



## Instillation Of Cytotoxic Substance Into The Bladder Procedure

Procedure Number

CHC-CYT-012

Version Nos:

4

### 1. Purpose

This Procedure outlines the process for ensuring that the instillation of Cytotoxic substance into the bladder occurs in a safe and efficient manner.

### 2. Application

This Procedure is to be followed by all clinical staff throughout the West Coast District Health Board (WCDHB).

### 3. Definitions

For the purposes of this Procedure:

**Cytotoxic medications** are taken to mean toxic compounds known to have carcinogenic, mutagenic and/or teratogenic potential.

**Oncology Nurse Specialist** is an oncology-trained nurse who is available to act as a resource for medical and nursing staff regarding the administration and management of Cytotoxic medications.

### 4. Responsibilities

For the purposes of this Procedure:

all **Clinical Staff** are required to:

- provide cares and treatments as per the requirements of this Procedure
- document all observations and cares and treatments given

### 5. Resources Required

This Procedure requires:

- i) Cytotoxic Spill Kit
- ii) Patient's Clinical Record
- iii) Protective Clothing
- iv) Purple Cytotoxic Waste Bag and Bin
- v) Cytotoxic Labels
- vi) Double Alginate Laundry Bag

### 6. Process

- 1.00 Cytotoxic medications are to be prescribed by a Consultant or designated Oncology Registrar.
- 1.01 All Cytotoxic medication is to be clearly identified as Cytotoxic by the Pharmacy and on the patient's prescription sheet.
- 1.02 Cytotoxic medication is to be prescribed on the medication prescription chart.
- 1.03 The reconstitution and dispensing of Cytotoxic medications is to be performed at Christchurch Hospital pharmacy or supplied through a pharmaceutical company. No Cytotoxic agents are to be reconstituted or drawn up by non-Pharmacy staff outside of Pharmacy.



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- 1.04 Instillation is to be performed by a Consultant.
- 1.05 During normal work hours the administration of Cytotoxic IV medication is to occur at Grey Hospital.
- 1.06 If IV Cytotoxic medication must be administered after hours due to urgency, medical staff must take responsibility.
- 1.07 The Oncology Nurse Specialist is available to advise medical and nursing staff regarding administration and management of Cytotoxic medication.
- 1.08 Patients who have deceased and who have received Cytotoxic medication within the excretion period of the drug received (usually 48 hours) must be identified as Cytotoxic to all staff involved.
- 1.09 Patients who have received Cytotoxic medication within the excretion period of the drug received (usually 48 hours) and are transferred to another area, must be identified as Cytotoxic to all staff involved.
- 1.10 Blood specimens should not be taken from the same side as a Cytotoxic therapy in progress.
- 1.11 Patients, who have had a mastectomy with lymphodema on the side affected, should not have blood specimens taken off that side if possible.
- 1.12 Staff ,who are emptying the bladder of patients with a Cytotoxic bladder instillation, must wear the following protective clothing (*as per the requirements of the CHC Disposal Of Cytotoxic Therapy Patient's Excreta Procedure*):
  - wear surgical double disposable non-sterile gloves;
  - mask and goggles or face-shield;
  - long sleeved impermeable material gown with cuffed sleeves.
- 1.13 If staff are to touch the site/dressing of a patient with Intrathecal Cytotoxics, the staff member must be double gloved.
- 1.14 The Spill Kit is to accompany the Nurse and patient and to remain with patient at all times.
- 1.15 Document in the patient's medical record first empty of cytotoxic instillation and/or catheter removal. Document also in Fluid/Balance Chart.
- 1.16 Patients who have a catheter insitu must have a catheter bag attached to the clamped catheter to ensure the safe containment of cytotoxic instillation.
- 1.17 Contaminated linen is to be double bagged in an alginate bag and placed in a laundry bag labelled "Cytotoxic".
- 1.18 Body fluids are to be disposed down the sluice followed by a double flush.



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- 1.19 Double sanitize jugs/urinals/bedpans immediately. Place cytotoxic label on lid of Sanitiser. Label is to be removed as 2<sup>nd</sup> cycle is initiated. If Sanitiser is already in use, stop the cycle, add item and label cover as above. Do not leave contaminated items on bench top.
- 1.20 Place disposable rubbish into purple rubbish bag. Seal well and place with normal rubbish.

### 7. Precautions And Considerations

- ➔ Cytotoxic IV medication is to be prescribed by a Consultant or Oncology Registrar.
- ➔ The Spill Kit is to accompany the Nurse and patient and to remain with patient at all times
- ➔ Pans, jugs or bedpans contaminated by Cytotoxic waste should be sanitised immediately after use, and then undergo a repeat sanitisation cycle

### 8. References

The Cytotoxics Handbook, 1997, 3<sup>rd</sup> Edition, Radcliffe Medical Press.

Canterbury DHB Policy and Procedure Manual, Christchurch Hospital Vol F Fluid and Medication Management Section 15

### 9. Related Documents

WCDHB Oncology/Cytotoxic Procedures

<b>Revision History</b>	<b>Version:</b>	4
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	<b>Authorised By:</b>	Chief Medical Advisor/GM – Secondary Services
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