



# Chemotherapy administration



Hospital-in-the-home (HITH) can provide some chemotherapy or pre/post-chemotherapy support at home. As with any other HITH admission this requires a safe home environment and consent from caregivers.

## Current HITH (Wallaby) pathways

<b>ARA-C (Cytarabine)</b>	As prescribed by oncology
<b>GCSF/GMCS/pegfilgrastim</b>	As prescribed by oncology
<b>Home hydration for ifosfamide and etoposide</b>	For patients with Ewing's sarcoma that follow AEWS0031
<b>Home hydration for vincristine, doxorubicin &amp; cyclophosphamide</b>	For patients with Ewing's sarcoma that follow AEWS1031
<b>Home hydration for pemetrexed &amp; gemcitabine</b>	For patients with medulloblastoma that follow SJMB12
<b>Other home hydration</b>	As prescribed by oncology
<b>Vinorelbine Methotrexate</b>	As prescribed by oncology with a chemo-accredited nurse
<b>Fosaprepitant</b>	As prescribed by oncology with a chemo-accredited nurse

### Prior to HITH admission:

- Oncology team to contact HITH AUM on 52598
- HITH CNC/AUM will review patient & family if during working hours (may be phone review)
- Oncology order and release medication/chemotherapy/fluid orders
- HITH order set on EPIC completed:
  - o Preselected: Adrenaline 1:1000 (1mg/ml) 10mcg/kg IM PRN  
Sodium chloride flush 0.5-2ml IV PRN  
Weak and Strong Heplocks IV PRN
  - o EMR referral to HITH
    - If allied health support required, please indicate on referral
  - o EMR 'Transfer order reconciliation' completed
- Pathology ordered as required (inpatient order)



# HITH protocol – nursing and medical

## Home team medical responsibilities

- Release oncology/chemotherapy orders including pathology
- Review pathology results as required
- Overall medical responsibility for patient

## HITH medical team responsibilities

- Bi-weekly case conference to review patient progress
- Identify patients who would benefit from additional allied health support

## Wallaby care requirements

- Chemotherapy/medication/fluids as per orders
- Daily nursing review
- Collect pathology as per orders
- Weekly CVC cares

## Potential issues

- IV pump issues on home hydration patients – discuss with Wallaby AUM who will try and troubleshoot. If unable to help parents with troubleshooting and requiring line change will likely need to present to RCH
- Methotrexate levels not clearing as per protocol – discuss with oncology team, may require prolonged fluids or readmission
- CVC issues – discuss with HITH medical team
- Anaphylaxis – administer IM adrenaline and **call ambulance 000** (will need allergy referral)

## Readmission

- If clinical deterioration or new concerns – as per oncology team

## Discharge Plan

- Completed prescribed treatment
- Wallaby will arrange port to be de-accessed or CVC to be heparin locked

***See specific Oncology protocols and other resources***