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Can Telephone Call Reduce Cytotoxic Drug Wasting in Day Chemotherapy Centre?

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Introduction

Chemotherapy is one of the treatment modalities for cancer. Some high risk chemotherapy regimens require pre-medication before administering cytotoxic agents. Pre-medications were used to reduce the chance of patients developing adverse reactions. Missing dose of pre-medication can result in postponing the date of administration. The reconstituted cytotoxic drugs would be wasted due to drug stability. In the New Territory West Cluster, the mean of number of admission to the day chemotherapy centre for receiving chemotherapy was 872 monthly in the past half year. Although, a reminder was given to patients in the outpatient clinic to remind them taking pre-medication, there were around 20 patients forgotten to take or take wrong dosage of pre-medication in the past six months. Some of these patients used combined agents. This resulted in around \$100,000 dollars reconstituted cytotoxic drug to be discarded. Whatever the drugs were self-financial items or department fund, the drugs were wasted and non-environmental friendly. It also required man-hours to discard the drugs properly and rearranged the admission schedule for the patient. Some of the patients would have misunderstanding or feeling anxious to chemotherapy related side effects. The patients would default admission on the date of administration. It is another reason why the reconstituted cytotoxic drugs would be wasted.

Objectives

1. To enhance the pre-medication compliance for all patients undergoing chemotherapy.
2. To minimize the cytotoxic drug wasting due to missing dose of pre-medication or defaulting admission.
3. To reassure patients and clarify any misunderstanding to chemotherapy.

Methodology

A pilot study was conducted in January, 2017. Total 15 telephone calls were made to patients, who were the first time to receive chemotherapy in the day centre, one day before admission. In the telephone consultation, the flow of admission procedure, pre-medication administration and the compliance of chemotherapy related

medications were emphasized. Reassurance was given to patient and any misunderstanding to chemotherapy related side effects were clarified. The study is ongoing.

Result

Results:

There was 100% drug compliance of taking pre-medication. No patient needed to postpone the date of receiving chemotherapy. No more reconstituted cytotoxic drugs were wasted due to missing dose of pre-medication or defaulting admission of patients.

Conclusion:

Telephone call is effective in drug compliance of pre-medication for patient undergoing chemotherapy. It can also reduce the cytotoxic drug wasting due to missing dose of pre-medication or defaulting admission of patients.