

SUBJECT: POLICY FOR ADMISSION	REFERENCE #2001
DEPARTMENT: INFUSION THERAPY SERVICES	PAGE: 1 OF: 4
APPROVED BY:	EFFECTIVE: REVISED:

**PURPOSE:**

Access and availability to agency services are provided to all who meet the admission criteria.

**POLICY:**

- \_\_\_\_\_ Agency admits only clients whose needs can be met by the services it provides at the level required by the client's condition.
- Clients shall be accepted for care and cared for without discrimination on the basis of age, sex, mental or physical handicap, race, color, religion, ancestry or national origin.
- Client referrals are received with licensed physician orders and authorization.
- The agency's ability to accept a client for admission will be determined by the following criteria:
  - The level of care needed by the client is congruent with the type of services provided by \_\_\_\_\_ Agency, based on an assessment of the client's condition/needs at the time of admission.
  - A physician licensed by the state has assumed care for the client prior to the client being registered or accepted for service.
  - A written treatment plan for care will be established and intermittently evaluated by the physician.
  - Skilled care is required (unless reimbursement is by a third party payer not requiring this or by private pay).
  - Identified needs can be met on an intermittent basis (unless reimbursement is by a third party payer not requiring this or by private pay).
  - The client's needs require reasonable service, which is necessary for treatment.
  - The client is homebound (unless when homebound status is not a reimbursement requirement for non-Medicare clients).
  - There is a reasonable expectation that medical, nursing and social needs can be appropriately satisfied by \_\_\_\_\_ Agency in the client's residence, and that the agency has adequate staffing and resources available to meet those needs.
  - A reasonable expectation exists that the client's needs can be met at home without infringing on client safety or accomplishment of medically desirable results.

# PICC INSERTION PROGRESS NOTE

Client Name: \_\_\_\_\_ Physician: \_\_\_\_\_

Vital Signs: T: \_\_\_\_\_ O/R/AX Heart Rate: Apical \_\_\_\_\_ Radial \_\_\_\_\_ Respirations: \_\_\_\_\_ Weight: \_\_\_\_\_

Homebound Status: \_\_\_\_\_

Necessity for Insertion: \_\_\_\_\_

Nursing Observations/Assessments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Catheter brand: \_\_\_\_\_ Lumens: \_\_\_\_\_ Size: \_\_\_\_\_ Lot #: \_\_\_\_\_

Catheter length: \_\_\_\_\_ Length inserted: \_\_\_\_\_

Vein accessed: \_\_\_\_\_

Bicep circumference (5" above the insertion side): \_\_\_\_\_

Tip placement: \_\_\_\_\_ CXR ordered: \_\_\_\_\_

Evaluation/Complications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Nursing Diagnosis:

- Knowledge deficit regarding PICC insertion, care and maintenance.
- Potential for infection: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nursing Intervention/Instruction: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treatment Plan: \_\_\_\_\_

Visit Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

SUBJECT: MITOMYCIN-C (MUTAMYCIN®)	REFERENCE #3060
DEPARTMENT: INFUSION THERAPY SERVICES	PAGE: 1 OF: 7
APPROVED BY:	EFFECTIVE: REVISED:

**DEFINITION:**

- Mutamycin® (also known as mitomycin and/or mitomycin-C for injection) is an antibiotic isolated from the broth of *Streptomyces caespitosus* which has been shown to have antitumor activity
- Mitomycin is classified as ***dangerous goods*** under the Transportation of Dangerous Goods Act, and must be declared as such for the purposes of transportation.

**INDICATIONS:**

- Mutamycin® is not recommended as a single-agent, primary therapy.
- Indications include:
  - Adenocarcinoma of the stomach
  - Adenocarcinoma of the pancreas

**CONTRAINDICATIONS:**

- Clients who have a hypersensitive or idiosyncratic reaction to Mutamycin®
- Clients with thrombocytopenia
- Clients with coagulation disorders or an increase in bleeding tendencies due to other causes

**POLICY:**

- Mutamycin® shall be given intravenously only.
- Follow the drug manufacturer’s instructions for reconstitution of Mutamycin®.
- It is recommended that Mutamycin® is not mixed with other drugs.
- Administer Mutamycin® per physician’s orders.
- Care will be taken to avoid extravasation of Mutamycin®:
  - Be aware that extravasation may occur days to weeks after the treatment. Soft tissue ulceration distal to the injection site following an injection in a peripheral vein that did not have any observed reactions initially has been reported.
  - Observe the client for any delayed reactions.

SUBJECT: CHEMOTHERAPY	REFERENCE #3073
DEPARTMENT: INFUSION THERAPY SERVICES	PAGE: 1 OF: 2
APPROVED BY:	EFFECTIVE: REVISED:

**POLICY:**

Clients receiving chemotherapy at home will be monitored to prevent toxicity and to make sure that there is safe and appropriate administration in the home.

**PROCEDURE:**

- Clinical Assessment and Monitoring:
  - Before beginning home therapy, client data will be collected. Recommended assessment data includes:
    - Diagnosis
    - Current medication profile
    - Current lab work
    - Therapy start date
    - Therapy length
    - Allergies
    - Weight, height and age of client
    - Infusion Therapy Services will determine or confirm BSA calculations, if necessary
  - The initial medication order will be reviewed by the pharmacist for appropriate dosing, duration, drug interactions and allergies. For any changes in dose, duration or monitoring, the medication order is to be reassessed.
  - The pharmacist shall review the laboratory orders for monitoring for appropriateness.
- Plan of Care:
  - A plan of care will be written by the pharmacist identifying drug-related problems, therapeutic goals and a plan for monitoring. The plan will be individualized for each client, and will be based on the client's clinical data, other concomitant medications or infusion therapies. For chemotherapy treatments, the plan of care will consider the combination of medications and their relative dosages. There is no general plan of care for chemotherapy.