1. Pre- Chemotherapy Assessment

Name :……

Department :……

Patient RN :……

Date of procedure :……

No	Procedure	NC	scale					Remarks
			0	1	2	3	4	
1	Greet patient by name and introduce self							
2	Assess current health status -wellbeing -control of comorbidities -allergy history	*						
3	Explain the purpose of the pre chemo assessment –reasons, procedures involved							
4	Measure- -height, weight, calculate BSA	*						
5	Review -blood parameters i.e. FBC, RP, LFT -creatinine clearance when relevant -relevant tumour markers	*						
6	Check vital signs and record -pulse, blood pressure, temperature, respiratory rate							
7	Check consent form -correct patient -correct regime -sign and date of patient, doctor and witness.	*						
8	Check CDR request form - Patients particular i.e. name, IC, RT NO or RN, diagnoses, consultant in charge - Drug regime i.e. correct regime, correct cycle, correct route - Correct drug calculation according to BSA, AUC or absolute dose - Correct Premedication - Doctors signature, chop and date	*						
9	Documentation							
	TOTAL MARKS							**/ 36**

***NC is a non-compensated step in the procedures and must be performed with a scale of 3 and above in order to pass the assessment.**

2. Intravenous Infusion of Chemotherapeutic Drugs

Name :……
Department :……
Patient RN :……
Date of procedure :……

NO.	PROCEDURE	NC	SCALE					REMARKS
			0	1	2	3	4	
1	Greet patient by name and introduce self							
2	Keep patient in comfortable position							
3	Explain the procedure and educate on acute side effects of drugs	*						
4	Check vital signs –pulse, blood pressure, temperature, respiratory rate							
5	Check patients medical record -chemo regime prescribed -consent form signed -drug request form (CDR) completeness							
6	Prepare venous access and Ensure the branula is well secured with transparent dressing	*						
7	Proceed with premedication	*						
8	Maintain venous patency with normal saline or hydration regime							
9	Verify chemo drugs and dose with CDR, patient's record and senior nurse	*						
10	Wear appropriate attire (Full PPE) -gown, mask, goggle/face shield, chemo glove	*						
11	Start infusing chemotherapeutic drugs after half an hour of premedication: -run the infusion according to the regimen prescribed -give vesicant agent prior other drugs -consistently check backflow during infusion	*						
12	Observe venous puncture site for signs of extravasation throughout procedure	*						
13	Dispose all used supplies into biohazard container – -sharp items in cytotoxic sharp waste bin -clinical items such as syringes, gown, gloves, mask, IV set, cotton, gauze into double yellow bag	*						
14	Wash hands and keep dry							
15	Check vital sign post procedure							
16	Documentation							
	TOTAL MARKS							**/ 64**

*** NC is a non-compensated step in the procedures and must be performed with a scale of 3 and above in order to pass the assessment.**

3. Management of Extravasation (optional)

Name. :……
Department. :……
Patient RN :……
Date of examination :……

NO.	PROCEDURE	NC	SCALE					REMARKS
			0	1	2	3	4	
1	Attend to patient immediately							
2	Stop chemotherapy immediately and inform doctor	*						
3	Prepare extravasation kit							
4	Remove IV tubing, leave the branula and aspirate residual cytotoxic drugs as much as possible with 10 ml syringe	*						
5	Remove branula							
6	Apply steroid cream (1% hydrocortisone, Betamethasone 1:8) over the affected area	*						
7	Mark the area with marker or capture with photograph for future reference							
8	Apply transparent dressing over the affected area and elevate arm to reduce edema							
9	Comfort patient and provide adequate analgesia							
10	Check vital signs							
11	Check volume of drugs that have been infused							
12	Document in relevant forms - Incident form - Cytotoxic return form	*						
13	Report incident to Head of Department and Quality Unit	*						
	TOTAL MARKS							**/ 72**

*** NC is a non-compensated step in the procedures and must be performed with a scale of 3 and above in order to pass the assessment.**

4. Management of Cytotoxic Spillage (optional)

Nmae :……
Department :……
Patient RN :……
Date of examination :……

NO.	PROCEDURE	NC	SCALE					REMARKS
			0	1	2	3	4	
1	Identify site of cytotoxic spillage: -body, bed, linen, floor							
2	Prepare spill kit -place 'cytotoxic spill' warning sign at the affected area -wear PPE	*						
3	Proceed with cleaning of cytotoxic spillage according to guidelines Body: Bed/linen: Floor: cover with Chinese paper to dry the area. Apply	*						
4	Return 'cytotoxic spill' warning signage, goggles and incident form to pharmacy							
5	Fill in the incident form for cytotoxic spill	*						
6	Ensure replacement of new spill kit by the pharmacist							
	TOTAL MARKS							**/ 24**

*** NC is a non-compensated step in the procedures and must be performed with a scale of 3 and above in order to pass the assessment.**

Grading Scale

0	1	2	3	4
Not done / incorrect	**Very low**	**Low**	**Fairly Competent**	**Competent**

Grading Scale Guideline

Scale		Remarks
0	Knowledge	Failed to demonstrate any knowledge
	Technical Skill	Wrong technique
	Soft Skill	No communication skill
1	Knowledge	Only demonstrate some knowledge without appropriate understanding
	Technical Skill	Poor technique with poor/wrong interpretation with guidance
	Soft Skill	Poor communication skill with wrong thought
2	Knowledge	Only demonstrate understanding of the knowledge without appropriate application
	Technical Skill	Reasonably acceptable technique but poor/wrong interpretation with guidance
	Soft Skill	Reasonably acceptable communication skill with wrong thought
3	Knowledge	Able to demonstrate appropriate application of knowledge without analytic thinking
	Technical Skill	Reasonably acceptable technique with fairly adequate interpretation with/without guidance
	Soft Skill	Reasonably acceptable communication skill with correct thought
4	Knowledge	Ability to demonstrate analytic thinking of the applied knowledge
	Technical Skill	Correct technique with clear and proper interpretation of the finding without guidance
	Soft Skill	Excellent/Effective communication skill with smooth flow of thought

Any Non-compensated <3		All Non-compensated >2	
Score x 50%= ____ x 50% Total Score 24		Score x 100%= ____ x100% Total score 24	

…….. (Signature of assessor)

Name :

Date :

……. (Candidate's signature)

Name :

Date :