



Anticancer Therapy Prescribing Procedure

1. Guiding Principles

[National Safety and Quality Health Care Standards](#) - Standard 4 Medication Safety

This procedure pertains to **all anticancer therapy** prescribed for the treatment of adults with cancer at the WACHS regional cancer centres, cancer treatment units and telechemotherapy units.

The routes of anticancer therapy administration included in this procedure are:

- oral
- subcutaneous
- intramuscular
- intravenous
- intravesical.

Excluded from this procedure

- children
- all other routes of administration
- therapy for non-cancer indications.

This procedure is to be read in conjunction with The Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service Standards [User Guide for Medication Management in Cancer Care 2020](#)¹

1.1 Governance

The Fiona Stanley Hospital (FSH) MR860 Antineoplastic therapy charts (MR860) and the WACHS Antineoplastic therapy charts (MR170G) are to be used to prescribe, dispense and administer medication with an anticancer intent at WACHS regional cancer centres, cancer treatment units and telechemotherapy units. The charts are not to be used at any other site without the permission of the Regional Cancer Centre Governance Groups.

The MR860 suite of forms are a tool to assist prescribing and were designed for use exclusively at FSH; when applying the information contained in these charts staff are to take into account any differences in context and scope of practice, level of service delivery and facility capacity at their site.

The Cancer Institute of NSW [eviQ Cancer Treatments Online](#)² is endorsed for use in clinical practice by WACHS.

WACHS regional cancer centres, cancer treatment units and telechemotherapy units are to have:

- A multidisciplinary approach to determine the safety of a patient receiving a specific endorsed protocol that considers: patient factors, risk profile of the protocol and the capability of the site to manage the anticipated and unplanned toxicities of the treatment.
- Clearly documented governance arrangements to ensure that consumer consultation, leadership, accountability, clinical governance, occupational safety and health and strategic and operational plans are documented to support the prescribing, dispensing and administration of antineoplastic treatment for cancer.
- Meet the WA Health Clinical Service Framework 2014 - 2024 medical oncology/haematology minimum service definitions for the level of clinical service provided at each site.
- Escalate clinical governance issues to the WACHS Cancer Clinical Governance Group as per the escalation process - see appendix 3.

Medical officers prescribing anticancer therapy are to be registered with the Medical Board of Australia as a Specialist Medical Oncologist or Haematologist and credentialed with WA Country Health Service.

Medical oncology/haematology advanced trainees are to prescribe anticancer therapy under the supervision of a consultant.

Patients receiving anticancer therapy are to have the treatment prescribed on the FSH MR860 printed directly from the [FSH intranet page](#) or on an endorsed WACHS MR170G available from [WACHS Cancer Intranet page](#).

No electronic alterations are to be made to the MR860 or MR170G charts by WACHS staff/ contracted providers.

Whiteout and erasers are not to be used on the MR860 or MR170G.

If a FSH MR860 Chart or WACHS MR170G protocol specific chart is not available for a protocol listed by eviQ, the WACHS Generic Antineoplastic Therapy Chart MR170G is to be used. This can be obtained on request from the Regional Senior Pharmacist or the WACHS Senior Pharmacist Cancer Services wachscancerpharmacist@health.wa.gov.au

To request a new WACHS Antineoplastic Therapy Chart follow the procedure outlined in Appendix 2 Request for New Antineoplastic Therapy Chart.

All queries or discussion regarding the MR860 or MR170G charts are to be forwarded by the WACHS Regional Senior Pharmacist to the WACHS Senior Pharmacist Cancer Services wachscancerpharmacist@health.wa.gov.au

All staff caring for patients receiving anticancer therapy are to have access to the relevant patient information including the diagnosis, history, laboratory results and treatment plan.

There is to be 24 hour access to the link tertiary cancer centre oncology staff for treatment related enquiries from health practitioners.

2. Procedure

The MR860 charts are to be printed using double sided printing in colour as required (where practical), directly from the [FSH intranet page](#).

If there is not a suitable FSH MR860 chart for an eviQ endorsed protocol a WACHS Antineoplastic Therapy Chart MR170G is to be used. If neither of these charts is available then the WACHS Generic Antineoplastic Therapy Chart (MR170G) is to be used. See appendix 1 for guidelines on using the generic chart.

Printing of MR860 and MR170G is to be for immediate prescribing use. Charts are not to be pre-printed or stockpiled.

The MR860 is to be identified with a regional specific sticker/stamp that is to include the site name, site provider number and adequately cover the FSH name and provider number.

The MR170G requires region specific details (this may be a sticker/stamp) that includes the site name and site provider number to be placed at the top of the chart in the space provided.

Requests to administer protocols not endorsed for use by WACHS are to be accompanied by peer reviewed evidence and submitted to the Chair of the Regional Drug and Therapeutics/Medication Safety Group Committee for approval **before** prescribing, dispensing and administration. WACHS Cancer Clinical Governance Group and tertiary input may be required, see appendix 3.

The credentialed Medical Officer (MO) is to complete the prescription in compliance with the WA [Medicines and Poisons Regulations 2016](#) and the [Pharmaceutical Benefits Scheme](#) (PBS) requirements.

In accordance with the medicines and poisons regulation 2016, the completed MR860/MR170G can be handwritten or printed but is always to be signed in the prescribers own handwriting.

Dose adjustments or other protocol changes based on the patient's clinical assessment are to be documented and signed by the prescriber on the MR860 or MR170G and the rationale documented in the medical records.

Patient identity is to be verified throughout the anticancer therapy medication management cycle using three unique identifiers: name, date of birth and medical record number.

The MR860 and MR170G charts are to have:

- patient identification labels affixed and patient name recorded in handwriting below the label. If a patient identification label is not available the patients name, date of birth and URMN must be written in by the prescriber
- weight/height and body surface area (BSA) recorded

- BSA is to be calculated using the Mosteller formula³

$$BSA (m^2) = \sqrt{\frac{\text{height (cm)} \times \text{weight (kg)}}{3600}}$$

- “No known allergy” or allergy and adverse drug reactions identified: Note type of known allergic reaction/adverse event and date occurred.
- adverse drug reaction (ADR) stickers attached if appropriate.

The number and sequence of MR860 and MR170G charts in use are to be clearly recorded in the top right hand corner (e.g. 1 of 2).

All MR860 and MR170G charts and the Medication History and Management Plan (MR170.1) are to be kept together in the designated section in the medical records.

All MR860 and MR170G charts currently in use are to be available and accounted for prior to verification and preparing an order and /or administering a medication.

Prescriptions are to be legible, in black ink and include:

- patient's name, date of birth and medical record number
- indication for use
- medication name (printed generic name) – unless otherwise stipulated for identified medications
- dose
- frequency
- due date of administration
- route
- rate and volume of infusion and diluent
- handwritten signature
- for each signature, the name and prescriber number must be included at least once on the medication chart
- date of prescribing.

If unsure, the pharmacist or Registered Nurse (RN) is to liaise with the prescriber to clarify ambiguities and/or have the prescription rewritten.

2.1 Verbal/Telephone/Telehealth Orders

A credentialed MO is authorised to issue a verbal order only in circumstances where they are unable to attend in person.

Verbal orders are **not permitted** for the commencement of cycle 1 of antineoplastic therapy or any subsequent new cycle of therapy.

Verbal orders are only to be accepted for dose reductions, the withholding of treatment and the addition of supportive medications required during the admission.

A verbal order is to be given to a chemotherapy competent Registered Nurse (RN) by a MO.

A verbal order is to include:

- name of the individual giving the verbal prescription
- name, DOB and UMRN of patient
- the generic name of the medication
- dose
- time
- route of administration
- rate of infusion and diluent
- date of expiry of the order
- verbal order prescription is to be confirmed in writing or signed (by the prescriber) within 24 hours
- a second person (i.e. pharmacist, MO, RN) is to confirm the verbal order.

If a patient requires supportive medications in addition to those included on the MR860 or MR170G a prescription will need to be written.

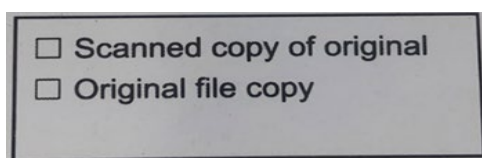
Prescriptions and orders written during telehealth appointments are to be documented, scanned and securely emailed to the allocated email address using [MyFT](#) within 24 hours of the telehealth consultation for use in ordering, dispensing and administration of chemotherapy.

The clearly identified original chart is to be forwarded to the WACHS site as per the [WA Health Patient Information Retention and Disposal Schedule](#).

On receipt, the original chart is to be marked as being the ORIGINAL FILE COPY using a standardised inked stamp as pictured below. The chart is to be stamped on the first page in the left hand side margin and is to be filed in the patient's record along with the printed scanned copy of the original.

When printing a scanned copy or receiving a facsimile copy of a MR860/MR170G it is to be stamped on the first page in the left hand side margin and marked as SCANNED COPY OF ORIGINAL.

Treatment is to be administered using this clearly marked scanned administration copy of the chart if the original chart has not arrived prior to the time of treatment.



Facsimile and other methods of copies of the MR860 and MR170G are to be avoided where possible.

Standardised inked stamps are available from WACHS Cancer Services.

3. Definitions

Anticancer therapy	For the purpose of this document, cytotoxic drugs, targeted therapies, biological therapies and immunotherapies prescribed with an anticancer intent
Chemotherapy competent	For the purpose of this document - is a registered nurse or pharmacist who has completed the relevant modules and clinical assessments of the WACHS endorsed Administration of Antineoplastic Drug Administration Course
MR860	Refers to the Fiona Stanley Hospital suite of standardised antineoplastic therapy charts available on HealthPoint that are used for prescribing treatment for cancer based on approved protocols
MR170G	Refers to the WACHS standardised antineoplastic therapy charts. The Governance of these charts sits with the WACHS Cancer Clinical Governance Group
WACHS Generic Antineoplastic Therapy Chart MR170G	Refers to a generic chart that may be used for an eviQ endorsed protocol where neither a FSH MR860 or WACHS 170G chart exists for that indication
Protocol	For the purposes of this document, refers to an evidence based regimen of medications to treat cancer that is endorsed for clinical use by WACHS

4. Roles and Responsibilities

The **WACHS Executive Sponsor Cancer Services** is responsible for monitoring the performance of the regional cancer centres using the agreed performance indicators.

The **WACHS Regional Cancer Services Governance Group** is responsible for supporting the administration of anticancer treatment at the regional cancer centres, cancer treatment units and telechemotherapy units in accordance with the legislation, WA Health Policies, the WA Health Clinical Service Framework 2014 - 2024 medical oncology/haematology service levels.

The **prescriber** is responsible for:

- managing all of the medical oncology/haematology components of the patients treatment plan
- prescribing the anticancer treatment, supportive intravenous fluids and medications on the MR860 or MR170G
- making decisions regarding the safety of administering the prescribed protocol to a patient in a regional cancer centre, cancer treatment unit or TeleChemotherapy site
- obtaining and documenting informed consent on the MR59A WACHS Patient Consent to Cancer Treatment
- documenting a treatment plan

- completing the medication order in accordance with the legislative requirements and the [COSA Guidelines](#)⁴
- identifying and documenting allergies and previous adverse drug reactions
- requesting and reviewing the relevant laboratory and diagnostic tests prior to the commencement of each cycle
- managing the immediate, delayed and long term effects of therapy
- obtaining Individual Patient Approval (IPA) from the Chair of the Regional Drug and Therapeutics/Medication Safety Group Committee when a non-formulary drug prescription or a protocol not endorsed for use is proposed
- documenting dose modifications in the relevant section of the chart and in the patient's medical record.

The **pharmacist** is responsible for:

- ensuring the prescription chart meets legal/PBS/clinical requirements
- discussing discrepancies in the order with the prescriber
- recording no known allergies or the allergy and adverse drug reaction history
- supplying medication as per the prescription within dose banding limits
- checking the MR860 or MR170G is labelled with a site specific sticker that identifies the site and provider number
- ensuring access to supply of supportive medications, medication for emergency management of anaphylaxis and hypersensitivity and extravasation antidotes
- signing the chart to indicate pharmacy verification has been completed.

The **chemotherapy competent registered nurse** is responsible for:

- ensuring the correct equipment/giving set is available
- understanding the nursing care required for the specific protocol including pre and post medications, fluid requirements, extravasation and hypersensitivity potential
- reviewing the current laboratory data to ensure results are within acceptable parameters for the protocol - current is usually accepted as within 24 hours of anticancer therapy but may be clinically appropriate within shorter or longer timeframes
- reporting to the prescriber toxicities and laboratory results outside of the normal parameters before administration
- independently completing the time out checklist
- administering all medications as per the prescription
- signing the chart with date and time to indicate the medication has been administered.
- identifying and documenting allergies and adverse drug reactions
- Validating informed consent prior to the administration of anticancer therapy.

All staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be

5. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

[Health Record Management Policy](#)

7. Evaluation

1. National Indicators for the Quality use of Medicines in Australian Hospitals 2014
Quality use of medicines domains: safe and effective use indicator: [3.6 Percentage of patients receiving cytotoxic chemotherapy whose treatment is guided by a hospital approved chemotherapy treatment protocol](#)⁵
2. Number of clinical incidents related to the prescription, dispensing and administration of chemotherapy.

Evaluations are to be reported every three (3) months unless stated otherwise, to the WACHS Executive Sponsor for Cancer Services.

8. Standards

[National Safety and Quality Health Care Standards](#)

Clinical Governance Standard: 1.27 a, b, 1.28 a, b, c, e

Partnering with Consumers Standard: 2.4

Medication Safety Standard: 4.4, 4.10 a, b, 4.15 b

Comprehensive Care Standard 5.5 a

Communicating for Safety Standards: 6.4 a

The Australian Commission on Safety and Quality in Health Care (ACSQHC)

[User Guide for Medication Management in Cancer Care 2020](#)

Australian Commission on Safety and Quality in Health Care (ACSQHC) [National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines](#)

Australian Commission on Safety and Quality in Health Care [Recommendations for Terminology, Abbreviations and Symbols used in Medicines Documentation](#)

9. Legislation

[Health Practitioner Regulation National Law \(WA\) Act 2010](#)

[Medicines and Poisons Act 2014](#) (WA)

[Medicines and Poisons Regulations 2016](#) (WA)

[Occupational Health and Safety Act 1984](#) (WA)

[Occupational Safety and Health Regulations 1996](#) (WA)

10. References

1. The Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service Standards User Guide for Medication Management in Cancer Care 2020 [Internet]. Sydney NSW (Australia): 2017 [cited 2020 April 30] Available from: <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/nsqhs-standards-user-guide-medication-management-cancer-care>
2. The Cancer Institute of NSW. eviQ Cancer Treatments Online [Internet]. Sydney NSW (Australia): 2017 [cited 2020 April 30] Available from: <https://www.eviq.org.au/>
3. Mosteller R.D. Simplified calculation of body-surface area. N Engl J Med 1987 Oct 22;317(17):1098) [cited 2020 June 29] Abstract available at [http://www.ncbi.nlm.nih.gov/pubmed/3657876.](http://www.ncbi.nlm.nih.gov/pubmed/3657876)
4. Clinical Oncological Society of Australia. Guidelines for the Safe Prescribing, Dispensing and Administration of Cancer Chemotherapy [Internet]. Sydney NSW (Australia): 2008 [cited 2020 April 30]. Available from: <https://www.cosa.org.au/publications/guidelines.aspx>
5. The Australian Commission on Safety and Quality in Health Care. National Indicators for the Quality use of Medicines in Australian Hospitals [Internet]. Sydney NSW (Australia): 2014 [cited 2020 June 23] Available from: <https://www.safetyandquality.gov.au/our-work/medication-safety/national-indicators-quality-use-medicines-qum-australian-hospitals>

11. Related Forms

[Fiona Stanley Hospital Standard Order Set MR860](#)

[MR170.1 WACHS Medication History and Management Plan](#)

[WACHS Cancer Treatment Specific Chart](#)

[MR170G WACHS Generic Cancer Treatment Chart](#)

[MR 59A WACHS Patient Consent to Cancer Treatment](#)

12. Related Policy Documents

WACHS [Medication Administration Policy](#)

WACHS [Chemotherapy Administration Clinical Practice Standard](#)

WACHS [High Risk Medications Procedure](#)

WACHS [Cancer Institute of NSW-Standards Cancer Treatments - eviQ - Endorsed for Use in Clinical Practice Policy](#)

WACHS [Australian Injectable Drugs Handbook endorsed for use in Clinical Practice Policy](#)

WACHS [Monthly Index for Medical Specialities \(MIMS\) – Endorsed for Use in Clinical Practice Policy](#)

13. Related WA Health Policies

MP0095 [Clinical Handover Policy](#)

MP0122/19 [Clinical Incident Management Policy \(2015\)](#)

MP-131/20 [High Risk Medication Policy](#)

MP0104/19 [Medication Review Policy](#)

MP0002/16 [Patient Information Retention and Disposal Schedule](#)

MP0053/17 [WA Clinical Alert MedAlert Policy](#)

14. WA Health Policy Framework

[Clinical Governance, Safety and Quality Policy Framework](#)

15. Appendices

Appendix 1: [Prescribing on the WACHS Generic Cancer Treatment Chart MR170G](#)

Appendix 2: [Request for New Antineoplastic Therapy Chart](#)

Appendix 3: [WACHS Cancer Clinical Governance Group Escalation Flow Chart](#)

**This document can be made available in alternative formats
on request for a person with a disability**

Contact:	Nurse Practitioner, Cancer Services (C .Henneker)		
Directorate:	Nursing and Midwifery Services	TRIM Record #	ED-CO-16-82092
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Appendix 1: Prescribing on the WACHS Generic Cancer Treatment Chart MR170G

The WACHS Generic Cancer Treatment Chart is to be used to prescribe eviQ endorsed protocols when a suitable FSH MR860 chart or protocol specific WACHS MR170G chart is unavailable.

The WACHS Generic Cancer Treatment Chart is available on request from the Regional Pharmacist or from the WACHS Cancer Pharmacist

The prescriber is to include:

- patient's name, date of birth and medical record number
 - if an addressograph is used the patient's name must also be printed
- the name of the protocol
- indication for use
- details of the protocol including reference/s
- weight/height and body surface area (BSA) recorded
- "No known allergy" or allergy and adverse drug reactions identified
- cycle number
- any additional investigations required
- premedications and intravenous fluids
- medication name (printed generic name) – unless otherwise stipulated for identified medications
- dose including units
- route of administration for all medications prescribed
- rate and volume of infusion and diluent
- due date of administration
- name, signature, prescriber number and date of prescribing
- all medications required e.g. additional oral medication's included in the protocol,
- medications that are PBS authority require a separate PBS prescription to be written.
 - The PBS streamline authority number or phone authority approval number is to be written on the prescription.
 - If unsure of PBS listing please consult pbs.org.au or discuss with the Regional Pharmacist of WACHS Cancer Pharmacist

Appendix 2: Request for New Antineoplastic Therapy Chart

All requests for the development of a new chart for antineoplastic therapy are to be submitted by completing this form and emailing to WACHScancerpharmacist@health.wa.gov.au

The time frame in which the new chart is required should be indicated. Note a minimum of a two week turnaround is preferred to facilitate robust governance and surety of procedures.

WACHS Cancer Services – request for a new antineoplastic therapy chart			
Requested by:		Date of Request:	Date required:
Name of Protocol:		eviQ ID or details of DTC approval (including reference):	
Tumour type:		Funding: PBS/non PBS (if non PBS declare funding)	
Drug	Dose Basis	Frequency (days of tx or number of doses)	Route
Cycle length:		Number of cycles:	
Supportive care requirements:			
Critical tests or investigations required:			
Additional notes:			
Required by date:			
On completion of above, email to: WACHScancerpharmacist@health.wa.gov.au			

<p>WACHS CCGG USE ONLY</p> <p>Date request received:</p> <p>Date of CCGG meeting discussion:</p> <p>Minute reference:</p>	<p>Recommendation:</p>	<p>Request:</p> <p>Approved <input type="checkbox"/> Not Approved <input type="checkbox"/></p> <p>Signed: _____ Chair WACHS CCGG</p> <p>Date:</p>
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Appendix 3: WACHS Cancer Clinical Governance Group Escalation Flow Chart

