Administration of Infusional Vinca Alkaloids

NURSING PROCEDURE

Background

Since 1985 at least 13 patients in the UK have died or been paralysed as a result of the accidental intrathecal administration of Vincristine which was intended for intravenous administration. All Vinca alkaloids may be fatal if given other than intravenously. This local policy, drawing on the national guidance (NHS HDL (2002) 22 and the updates NHS HDL (2004) 30), CEL(2009)21 and CEL(2009)22 sets out the local arrangements to ensure that such tragedies are avoided and intrathecal chemotherapy is safely prescribed, dispensed and administered.

Copies of this policy and the national guidance will be found within the clinical area.

1. The ‘Guidance for the Safe Use of Cytotoxic Chemotherapy’ NHS GG & C (2007) should be adhered to throughout the procedure.

2. Only nurses who have completed an accredited chemotherapy course such as the West of Scotland Chemotherapy Course or both modules of The Robert Gordon University chemotherapy modules can administer vinca alkaloids via the infusional route. Nurses who have completed in-house education, training and clinical competencies may also administer vinca alkaloids via the infusional route.

3. The Chemotherapy Verification Procedure should be adhered to.

4. The cannula must be checked for patency and back flow of blood witnessed before administration. If in any doubt about the integrity of cannula – RECANNULATE.

5. All vinca alkaloids will be given in a 50 ml infusion bag of 0.9% normal saline and allowed to flow freely over 5 – 10 minutes. An infusion pump MUST NOT be used to administer vinca alkaloids.
6. Before administering, run 50ml 0.9% normal saline freely through the cannula, administer vinca alkaloid then flush with a minimum of 250 mls of 0.9% normal saline.

7. The patient must be educated on the signs and symptoms of extravasation and asked to report anything that ‘doesn’t feel right’ immediately.

8. The nurse must remain with the patient during the vinca alkaloid infusion observing the cannulation site/patient/flow rate continually.

9. Once the drug has been administered the nurse should remain with the patient for approximately 3 minutes during flush, in order to allow the remaining drug sitting in the giving set to be administered safely. After that the nurse does not have to stay with the patient whilst the remainder of the flush is infusing but the patient must be reminded to report any signs or symptoms of extravasation immediately.

10. In the event of an extravasation the extravasation guidelines found within the ‘Guidance for the Safe Use of Cytotoxic Chemotherapy’ (2007) should be followed.

11. Accurate documentation and reporting of any extravasations is vital. Extravasation incidents relating to vinca alkaloid mini-bags will be monitored and a report sent quarterly to the Chemotherapy Advisory Group.