

**Supervised Administration Record**

**Cytotoxic Chemotherapy Intravesicular Administration** **C – competent**  
**The practitioner can Administer Cytotoxic Medication safely via the Intravesicular route and discuss complications and ongoing care**

For each supervised practice the appraisee must

	Minimum level	Supervised Assessments					
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**1. Legal and Ethical Issues.**

		Date					
<b>Demonstrates an understanding of their accountability and responsibility in relation to Cytotoxic Chemotherapy administration according to their governing body.</b>	C						
Hand hygiene as per infection control guidelines was maintained through out procedure	C						

**2. Pre-administration assessment**

Review of treatment order	C						
Ensures availability of prescribed and dispensed chemotherapy agents	C						
Performs appropriate procedure for correctly identified patient	C						
Assesses patient perceptions/history including toxicity assessment	C						
Able to identify contraindications and/or pre-treatment monitoring requirements for prescribed treatment.	C						
Uses appropriate patient strategy for reduction of anxiety, increase of understanding and encouragement of compliance	C						
Assesses patient urine for signs of infection and or frank/gross haematuria and or nitrites. Documents results and communicates abnormal results with appropriate health professionals.	C						
Communicates with patient proposed plan of care & obtains informed consent	C						
Demonstrates appropriate selection and preparation of treatment environment and equipment including access to and functionality of emergency equipment. <ul style="list-style-type: none"> <li>• Ensures patient dignity and privacy not compromised</li> <li>• Clear access to patient of emergency equipment and staff</li> <li>• Vital signs monitoring equipment available</li> <li>• Stable decontaminated treatment platform (i.e. trolley etc.)</li> <li>• Protective equipment available. (nitrile powder free latex free gloves, eye protection, plastic apron)</li> <li>• Cytotoxic spill kits accessible</li> <li>• Eyewash kit or facility available</li> <li>• Cytotoxic waste disposal containers accessible at point of contact</li> </ul>	C						
Offers patient the opportunity to attend to comfort needs before administration	C						

		Date					
<b>3. Administration preparation</b>							
Assemble necessary equipment <ul style="list-style-type: none"> <li>• Catheterisation equipment as required</li> <li>• Appropriate delivery system for the prescribed drug</li> <li>• Incontinence pad</li> <li>• Prescribed and dispensed Cytotoxic drugs for Intravesicular administration.</li> </ul>	C						
<b>4. Patient/Treatment Confirmation</b>							
Adheres to Trust Medicine Policy	C						
<b>5. Administration Technique</b>							
Ensures appropriate protective clothing worn as per agreed Cytotoxic policy guidelines	C						
Ensures patient is physically prepared for treatment (e.g.: supine, and undergarments moved or removed) and incontinence pad in place.	C						
Places aseptic plastic backed towel between patient and treatment area	C						
Catheterises patient as per catheterisation protocol (if required)	C						
Connects administration bag by appropriate method as per local ' <i>Protocol for the administration of intravesicular chemo or immunotherapeutic drugs</i> '	C						
Administers prescribed cytotoxic chemotherapy and ensures bladder is exposed to the agent as per local ' <i>Protocol for the administration of intravesicular chemo or immunotherapeutic drugs</i> '	C						
Ensures removal of agent from patients bladder after prescribed duration by appropriate method as per local ' <i>Protocol for the administration of intravesicular chemo or immunotherapeutic drugs</i> '	C						
<b>6. Termination of procedure</b>							
Documents episode of care in an appropriate manner conforming with NMC guidelines for records and record keeping.	C						
Ensure appropriate level and avenues of communication utilised to communicate necessary information to other MDT and/or other health care professionals.	C						
Ensure patient aware that therapeutic interaction has been completed and adequate follow-up arrangements are activated.	C						

Please sign and print name for each entry

<b>Supervised Administration No. 1</b>		<b>Date</b>	
<b>Supervisor comments</b>			
<b>Administrator Comments</b>			
<b>Supervised Administration No. 2</b>		<b>Date</b>	
<b>Supervisor comments</b>			
<b>Administrator Comments</b>			
<b>Supervised Administration No. 3</b>		<b>Date</b>	
<b>Supervisor comments</b>			

<b>Administrator Comments</b>		
<b>Supervised Administration No. 4</b>		<b>Date</b>
<b>Supervisor comments</b>		
<b>Administrator Comments</b>		
<b>Supervised Administration No. 5</b>		<b>Date</b>
<b>Supervisor comments</b>		
<b>Administrator Comments</b>		