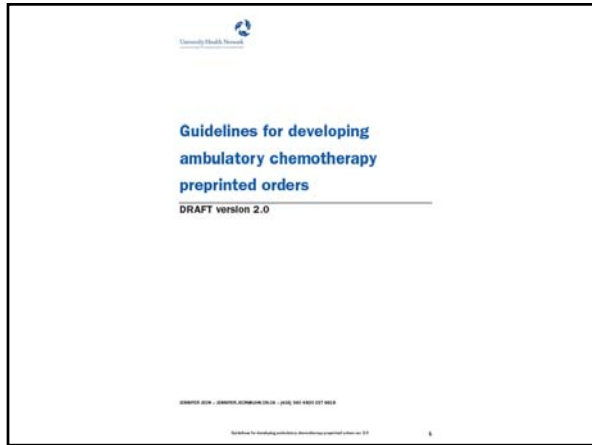
Leucovorin 400 mg/m² x BSA = 98-880 mg IV in 250 mL DSW over 120 minutes

Fluorouracil 400 mg/m² or 320 mg/m² x BSA = 700 mg IV bolus THEN

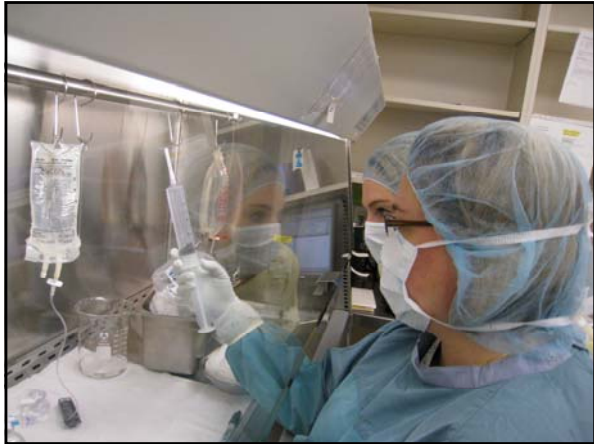
Fluorouracil 2400 mg/m² or 2400 mg/m² x BSA = 4400 mg IV over 48 hours in DSW to a total volume of 80 mL by continuous infusion at 2 mL/h via Baxter 5V2 infusion

(**For total dose > 4400 mg, to a total volume of 230 mL by continuous infusion at 5 mL/h via Baxter LVD infusion)

COPY









Lessons Learned

- Great co-operation from colleagues across Canada
- Approaches centered on provinces
- Benefits from sharing best practices
- Good uptake of findings – methodologies sound
- Research revealed further questions

Future Proposed Research:
The Safety of Admixture Work Processes for
Parenteral Chemotherapy

Questions?
