BC Cancer Agency
CARE & RESEARCH

Checklists

MODULE 4

APPENDIX 1

Includes Step-by-Step
Procedures and Techniques
for the Safe Handling of Hazardous Drugs

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Capecitabine Dispensing

ACTIVITY/STANDARD
➢ a pharmacist must check the patient's lab values as per the chemotherapy protocol prior to dispensing the medication to the patient ➢ process the physician's orders into the pharmacy computer system and Pharmanet ➢ gather necessary supplies ➢ dispense the medication in a seven day blister card ➢ the quantity dispensed will depend on the chemotherapy protocol – pharmacy will dispense a ONE week supply if the protocol requires a weekly CBC – adjusted to accommodate long weekends and vacations if necessary ➢ only one medication is to be packaged per blister card ➢ the total dose ordered for a scheduled medication time will be placed in each blister ➢ e.g., Capecitabine 650 mg bid ✓ each blister contains ONE x 500 mg and ONE x 150 mg tablet for each 650 mg dose ✓ generally given twice daily, recommended 12 hours apart - package doses in morning- and evening-time blisters ➢ affix the pharmacy computer generated patient specific label(s) on the SEVEN day blister card ➢ each strength of tablet MUST have it's own label on the blister card ➢ attach appropriate auxiliary labels ➢ put the bulk supply medication bottles used with the blister card(s) for checking ➢ the dose in each blister card is checked and the completed medication order is signed off as per usual procedures ➢ the pharmacist will hand out the medication and counsel the patient EACH TIME the chemotherapy medication is dispensed Refer to Module 4 - Appendix 2 – BCCA Pharmacy Directive Number III-30-02: Capecitabine/ Temozolomide Dispensing

Preparation of Parenteral Hazardous Drugs for Latex Allergy Patients

ACTIVITY/STANDARD
➢ determine the latex content of medications and supplies consulting a centralized list of latex-free products or by contacting the manufacturer ➢ set up a preparation tray with latex-free supplies ➢ ensure the biological safety cabinet (BSC) blower/fan is turned on ➢ remove all unnecessary equipment and items containing latex from the BSC ➢ following hazardous drug compounding, the BSC must purge for a minimum of 5 minutes ➢ clean and disinfect the inside surfaces of the BSC according to standard procedures while wearing full PPE including two pairs of **latex-free** chemotherapy gloves ➢ allow the BSC to purge for a minimum of 15 minutes ➢ only place supplies into BSC that are required for the latex-free preparation **Vial stoppers:** ➢ the vial stopper may be made from natural rubber latex or synthetic rubber; if made from synthetic rubber, then reconstitution and withdrawal may proceed as usual ➢ for vials with natural rubber latex stoppers or vials with stoppers of unknown composition, use a new vial for each dose and limit vial access to one needle puncture (for medications already in solution) or to two needle punctures (for medications requiring reconstitution) **Drugs requiring reconstitution:** ➢ using negative pressure technique, add diluent by puncturing the vial stopper using a needle with the smallest bore size possible ➢ carefully remove the needle from the stopper and gently agitate the vial until the drug is completely dissolved and no particles are visible ➢ using negative pressure technique, withdraw the appropriate dose into a syringe by puncturing the stopper using a new needle with the smallest bore size possible ➢ change the needle before injecting the drug into the IV solution bag ➢ if dispensing the drug in the syringe, remove the needle and cap the syringe with a latex-free tip cap ➢ discard the vial after the single dose is removed and has been checked, or use the remainder of the drug for non-latex allergic patient(s) **Drugs in solution:** ➢ using negative pressure technique, withdraw a single dose into a syringe by puncturing the stopper using a needle with the smallest bore size possible ➢ change the needle before adding drug to the IV solution bag ➢ if dispensing the drug in a syringe, remove the needle and cap the syringe with a latex-free tip cap ➢ discard the vial after the single dose is removed and has been checked, or use the remainder of the drug for non-latex allergic patient(s) **Labelling and packaging of doses:** ➢ dispense in a sealed latex-free zip lock bag ➢ apply a “Latex free product-Use Latex precautions” auxiliary label to the transport bag and IV solution bag, syringe or INFUSOR™ in addition to standard auxiliary labels Refer to Module 4 – Appendix 2 – BCCA Pharmacy Directive Number VI-70: Guidelines for Preparation of Parenteral Hazardous Drugs for Latex Allergy Patients Refer to Module 1 – Appendix 1 – Checklists: Reconstitution of a Hazardous Drug Using Negative Pressure Technique Refer to Module 1 – Appendix 1 – Checklists: Withdrawal of a Hazardous Drug Using Negative Pressure Technique