

<b>Title: PARENTERAL DRUG THERAPY POLICY</b>	<b>Number: III-90</b>
Effective Date: 1 May 2007	<b>Approved By:</b> Provincial Systemic Therapy Program

## BACKGROUND

Multiple resources are needed for the effective and safe administration of parenteral drugs at the BC Cancer Agency (BCCA). This is because the administration standard of different categories of drugs – chiefly antineoplastic, non-antineoplastic, investigational drugs – is maintained by different sources, namely the Vancouver Hospital Parenteral Drug Therapy Manual (PDTM), the BCCA Cancer Drug Manual and the Clinical Trial Unit resources. These references provide the approved administration route and basic drug information. This policy outlines the development, maintenance and appropriate use of these resources.

## Information on Approved Administration Routes

1. Antineoplastic Drugs: Use the Cancer Drug Manual.
2. Non-Antineoplastic Drugs: Use the PDTM monographs (white or yellow). If a drug has a white monograph *and* a BCCA parenteral supplement (yellow), information from the supplement should be used.
  - The administration routes from the appropriate monograph or supplement (see above) are those approved for use at the BCCA. This replaces the previous document “BCCA-Approved Parenteral Routes – Non-Antineoplastic Drugs” (peach pages).
  - All BCCA areas (including operating room and post-anesthetic recovery room) are considered as "general nursing units" for this purpose.
3. Clinical Trial Drugs: Use the PDTM monograph.

## Basic Drug Information

To look for information on drug administration, side effects, doses, etc. refer to the appropriate resources below.

1. Antineoplastic Drugs: Use the Cancer Drug Manual.
2. Non-Antineoplastic Drugs: Use the PDTM monograph.
3. Clinical Trial Drugs: Use the clinical trial protocol and pre-printed order from the clinical trial unit. Pharmacists may also consult any investigational drug summary developed by the clinical trial pharmacist.

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## Review and Approval Process

### 1. Antineoplastic Drugs:

These are developed, maintained and approved by the Cancer Drug Manual process.

- The Cancer Drug Manual editor or designate will be notified if a new drug or administration route will be used at BCCA.
- The provincial drug information (DI) will develop an interim Cancer Drug Manual monograph with basic drug information and the approved administration route.
- The Cancer Drug Manual Editor or designate will approve the interim monograph on behalf of the Cancer Drug Manual Editorial Board.
- The full monograph will be developed and approved by the usual Cancer Drug Manual process.

Note: if an administration route is ONLY used for a single patient (e.g., lack of IV access or muscle mass), the approval for use would follow the usual process established by each regional centre.

### 2. Non-Antineoplastic Drugs:

- If the drug is used differently at the BCCA from that in the PDTM white monograph, a BCCA parenteral supplement (yellow) is prepared to include supplemental information.
- If there is no PDTM white monograph, a BCCA parenteral monograph (yellow) will be prepared to include basic information and approved routes.
- BCCA parenteral monograph or supplement will be developed by a contact pharmacist at the BCCA regional centre where the drug is first used. The name of the contact pharmacist and references used are included in the BCCA Parenteral monograph or supplement, which is printed on yellow paper.

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- The contact pharmacist forwards the supplement to the provincial DI coordinator or designate who coordinates review and approval by the Provincial Systemic Therapy Program via designates for the Program Leader, Provincial Pharmacy Professional Practice Council, and Provincial Professional Practice Nursing.

Note: if an administration route is ONLY used for a single patient (e.g., lack of IV access or muscle mass), the approval for use would follow the usual process established by each regional centre.

### 3. Clinical Trial Drugs:

BCCA parenteral monograph (yellow) will be developed by the clinical trial pharmacist at the BCCA regional centre where the drug will be first used. The monograph contains only information on the administration route approved to be used for the clinical trial. The BCCA parenteral monograph will be approved by the provincial DI coordinator or designate on behalf of the Provincial Systemic Therapy Program.

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## **APPENDIX: DEFINITIONS OF BCCA – APPROVED PARENTERAL ROUTES**

### **Auxiliary Intravenous Unit**

- An apparatus other than a syringe intended for the intermittent administration of a specified quantity of solution of medication over a calculated period of time (eg minibag, minibottle, buretrol, soluset, volutrol, etc).

### **SC (subcutaneous)**

### **DIR IV (direct intravenous)**

- The administration of medication directly into a vein, directly into the medication port closest to the needle, or directly into an intermittent needle (e.g. below the auxiliary intravenous unit)

### **INT INF (intermittent intravenous infusion)**

- The administration of a solution of medication using an auxiliary intravenous unit; usually infused over less than 24 hours.

### **VOL INF (volume infusion)**

- The administration of a prescribed large volume solution over an ordered period of time or at a specified rate of administration.

### **OTHER – all routes of parenteral drug administration not mentioned above.**

- The specified route and personnel approved to administer the medication by this route are indicated in the BCCA parenteral supplement.
- Unless otherwise indicated, only physicians may administer medications by other routes.
- **NOTE:** Any registered nurse may give any drug in an emergency on the order of a physician.