

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
CHEMO PUMP CARE

MSRM 140117.01.12.18
(D-8/21)

CHEMO PUMP AND TUBING SHOULD BE CHECKED TWICE A DAY

If you need to stop/start the pump for any reason, just have to hold down on the stop/start button for 3-5 seconds. stop the pump prior to turning it off. If the pump has not been stopped, then it will not turn off. To turn off the pump you have to hold down on the stop/start button 3-5 seconds. **DO NOT LOCK THE PUMP.** Most of the time, if the pump says there is any occlusion or the pump is beeping - check and make sure the white clamp on the tubing or the yellow clamps on the port tubing hasn't been accidentally clamped or that the tubing isn't bent.

Subjective Data: _____

Allergies: _____

Chief complaint: _____

Type of Pump: CADD-Legacy Plus Other: _____

REFER TO HEALTH CARE PROVIDER IF: *Health care provider must be called if not on site or if after clinic hours.*

- | | |
|--|---|
| <input type="checkbox"/> Unable to solve pump alarm | <input type="checkbox"/> Unsure if pump is infusing correctly |
| <input type="checkbox"/> Use of chemotherapy spill kit. | <input type="checkbox"/> Any bleeding or bruising that is unusual |
| <input type="checkbox"/> Complaints of overly tired, weak, confused or dizzy | <input type="checkbox"/> Temp greater than 101° F or higher |
| <input type="checkbox"/> Signs and symptoms of infection | <input type="checkbox"/> Reddened or painful feet and or hands |
| <input type="checkbox"/> Unusual or irregular heartbeat | <input type="checkbox"/> Redness, pain or sores in mouth |
| <input type="checkbox"/> Inmate experiencing diarrhea, nausea or vomiting for more than 24 hours | |

Health Care Provider: _____ **Time Notified:** _____ **Orders Received for Treatment:** Yes No

If physical exam is negative for any of the above s/s and/or there is no need for additional medication/treatment, proceed with nursing interventions.

Plan: Interventions: (check all that apply)

- Provided privacy and procedure explained to inmate.
- Hands washed with soap and water. Gloves applied.
- Dressing inspected for drainage/wetness.
- Site inspected for signs and symptoms of infection, tube patency and position.
- Transparent dressing reapplied using aseptic technique (dressing site does not have to be changed unless it becomes soiled or nonocclusive).
- Gloves removed and hands washed.
- Inmate tolerated procedure well.
- Education/Intervention: Avoid dropping or hitting pump, do not place pump in any fluids, place the pump and carrying pack in a resealable, plastic bag while showering, if chemotherapy drug should leak notify medical immediately. Instructed patient to follow-up sick call if experiencing any signs and symptoms that warrant treatment. Inmate verbalizes understanding of instructions.

Plan: Chemo Spills

- Provided privacy and procedure explained to inmate.
- Hands washed with soap and water and use universal precautions (gloves, gown, mask, eye shield)
- Tubing clamped and pump turned off.
- Clothes/linens soiled with the chemotherapy medication is removed and placed in sealed plastic bag for laundry.
- Washed skin thoroughly with soap and water to remove chemo therapy medication.
- Chemo Bio-Wipe Bag opened and 1 gloved hand inserted into the mitt.
- Spilled substance cleaned with the absorbent side of the Chemo Bio-Wipe Bag.
- Bag turned inside out to contain the spilled substance.
- Chemo Bio-Wipe Bag sealed and place in ChemoBloc waste bag.
- Area wash with dishwashing soap laundry soap and warm water using a paper towel.
- Towels placed in ChemoBloc waster bag.
- Bag secured and placed in _____
- Gloves removed and hands washed.
- Infusion clinic notified

Progress Note: _____

Health Care Provider Signature/Credentials: _____ **Date:** _____ **Time:** _____

RN/LPN/CMA Signature/Credentials: _____ **Date:** _____ **Time:** _____

Inmate Name
(Last, First)

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