



Day Infusions Policy

1. Purpose

This policy outlines the minimum requirements for the provision of day infusion services across WA Country Health Service (WACHS). It is intended to support provision of high quality care as close to home as possible.

Day infusions refers to medicines given by infusion (usually intravenously but may include routes such as subcutaneous) in a day hospital setting.

This policy is to be read in conjunction with the:

- WACHS [Medication Prescribing and Administration Policy](#)
- WACHS [High Risk Medication Procedure](#).

Systemic anticancer therapy (SACT) is only to be administered in designated cancer treatment centres, units and TeleChemotherapy units. The administration of SACT outside of designated units is to be endorsed by the Regional Cancer Clinical Governance Group. Additional support can be provided by contacting the WACHS Cancer Services team WACHSCCGGRecommendations@health.wa.gov.au.

For clinical trials, contact warccc@health.wa.gov.au.

2. Policy

Guiding principles for this policy:

- aim to improve patient access to healthcare
- ensure clinical practice reflects clinical governance standards
- sites need suitable infrastructure to enable safe administration
- sites must have appropriately trained / competent staff for safe administration
- the medication should be appropriate for administration at the specified location (i.e. considering the medication and patient factors such as prior reactions, etc.).

2.1 Governance

Governance includes:

- Local Medicines and Therapeutics Committees (MTC) are to provide oversight of day infusion services, including assessment of enablers and barriers to expanding services to where they are needed, while considering capacity, capability and safety.
- Overall responsibility for treatment using the infused medication remains with the medical practitioner who initiated that treatment. This person is regarded in this document as the referring clinician. They may be a WA Health (WACHS or other Health Service Provider) or non-WA Health clinician.
- The referring clinician needs to complete a referral for a patient to receive treatment at a WACHS day infusion service (see [Appendix A](#) for the day infusions process).
 - The referral is to include adequate information about the treatment plan to enable the day infusion service to facilitate administration and care of the patient.

- Referral processes are to include referral forms to capture relevant information (see [Appendix B](#) for a referral template) or an eReferral. See [Appendix C](#) for local contacts.
- Providing information and ensuring consent to treatment is the responsibility of the referring clinician. Refer to the WACHS [Consent to Treatment Policy](#). For infusions which require explicit consent to treatment, the referring clinician must provide a copy of the completed consent to treatment documentation with the referral. If the [MR30A Patient Consent to Treatment or Investigation – Adult or Mature Minor](#) form is not used, the documentation must meet the minimum requirements as outlined in the [WA Health Consent to Treatment Procedure](#).
- Communication and documentation between the referring clinician and day infusion service are important for continuity of care for the patient.
- The clinician with appropriate credentialing to accept an admission (or the care of outpatients) under their name at the WACHS site is referred to in this policy as the accepting clinician.
- The accepting clinician assumes responsibility for the care of the patient during each episode of care or occasion of service for administration of the medicine. The accepting clinician accepts the referral based on the information provided by the referring clinician and considers clinical appropriateness.
 - Where the referring clinician is also the accepting clinician, the same referral process is followed.
- The day infusion nurse manager, clinical nurse or health service manager considers the referral based on ability to administer the medicine(s) (infrastructure and staffing) and capacity within the day infusion service.
- The local WACHS pharmacy considers the referral based on ability to supply the medicine(s) (or facilitate the supply) for administration. Local MTCs are to determine which medicines do not need pharmacy involvement for referral consideration or supply (e.g. Pharmaceutical Benefits Scheme (PBS) medicines which can be administered in non-hospital settings, such as iron).
- Where the medicine(s) are not on the local MTC endorsed list of medicines for administration at day infusion services, including at the particular administration site, local MTC endorsement (based on a risk assessment and clinical need which can be undertaken by the local site team) is required. Excludes clinical trial medicines.

2.2 Patient Considerations

Where possible and appropriate, patients are to be provided the option of having their medicines administered as close to home as possible. This requires communicating information in a culturally appropriate way for informed decision making, and addressing the patient's actual or perceived barriers to receiving care closer to home. Consider liaising with Aboriginal Liaison Officers, as required, to enhance the care provided to patients.

2.3 Site Resources

Infrastructure

Requirements include:

- suitable designated clinical area space to care for patients
- chairs or beds for patients whilst infusions are administered and during monitoring. Outpatient consult clinic rooms or similar (e.g. with nurse call system / bell, oxygen, suction) are generally suitable.

- suitable space and equipment to securely store and prepare medicines for administration (may include, but not limited to, preparation trolleys, consumables, personal protective equipment, bins, and monitored medication refrigerators) (see WACHS [Medication Prescribing and Administration Policy](#), [High Risk Medications Procedure](#), and [Safe Handling and Administration of Monoclonal Antibodies Guideline](#)).

Equipment

Equipment (including medicines) for a medical emergency response (MER) are required. Refer to the [Recognising and Responding to Acute Deterioration Policy](#) and [Recognising and Responding to Acute Deterioration Procedure](#). This may include the set up required for Emergency Telehealth Services (ETS) referral if this is the site escalation plan for a MER.

Staffing

Appropriate staffing is needed for:

- consideration and acceptance of the referral
- administration of the infusion
- monitoring of the patient
- provision of emergency response (if required).

2.4 Medicines

For clinical trials, contact warccc@health.wa.gov.au.

Medicines which can be administered in non-hospital settings (e.g. most iron infusions) should not be administered via day infusion services, unless no other suitable and accessible local alternative is available.

Medicines appropriate for administration via a day infusion service are to be determined by the local site team working with the MTC based on assessment of the medicine itself and the complexity of regimen (e.g. handling, preparation, administration, monitoring, etc.), staff competency, staff capacity, clinical need, and patient factors (e.g. previous reactions which require management), and:

- A list of medicines for administration at day infusion services is to be endorsed by the local MTC. Medicines can be considered on a case-by-case basis (e.g. endorsed for administration for a particular patient, and added to the list at a later time) or added to the endorsed list proactively. The list may outline inclusions and exclusions for specific sites. Local MTCs can delegate to a site to maintain their site specific list, however must oversee the complete list of site(s) which provide day infusion services. The list is to be communicated to and accessible by the relevant site staff. See [local MTC endorsed medicines list template](#).
- The administration of systemic anticancer therapy outside of designated cancer treatment units (as per the [WACHS Systemic Anticancer Therapy Guideline](#)) is to be endorsed by the Regional Cancer Clinical Governance Group.
- Refer to the [WACHS Safe Handling and Administration of Monoclonal Antibodies Guideline](#).

Prescribing

The referring clinician provides valid prescriptions (or any other requirements), where relevant, for the supply of the medicine(s). Medicines are to be prescribed according to the WACHS [Medication Prescribing and Administration Policy](#) (which includes alignment with MP 0077/18 [Statewide Medicines Formulary Policy](#)).

The accepting clinician is responsible for the medication order, including pre-medications or supportive medicines, on the appropriate WACHS-endorsed chart for administration at the WACHS site. Standardised medication charts, where available, are to be used for safety and completeness of medicines prescribing, administration, monitoring and documentation (e.g. Fiona Stanley Hospital medication charts MR 860 series – accessible via the [WACHS Cancer Treatment Charts](#) (sharepoint.com) page). The accepting clinician, if they have agreed to do so with the referring clinician, can provide valid prescriptions (or any other requirements) for supply of the medication.

Supply

Supply of medicines (including any supportive medicines) occurs via the relevant local WACHS pharmacy, generally and where practicable:

- Exceptions:
 - Where it is more practicable for a community pharmacy to supply the medicine to the WACHS site (e.g. due to proximity, cold chain requirements, etc.).
 - Medicines endorsed by the local MTC as not needing pharmacy involvement for referral consideration or supply.
 - Blood products which are supplied by PathWest.
 - Where a Medicine Access Program is in place and supply cannot be sent directly from the medicine company and needs to be sent from the referring clinician's site (liaise with local WACHS pharmacy).
- Where the patient needs to bring in their own supply for administration and staff are uncertain about the integrity of the medicine or its prior storage, local WACHS pharmacy can be contacted for advice.
- Medication chart orders should be clinically verified, in conjunction with the referring clinician's prescriptions (and medication charts, if provided) before supply is organised:
 - If medication charts are provided by the referring clinician (in addition to prescriptions, for the purposes of clarity or completeness), ensure that the medication chart used for administration itself has been written by a WACHS prescriber and there is no confusion about which chart is to be used for documentation of administration and monitoring.
- Medicines are to be dispensed by the local WACHS pharmacy, and charged to the relevant day infusion service, where possible. This can be used to track medicine expenditure related to day infusion services:
 - Where an approved Shared Care Dispensing arrangement is in place, dispense using the relevant cost centre provided.
 - For medicines requiring Individual Patient Approvals (IPA) refer to the [WACHS Outpatient Supply of Non-PBS Medications Policy](#).

Preparation and Administration

Medicines are prepared for administration (as close to the administration time as practicable) and administered as per the [WACHS Medication Prescribing and Administration Policy](#), and where relevant the [WACHS Safe Handling and Administration](#)

[of Monoclonal Antibodies](#). Use infusion pumps with dose error reduction software, where available. Document administration on the relevant standardised chart.

Monitoring of the Patient

Monitoring of the patient includes pre-screening, ongoing monitoring requirements and detection and management of adverse events (e.g. infusion reactions and medical emergencies).

Communication

Communication with the referring clinician about any concerns, adverse events or other issues related to the infusion is the responsibility of the accepting clinician (with support of site staff).

The referring clinician communicates any changes in treatment plans in a timely manner. If inadequate communication is received, this may be escalated to the local MTC chair for decision (and this may include contacting the referring clinician).

2.5 Other considerations

The following should also be considered:

- If the infusion is eligible under the [Same-day ACHI Procedure Codes](#) the patient is admitted as a same-day admitted patient. If not eligible, the patient is a non-admitted outpatient.
- Day infusion services can generate activity (activity based funding). For outpatient activity, Tier 2 clinics are to be established to reflect the services being provided.
- There are generally no patient payments. Refer to the [WA Health patient fees and charges manual](#) for details. If patient payments are charged, this decision should be made in liaison with the Finance and Revenue team.

3. Roles and Responsibilities

WACHS local Medicines and Therapeutics Committees (MTCs) are responsible for:

- oversight and the safe and effective delivery of the day infusion services, including assessment of enablers and barriers to expanding services to where they are needed
- maintaining a list of endorsed medicines which can be administered at local sites (can delegate to a site to maintain their site specific list, however must oversee the complete list of site(s))
- evaluating day infusion services to ensure alignment with this and other medicines policies
- if inadequate communication about treatment plans is received from the referring clinician, this may be escalated to the local MTC chair for decision (and this may include contacting the referring clinician).

Referring clinicians are responsible for:

- overall and ongoing management of the infusion as a component of care for the patient, including follow-up, as required, following any infusions administered at a WACHS site
- completing referrals, including confirmation that the patient has provided written consent to treatment (where required), and is agreeable to having their treatment administered at a WACHS site

- confirming treatment plans and that the patient is suitable for treatment continuation (includes, but not limited to, organising blood tests and reviewing these prior to planned administration)
- communicating any changes in treatment plans in a timely manner, including to confirm where there are no changes to treatment plans (e.g. by way of clinic letters at a minimum of every 6 months, maximum 12 monthly, or more frequently if any changes or alterations)
- providing valid prescriptions for initial and ongoing supply of the medicine(s), where relevant. Supply may necessitate other requirements, e.g. for Medicines Access Program medicines, or medicines requiring Individual Patient Approvals. Where a valid prescription cannot be provided, and is needed for supply, the referring clinician is to obtain the accepting clinician's agreement to do so on their behalf.

Accepting clinicians, or their delegate, are responsible for:

- reviewing and accepting referrals based on clinical appropriateness (and confirming that written consent to treatment has been obtained by the referring clinician, where required)
- the overall care of the patient during the occasion of service or episode of care for administration
- medication chart orders (may be undertaken by a delegate, e.g. day infusion service medical officer)
- detection and management of adverse events (including providing response in the event of an emergency or patient deterioration, per site requirements) (may be undertaken by a delegate) and communicating these to the referring clinician
- communicating with the referring clinician about any concerns or issues related to the infusion (with support of site staff).

Day infusion service Nurse Managers, Clinical Nurses, or Health Service Managers are responsible for:

- considering referrals (after accepted by an accepting clinician) based on capacity and ability of the clinic to administer the infusion)
- liaising with referring clinicians (and others as required) for patient management / co-ordination, ongoing prescriptions, etc., as required
- liaising with local WACHS pharmacy for required medicine(s)
- co-ordination of patient referrals and bookings (if no administrative staff available or where administrative staff are unable to complete aspects of co-ordination, e.g. complex timing for bookings)
- evaluating day infusion services to ensure alignment with this and other medicines policies, as delegated by the local MTC.

Pharmacists are responsible for:

- considering referrals based on ability to supply, or facilitate the supply of, the medicine(s)
- supply, or facilitate the supply of, required medicine(s), as relevant
- clinical verification of medication orders (where possible and as required)
- providing support to staff for medication-related queries.

Nurses and midwives are responsible for:

- confirming that the patient's consent to treatment is valid, where required (i.e. the patient still consents to treatment and has not withdrawn consent)

- completion of medicine-specific requirements such as pre-infusion checklists, where relevant
- preparation and administration of medicines
- monitoring the patient
- recognising and responding to adverse events as per policy, site procedures and their scope of practice
- communicating with the referring clinician about any adverse events, concerns or issues related to the infusion (as requested by the accepting clinician).

Administrative staff are responsible for:

- co-ordination of patient referrals and bookings
- requesting referring clinicians to provide ongoing prescriptions, clinic letters or other requirements, as relevant.

All staff are required to:

- provide care which is culturally appropriate
- consider liaising with Aboriginal Liaison Officers, as required, to enhance the care provided to patients
- provide patient education about medicine(s), as relevant
- work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

4. Monitoring and Evaluation

4.1 Monitoring

Adverse events and clinical incidents relating to the prescribing and administration of medicines via day infusion services are to be notified via the approved clinical incident management system (CIMS) e.g. DATIX, and managed as per the [WACHS Medication Prescribing and Administration Policy](#) and the [WA Health Clinical Incident Management Policy MP 0122/19](#). The WACHS Medication Safety Committee and local Medicines and Therapeutics Committees review clinical incident data relevant to medications.

Monitoring includes evaluation of consumer feedback (complaints and compliments).

4.2 Evaluation

Local Medicines and Therapeutics Committees are to evaluate day infusion services to ensure alignment with this and other medicines policies.

This policy will be reviewed as required to determine effectiveness, relevance and currency. At a minimum it will be reviewed every five years by the WACHS Medicines and Therapeutics Committee.

5. Compliance

This policy is a mandatory requirement under the [Access to Care for Country Residents Policy MP 0183/24](#).

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](#) 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 and procedures is mandatory.

6. References

Managing referrals to non-admitted specialist services in Victorian public health services [Internet]. Victoria State Government Department of Health; 2023 [updated 2023 Sep 7; cited 2023 Sep 11]. Available from: [Managing referrals to non-admitted specialist services in Victorian public health services | health.vic.gov.au](https://www.health.vic.gov.au/Managing-referrals-to-non-admitted-specialist-services-in-Victorian-public-health-services)

7. Definitions

Term	Definition
Accepting clinician	A WACHS medical practitioner who is appropriately credentialed to accept (based on a referral from another clinician) the care of a patient to the day infusion service for the episode of care or occasion of service for administration of the medicine.
Day infusion service	A WACHS site offering day infusion services. May or may not be a named infusion clinic, therefore referred to as a service which is offered by that particular site.
Referring clinician	A clinician (usually medical) who refers a patient under their care to have medicines administered at a WACHS day infusion service.
Shared care dispensing	An arrangement between a “parent hospital pharmacy” (usually metropolitan / tertiary) and other pharmacy (including WACHS pharmacies) whereby patients receiving clinical care at the parent hospital can have their ongoing medicines which are not subsidised under the Pharmaceutical Benefits Scheme (PBS) dispensed by a pharmacy closer to home and for these to be subsidised. A cost centre is provided by the parent hospital to the dispensing pharmacy.

8. Document Summary

Coverage	WACHS wide
Audience	Medical, nursing, midwifery, pharmacy, administrative staff, Health Service Managers, local Medicines and Therapeutics Committees (MTCs)
Records Management	Health Record Management Policy
Related Legislation	Medicines and Poisons Act 2014 Medicines and Poisons Regulations 2016
Related Mandatory Policies / Frameworks	<ul style="list-style-type: none"> • MP 0183/24 Access to Care for Country Residents Policy • MP 0095/18 Clinical Handover Policy • MP 0122/19 Clinical Incident Management Policy 2019 • MP 0175/22 Consent to Treatment Policy • Consent to Treatment Procedure • MP 0131/20 High Risk Medication Policy • MP 139/20 Medicines Handling Policy • MP 0164/21 Patient Activity Data • MP 0077/18 Statewide Medicines Formulary Policy • Clinical Governance, Safety and Quality Policy Framework • Clinical Services Planning and Programs Policy Framework • Information Management Policy Framework • Public Health Policy Framework
Related WACHS Policy Documents	<ul style="list-style-type: none"> • Admission, Discharge and Intra-hospital Transfer Clinical Practice Standard • Anticancer Therapy Prescribing Procedure • Cancer Services Referral Procedure • Consent to Treatment Policy • Documentation - Clinical Practice Standard • High Risk Medications Procedure • Medication Handling and Accountability Policy • Medication Prescribing and Administration Policy • Medicines Access Programs Procedure • Outpatient Supply of Non-PBS Medications Policy • Recognising and Responding to Acute Deterioration(RRAD) Policy • Recognising and Responding to Acute Deterioration Procedure • Safe Handling and Administration of Monoclonal Antibodies Guideline • Systemic Anticancer Therapy Guideline • Waste Management Policy
Other Related Documents	<ul style="list-style-type: none"> • Fiona Stanley Hospital (FSH) Pharmacy Department Medication Administration Guidelines • WA Health Admitted Patient Activity Data Business Rules

	<ul style="list-style-type: none"> • WA Health Code of practice for clinical and related waste management • WA Health Same-day ACHI Procedure Codes • WA Health WA Patient fees and charges manual 2023/24
Related Forms	<ul style="list-style-type: none"> • Fiona Stanley Hospital medication charts MR 860 series • MR30A Patient Consent to Treatment or Investigation – Adult or Mature Minor
Related Training Packages	High Risk Medications: Introduction (HRMINT EL2)
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 2581
National Safety and Quality Health Service (NSQHS) Standards	1.03, 1.07, 1.27, 4.01, 4.02, 4.03, 4.04, 4.13, 4.14, 4.15, 6.07, 6.08, 6.11
Aged Care Quality Standards	Nil
Chief Psychiatrist's Standards for Clinical Care	Nil

9. Document Control

Version	Published date	Current from	Summary of changes
1.00	24 July 2024	24 July 2024	<ul style="list-style-type: none"> new policy

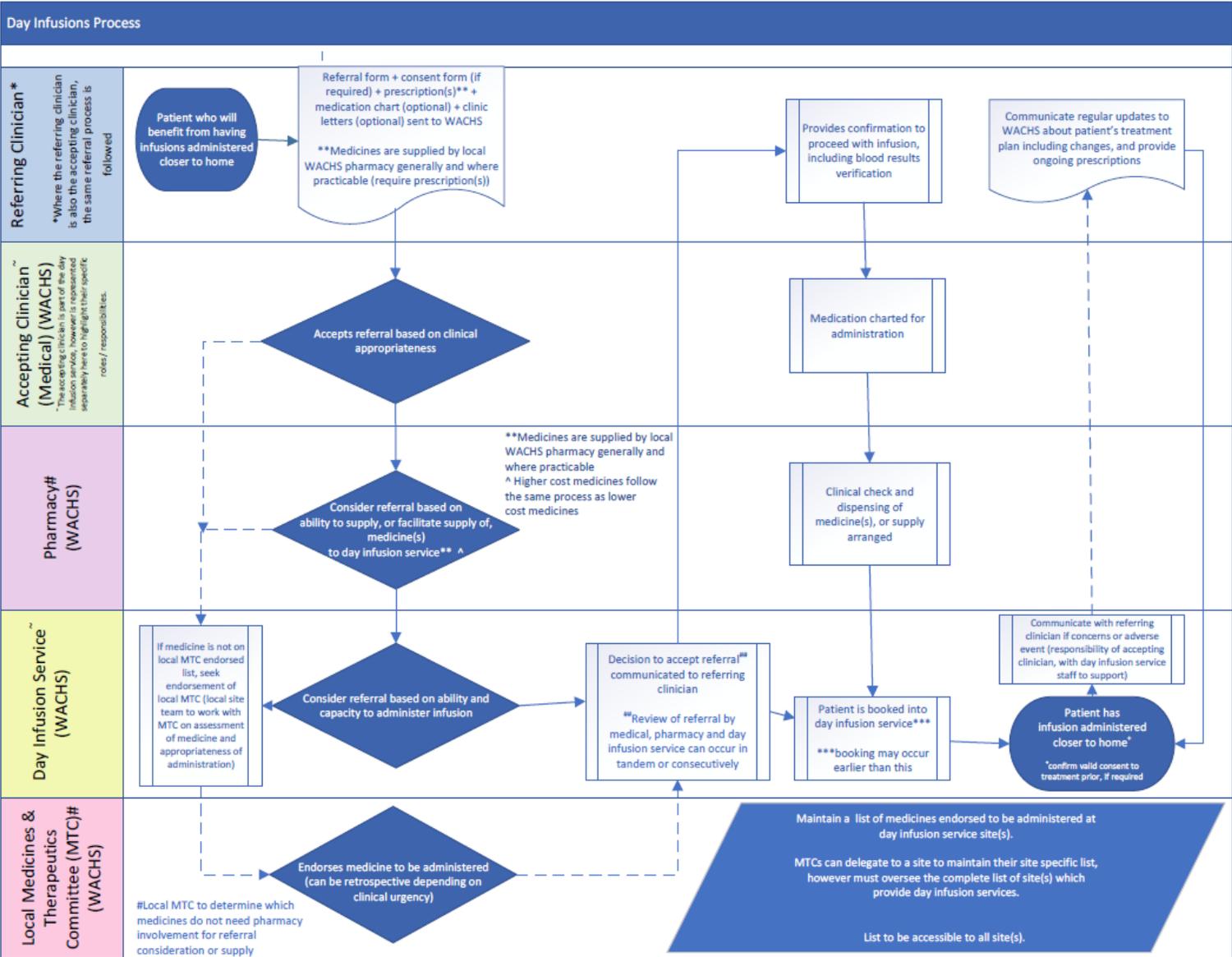
10. Approval

Policy Owner	Executive Director, Clinical Excellence
Co-approver	Executive Director, Nursing and Midwifery
Contact	WACHS Chief Pharmacist
Business Unit	Clinical Excellence Medical Services
EDRMS #	ED-CO-24-266198

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This document can be made available in alternative formats on request.

Appendix A: Day infusions Process



Appendix B: Local referral form template

Local MTCs and day infusion services may use this template to develop referral forms specific for their sites offering infusion services. The template contains the minimum requirements of a referral to ensure clarity of expectations between the referring clinician and the WACHS accepting clinician, WACHS day infusion service and WACHS pharmacy.

Additional details can be added if desired by the local MTC or day infusion services, e.g.:

- Prescriptions: SMF approved medication / WACHS IPA approved / PBS S100 Public Hospital Authority vs PBS S100 Private Hospital Authority prescription / PBS complex authority vs PBS streamlined authority vs PBS general medications / non-PBS.

<p>WACHS REGION, E.G. PILBARA DAY INFUSIONS REFERRAL FORM</p> <p><i>For referrals of patients to have day infusions administered at:</i> SITE NAME, E.G. KARRATHA HEALTH CAMPUS</p>	<p>Referring clinician to send this referral form to:</p> <ul style="list-style-type: none"> • Name of day infusion service (e.g. Karratha Infusion Clinic) email of day infusion service and phone AND • Pharmacy (email of pharmacy) <p>Postal address for prescriptions: e.g. Karratha Health Campus Pharmacy Department 62 Balmoral Road, Pegs Creek, WA 6714 (08) 9144 7765</p>
REFERRING CLINICIAN	
<p>Clinician's name: Hospital / clinic / surgery:</p>	<p>Contact phone / mobile: Contact email:</p>
PATIENT DETAILS	
<p>Surname: Given name: UMRN / MRN: Date of birth: Address: Contact number:</p>	<p>Diagnosis: Relevant medical history: Adverse reaction to medicines:</p>
TREATMENT PLAN & MEDICINE / INFUSION DETAILS	
<p>Medicine name: Indication: Dose: Route: <input type="checkbox"/> intravenous <input type="checkbox"/> subcut <input type="checkbox"/> _____ Frequency: First commenced: <input type="checkbox"/> __/__/__ <input type="checkbox"/> not yet Planned duration: <input type="checkbox"/> _____ <input type="checkbox"/> lifelong Previous reaction(s) (and management), if relevant:</p>	<p>First infusion due on: OR Next infusion due on: Date of last infusion: Place of last infusion: Appropriate venous access in situ? (please describe): If no, has venous access been arranged or not yet arranged? (please describe):</p>
SUPPORTIVE MEDICINES REQUIRED (including pre-medication)	
<p><input type="checkbox"/> Nil <input type="checkbox"/> As per attached medication chart <input type="checkbox"/> Other (medicine, indication, dose, route, frequency):</p>	

BLOODS / TESTS REQUIRED PRIOR TO EACH INFUSION (include pre-treatment screening bloods / tests if treatment not yet commenced) *the day infusion service may not be able to accommodate requests for blood / tests (preferred option is for the referring clinician to organise bloods / tests)		
1	What is required: When required:	
	Who will order bloods / tests: Who will check results: Who will confirm that infusion can proceed:	<input type="checkbox"/> Referring clinician <input type="checkbox"/> Day infusion service* <input type="checkbox"/> Referring clinician <input type="checkbox"/> Day infusion service* <input type="checkbox"/> Referring clinician <input type="checkbox"/> Day infusion service*
2	What is required: When required:	
	Who will order bloods / tests: Who will check results: Who will confirm that infusion can proceed:	<input type="checkbox"/> Referring clinician <input type="checkbox"/> Day infusion service** <input type="checkbox"/> Referring clinician <input type="checkbox"/> Day infusion service* <input type="checkbox"/> Referring clinician <input type="checkbox"/> Day infusion service*
ADDITIONAL REQUIREMENTS OR INSTRUCTIONS (including post-infusion care, deviations to standard / planned treatment, special instructions for first dose / induction)		
<input type="checkbox"/> Nil <input type="checkbox"/> Specify:		
DECLARATION		
<input type="checkbox"/> I confirm that written consent to treatment is not needed for this infusion. OR <input type="checkbox"/> I confirm that written consent to treatment is needed for this infusion (documentation attached). <input type="checkbox"/> I confirm that the patient is agreeable to being referred to this WACHS site to have their infusion administered closer to home.		
<input type="checkbox"/> As the referring clinician, I maintain overall responsibility for treatment using the infused medication. <input type="checkbox"/> I will inform WACHS of any changes to the patient's therapy plan above.		
Referring clinician's signature:		
Date:		

- Referring clinician to email this completed form to (email of day infusion service) AND (email of pharmacy) along with:
 - Copy of the patient's consent to treatment ([WACHS Patient Consent to Treatment or Investigation – Adult or Mature Minor MR 30A](#), or equivalent), if required (i.e. for infusions requiring explicit consent)
 - A copy of prescription(s)
 - Unless otherwise arranged, WACHS will provide the medicine for infusion and prescriptions (and any other requirements for supply) must be provided by the referring clinician (including prescriptions for ongoing supply)
 - Ensure Pharmaceutical Benefits Scheme (PBS) compliance, where relevant
 - Post originals to the pharmacy (address on front page)
 - Medication chart (optional – encouraged to confirm / clarify above treatment details)
 - Any relevant clinic letters or records (optional – may help confirm / clarify above treatment details).

For WACHS use only:

ACCEPTING CLINICIAN <input type="checkbox"/> I accept responsibility for the care of the patient during each occasion of service or episode of care for administration of the medicine. <input type="checkbox"/> Unable to accept. Reason(s):	Name: Date:
DAY INFUSION SERVICE NURSE MANAGER, CLINICAL NURSE or HEALTH SERVICE MANAGER <input type="checkbox"/> The day infusion service has ability and capacity to administer this infusion. <input type="checkbox"/> Unable to administer infusion due to ability or capacity. Reason(s):	Name: Date:
PHARMACY <input type="checkbox"/> The pharmacy is able to supply the medicine(s) as requested. <input type="checkbox"/> Alternative medicine supply arrangement endorsed. <input type="checkbox"/> Unable to supply, or arrange supply of, the medicine(s). Reason(s):	Name: Date:

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Appendix C: Local contacts

The following list of contact details for day infusion services is not exhaustive and provided for convenience, e.g. as a starting point for the referring clinician to contact the region to enquire about smaller regional sites offering day infusion services.

Referring clinicians wishing to refer a patient, including for administration at sites other than the ones listed, may contact the below to receive a copy of the relevant referral form and a copy of the [MR30A Patient Consent to Treatment or Investigation – Adult or Mature Minor](#) (if required). Note: Some day infusion services may use eReferrals.

Region	Site(s)	Contact details (email and phone number ideal)
Goldfields	Esperance Health Campus	esponcology@health.wa.gov.au (08) 9079 8021 Esperance Health Campus Pharmacy Department 1 Hicks St, Esperance, WA 6450 (08) 9079 8340
	Kalgoorlie Health Campus	GoldfieldsCancerCentre@health.wa.gov.au (08) 90805813 GoldfieldsDayWard@health.wa.gov.au (08) 9080 5398 Kalgoorlie Health Campus Pharmacy Department wachsgfregionalcancerpharmacyteam@health.wa.gov.au Locked Bag 7, Kalgoorlie, WA 6430 (08) 9080 5655
Great Southern	Albany Health Campus	ahc.dpuinfusions@health.wa.gov.au (08) 9892 8267 Albany Health Campus Pharmacy Department al.pharmacy@health.wa.gov.au Hardie Rd, Spencer Park, WA 6330 (08) 9892 2272
Kimberley	Broome Health Campus	infusion-broomehospital@health.wa.gov.au Broome Hospital Pharmacy Department Broome.Pharmacy@health.wa.gov.au PO Box 62, Broome, WA 6725 (08) 9194 2824
Midwest	Geraldton Health Campus	mwcancercentremanager@health.wa.gov.au (08) 99562462 Geraldton Regional Hospital Pharmacy Department CancerCentrePharmacy.WACHS-Midwest@health.wa.gov.au PO Box 22, Geraldton, WA 6531 (08) 9956 8783

Pilbara	Hedland Health Campus	WACHSPB_HHCOutpatient@health.wa.gov.au (08) 91741381 Hedland Health Campus Pharmacy Department WACHS-PilbaraHHCPharmacyStaff@health.wa.gov.au 2-34 Colebatch Way South Hedland WA 6722 (08) 9174 1339
	Karratha Health Campus	Infusionclinic@wahealthdept.onmicrosoft.com (08) 9144 7574 Karratha Health Campus Pharmacy Department KHCParmacyOutpatients@health.wa.gov.au 62 Balmoral Road, Pegs Creek, WA 6714 (08) 9144 7765
South West	Bunbury Hospital	infusion-bunburyhospital@health.wa.gov.au (08) 9722 1389 Bunbury Hospital Pharmacy Department PO Box 5301, Bunbury, WA, 6230 (08) 9722 1418
	Busselton Hospital	DPUInfusion.Clinic@health.wa.gov.au (08) 9753 6184 or HNDSBusselton@health.wa.gov.au (08) 97536521 Bunbury Hospital Pharmacy Department WACHS-SWBYHC.PharmacySupport@health.wa.gov.au PO Box 5301, Bunbury, WA, 6230 (08) 9722 1418
Wheatbelt	Narrogin Health Service	narrogin.outpatient@health.wa.gov.au Wheatbelt.NarroginTheatreClerk@health.wa.gov.au (08) 9881 0796 narroginwheatbelt.pharmacy@health.wa.gov.au Narrogin Hospital Pharmacy Department PO Box 336, Narrogin, WA 6312 (08) 9881 0440
	Northam Health Service	Chemotherapynursenortham@health.wa.gov.au (08) 9690 1692 Northam Hospital Pharmacy Department northamwheatbelt.pharmacy@health.wa.gov.au PO Box 312, Northam, WA 6401 (08) 9690 1664