

British Columbia Cancer Agency | POLICY

Title: Administration of Cytotoxic Drugs by the Intrathecal Route via Lumbar Puncture or Ommaya Reservoir	Number: III-50
Effective Date: 1 January 2001 Revised Date: 31 Oct 2002; 1 Dec 2007, 1 April 2010	Approved By: Provincial Systemic Program Committee

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PURPOSE:

To provide a systematic method in the preparation and checking of cytotoxic drugs by the intrathecal route via lumbar puncture or Ommaya reservoir.

POLICY:

1. A signed consent, using the BCCA Agency Consent to Surgical/Special Procedure form (#OR-11 June/95 80411), for the lumbar puncture will be obtained from the patient prior to starting the treatments. The consent is obtained once for the entire set of intrathecal treatments at the beginning of the treatments.
2. The nurse assisting with the procedure will be chemotherapy certified (See BCCA Nursing Division Directives C-252.)

PROCEDURES:

1. The patient's platelet count will be sufficient to permit administration of the drug(s) according to the specific treatment protocol and will have been drawn within one week of the procedure. For patients in whom ongoing thrombocytopenia is anticipated the platelet counts are to be drawn immediately prior to or the morning of the procedure.
2. Intrathecal administration of chemotherapeutic agents will be performed in pre-specified areas at each of the regional cancer centres. See regional Site Directives for details.
3. Gloves; long sleeve, moisture resistant gowns; masks; and goggles are provided for use during administration of the cytotoxic drugs. The gloves, gowns and masks are used by both the physician and the nurse during all the procedures. Goggles must be worn by both the physician and nurse any time there is a risk of drug spray during the procedure. (WCB Health and Safety Regulation 6.55, 1998).
4. Intrathecal chemotherapy orders will be written on a separate order sheet from all other chemotherapy and supportive medication orders. Any pre-printed orders on which there is a combination of drugs administered intrathecally and drugs administered by any other parenteral route will have specific instructions to write the intrathecal drugs on a separate order page.
5. The BCCA Pharmacy will check and prepare all intrathecal doses according to the established chemotherapy mixing procedures. These doses will be dispensed from the Pharmacy as follows:

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- 5.1. All intrathecal doses will have a label stating the patient name, date, generic drug name, dose and route in full (i.e. By INTRATHECAL injection). The route will be highlighted by using all upper case letters and/or a coloured highlighting pen. This labelling will be attached to the syringe and to the outer zip-lock bag.
- 5.2. Intrathecal doses will be provided in Luer-lock syringes. (WCB Health and Safety Regulation 6.54).
- 5.3. Intrathecal syringes and labels will have an auxiliary label stating IT attached to the syringe and the outer zip-lock bag. These will be bright in colour and clearly visible. See sample below:



- 5.4. Intrathecal doses will be packaged in separate outer containers for transport to the centre specific treatment location. (i.e. Intrathecal doses will be delivered separately from all other chemotherapy doses.)
- 5.5. For protocols in which intrathecal drugs and drugs administered by other parenteral routes are all to be given in one treatment cycle, the non-intrathecal drugs will not be released from Pharmacy until the nurse or physician confirms that the intrathecal drug administration is completed.
- 6. In order to reduce distractions during the procedure, discussions with the patient, family and staff regarding consent, indications, and the procedure involved will take place prior to the procedure. The number of people in the treatment area will be kept to a minimum in order to reduce distractions during the procedure.
- 7. For all lumbar punctures, the only drugs permitted in the treatment area are the intrathecal chemotherapy drugs and the drugs used for analgesia and sedation. All staff involved in the procedure are responsible for ensuring that no other drugs are taken into the treatment area. However, medications that patients are receiving by infusion at the time of the administration of the intrathecal drugs do not need to be stopped or removed during the procedure unless the physician specifically requests it.
- 8. Once the patient is in the treatment area the physician and nurse will:
 - 8.1 Identify the patient.

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8.2 Read the labels for the intrathecal drugs out loud and check both the drugs and the doses against the medication orders. Drugs labelled with the following warning label are never to be given via the intrathecal route. See BCCA Provincial Systemic Program Policy V-40: Labelling of Vinca Alkaloid Preparations:



- 8.3 Both will sign the medication orders to indicate that the intrathecal chemotherapy has been checked.
- 8.4 Place the intrathecal chemotherapy on the sterile drape *beside* the LP tray. (The syringes are not considered sterile.) The only additional drugs permitted on the tray are local anesthetics.
9. Immediately prior to injection of the chemotherapy drug the physician will read the label on the syringe out loud to the nurse. The chemotherapy drug will be administered slowly through the LP needle over 1-2 minutes.
10. For patients who will receive the chemotherapy drugs for intrathecal use under fluoroscopy where a nurse is not in attendance with the patient the two professional checks are still required during the procedure. These will be done by the radiologist present and the clinician (who must be experienced in administering chemotherapy by the intrathecal route) who accompanies the patient to the fluoroscopy suite and administers the medications.
11. At the end of the procedure the physician will sign on the intrathecal drug order (either the Pre-Printed Order or the physician's order sheet) that the chemotherapy has been given. In some centres these signatures are written on the Medication Administration Record (MAR).

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REFERENCE:

Children's and Women's Health Centre of BC, Policy and Procedure of the Intrathecal Administration of Antineoplastic Agents for Oncology Patients, February 1998.

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REVIEWED BY:

- Dr. Nicol MacPherson, MD, PhD FRCPC
- Dr. Carole Robinson, CCSI Regional Nurse Leader
- Ms. Laurel Kovacic, CCSI Pharmacy Professional Practice Leader
- Dr. John Shepherd, MD, FRCPC - Leukemia BMT Program
- Dr. Patricia Hassell, Radiology