

Antineoplastic Administration – Tiers One, Two, and Three

Page 1 of 2

Name:	Employee ID #:
Unit:	Title:
PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.	
These skills will be considered complete when all below performance criteria are completed and Page 1 is scanned and emailed to: hs-cppn@ucdavis.edu	

References
[Policy 10001: Safe Handling and Administration of Hazardous Drugs](#)
[Policy 1623: Management of Hazardous Drug Waste and Spills](#)
[Policy 13066: Prevention and Management of Extravasation of Vesicant/Irritant Non-Chemotherapeutic Agents](#)

Instructions: If Tiers Two and Three are completed at separate times:

- When Tier Two criteria are met, scan and send page 1 to CPPN
- When Tier Three criteria are met, use the previously scanned form to document completion and again scan page 1 and send to CPPN

Tier One:	Date of completion:	Verifier Initials:
Completion of antineoplastic provider course offered by ONS or APHON and policy review		
Confirmation of completion via course certificate		
Policy and procedure review – Policies 10001, 1623, 13066 (see “References”)		
Tier Two #DAHS-NSCAATTWO Completion of three supervised antineoplastic administrations, one of which includes an IV push or side-arm vesicant through a central line		
Site:		
Site:		
Site:		
Tier Three #DAHS-NSCAATTHREE Completion of Tier Two and a supervised administration of vesicant administered via peripheral IV		
Site:		

VERIFIER SIGNATURES

Signature and printed name of verifier(s) (preceptor or other verified personnel) who have initialed on this form:

Initial:	Print Name:	Signature:

PRECEPTEE STATEMENT AND SIGNATURE:

I have read and understand the appropriate UC Davis Health Policies/Procedures and/or equipment operations manual, I have demonstrated the ability to perform the verified skills as noted, and I have the knowledge of the resources available to answer questions.

Printed Name	Signature and Date

Scan Page 1 only and email to: hs-cppn@ucdavis.edu

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Page 2 of 2

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Methods of Evaluation: O = Observation V = Verbal		Tier Two			Tier Three
		Administration One	Administration Two	Administration Three	
	Date:				
	Site:				PIV
	Technique:			IV push/ side-arm	IV push/ side-arm
	Vesicant/Non-vesicant:			Vesicant	Vesicant
1. Identifies indication for antineoplastic agent administration					
2. Identifies potential acute side effects or complications associated with the agent					
3. Verifies accurate and current height and weight					
4. Compares current height/weight/BSA to treatment plan height/weight/BSA, to be within 10%					
5. Recalculates dose based on current height/weight/BSA and compares to ordered dose, to be within 10%					
6. Verifies lab results within parameters and pre-treatment requirements are met (e.g., echo, EKG)					
7. Determines irritant/vesicant potential of drug and appropriate IV access					
At time of administration:					
8. Verifies pre-medication(s) administered as ordered					
9. Verifies IV fluid compatibility and patency of IV access by assessing for blood return					
10. Independently verifies Eight Rights of Medication Administration, along with second qualified provider					
11. Verifies appearance and physical integrity of the drug, expiration date and/or time, infusion or drug volume					
12. Dons appropriate PPE, if HD					
13. Verifies rate of administration and correct programmed rate set on infusion pump, if applicable					
14. Completes administration appropriate to ordered route using appropriate precautions					
15. Disposes of items potentially contaminated by HD or waste in appropriate receptacle (i.e., trace in yellow HD waste bin, bulk in black HD waste bin)					
16. Documents administration per policy					
17. Educates patient and/or family of potential infusion side effects and when/what to report to RN, including signs/symptoms of extravasation if drug is an irritant/vesicant, or signs/symptoms of infusion reaction for drug with reaction potential					