

Design and implementation of oncology pharmaceutical care service to enhance medication safety for oncology patients

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Objectives:

- In the Oncology Pharmacist Clinic:

- 1. to design a pharmaceutical care plan to standardize the clinical pharmacy verification of prescriptions in cancer medicines
- 2. to enhance medication safety by clinically verifying oncology prescriptions using the standardized pharmaceutical care plan, before drugs are being dispensed and administered to oncology patients.

HOSPITAL AUTHORITY PAMELA YOUDE NETHERSOLE EASTERN HOSPITAL				MUST AFFIX PATIENT LABEL			
PRESCRIPTION FOR CHEMOTHERAPY FOR DOCTORS, PHARMACISTS AND NURSES USE							
Known Drug Allergy / Drug Alert <input type="checkbox"/> No drug allergy / drug alert <input type="checkbox"/> Yes, see DAW Sheet. Sign: _____ Doctors: Please write an over-riding reason for the drug to be given against Drug Allergy / Drug Alert You may use the following CODES for common over-riding reasons, or write other reasons in free-text. A. No other alternative available; B. Desensitizing the patient with this drug; C. Doubts about reported history of drug allergy; D. Patient is receiving this drug without allergic response; E. Not true allergy; F. Cross-sensitivity possibly known; OK to give.							
REGIMEN: R-HyperCVA/DHDMTX-AraC (ONC) [Cycle 2, 4, 6, 8] R0 (01 Feb 10) Pg 4 of 5							
Patient Information: BSA: refer page 1 Diagnosis: refer page 1							
DATE	DRUG / DOSE / FREQUENCY DILUTION / ROUTE	SCHEDULE (REFERENCE TIME)	ADMINISTRATION DATE(S) / DAY / TIME / INITIAL				
ON	Methotrexate Inj _____ mg (200 mg/m ²)	IV at 25 ml/hr (over 2 hrs)	Day 2				
OFF	in 500 ml NS	Over-riding reason Sign & Code	15:00				
ON	Methotrexate Inj _____ mg (800 mg/m ²)	IV at 25 ml/hr (over 22 hrs)	Day 2				
OFF	in 500 ml NS	Over-riding reason Sign & Code	(17:00)				
ON	NS 500 ml + 60 mm + 20 mm	IV					
OFF							
ON	Please tick <input type="checkbox"/> Kytril <input checked="" type="checkbox"/> Navelle <input type="checkbox"/> Zofran						
OFF	• Start with Cytarabine						
ON	Cytarabine in 250 ml						
OFF	• Must finish (For Pharmacy: Prepare this dose on Day 2 after 15:00)						
PRESCRIBER NAME IDENTITY CODE PAGER Remarks: Please enter the correct the appropriate prescribed medication							



Oncology Pharmacist Clinic Pharmaceutical Care Plan

Standards for Clinical Pharmacy
Verification of Prescriptions for
Cancer Medicines Jan 2010
(BOPA)

Oncology prescriptions were
clinically verified by trained
oncology clinical pharmacists in
the Oncology Pharmacist Clinic
before they were dispensed and
administered to patients

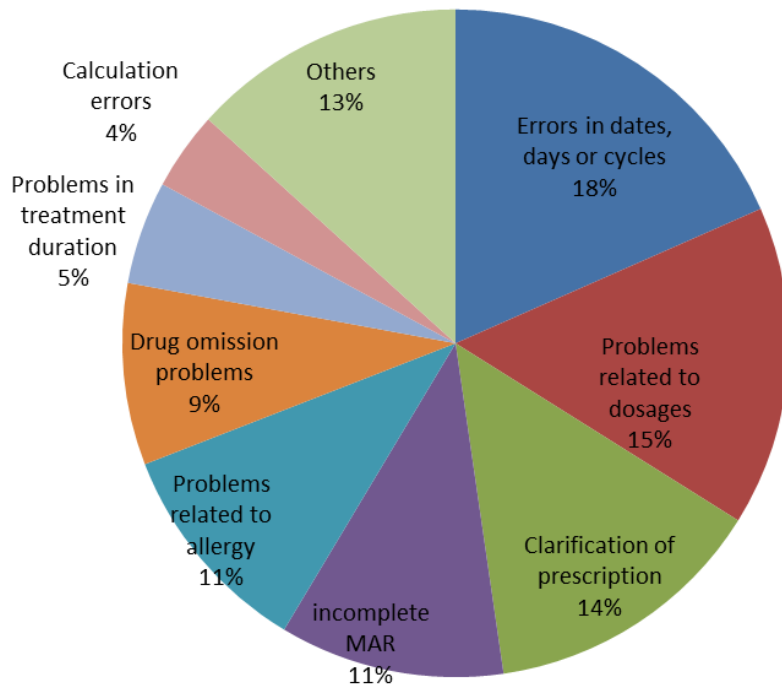
PYNEH Oncology Pharmaceutical Care Plan					
Diagnosis: _____		Cycle: _____		Patient Gum Label [Affix Here]	
Regimen: _____		Freq: Q _____ wk			
Allergies: <input type="checkbox"/> NKDA <input type="checkbox"/> YES, _____					
Dose Reduction: <input type="checkbox"/> _____				Case MO: _____	
Ht: _____ cm	Wt: _____ kg	Hold Parameters	ANC: < _____ Plt: < _____		
BSA(m ²): _____ BSA(m ²) used: _____					
Cr: _____	CrCl: _____ ml/min	Nadir: _____	ANC: _____ Plt: _____		
Key Checks					
<input type="checkbox"/> prescriber name and code; signature of prescriber <input type="checkbox"/> On <u>FIRST</u> cycle, check the regimen is the intended treatment as documented in a tx plan, in clinical notes or in electronic record <input type="checkbox"/> drug Interactions (including with food) & drug allergies, if any <input type="checkbox"/> appropriate timing of administration (ie, interval since last tx) cycle _____ administered on _____ <input type="checkbox"/> delayed? Reason: _____ Current cycle to be administered on: _____ <input type="checkbox"/> BSA (esp. for 1 st cycle, also note wt changes in subsequent cycles) <input type="checkbox"/> check all dose calculations and dose units [also note any dose rounding/banding] <input type="checkbox"/> check cumulative dose and max. individual dose <input type="checkbox"/> check reason for and consistency of any dose adjustments			<input type="checkbox"/> check method of administration <input type="checkbox"/> check lab values are within accepted limits if appropriate <input type="checkbox"/> WBC/ANC <input type="checkbox"/> RFT <input type="checkbox"/> LFT <input type="checkbox"/> check doses are appropriate with respect to <u>RETA/ET</u> and any experienced <u>toxicities</u> <input type="checkbox"/> check supportive care is prescribed _____ <u>Additional check for oral cytotoxics</u> <input type="checkbox"/> note the duration of treatment prescribed <input type="checkbox"/> clear directions on prescriptions (including the intended period of treatment [eg. start and stop dates])		
Notes:					
Use lab on: _____ WBC: _____ Hb: _____ ANC: _____ Plt: _____					
Drug	Day	m ² /AUC	%	Cal. Dose	Adm. Dose (w/ rounding)
Remark: _____					

Identification of Drug Related Problems – Enhancing Medication Safety

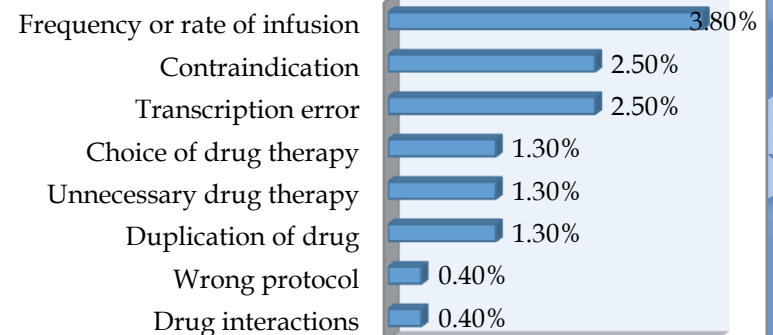
902 drug related problems
from 9,544 oncology
prescriptions identified (1 yr)

239/902 cases (Jun 12 to Aug
12) evaluated

Drug Related Problems Identified



Others:



Discussion & Conclusion:

Pilot Study

Future:
Analyze
the severity
of the drug
related
problems
(DRPs)

Formulate
action
plans with
Oncology
team to
minimize
the DRPs

★★ Patient
safety in
oncology
medication
ENHANCED

Thank you!