



U.S. Department of Veterans Affairs

Veterans Health Administration VA Portland Health Care System

Problem

 Identified need for change in administration of doxorubicin from IV push to IV pump for patients with a central line, due to risk of human error with IV push pace and high nursing time burden.

Introduction

- Doxorubicin is a chemotherapy vesicant that can only be given via IV pump if a central line is present.
- Doxorubicin is traditionally administered by IV push over 45-55 minutes, requiring over an hour of dedicated 1:1 RN time.
- When pushing a vesicant through a central line, there is a higher chance of human error (pushing too fast or too slow) than if the medication is administered by IV pump at a controlled rate.
- Due to the nursing shortage, chemotherapy clinic has been short staffed and is looking for ways to decrease nursing time burden.

References

- "Highlights of Prescribing Information," Doxorubicin Hydrochloride, https://www.drugs.com/pro/doxorubicin. html#s-34093-5
- "Hazardous Drugs," OSHA, http://www.osha.gov/SLTC/hazardousdrug s/index.html

Administration of Doxorubicin via Central Line

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Objectives

- The purpose of this quality improvement project was to change the administration procedure for doxorubicin via central line from IV push to IV pump.
- This change was initiated to increase patient safety, by reducing human error, and increase nurse availability on the unit.



Figure 1: Vials of IV doxorubicin.

Doxorubicin 50mg/m2 = mg in NS 100ml at a rate NTE 4mg/min via pump ONLY if central line. Otherwise, infuse through sidearm of free flowing IV of NS by gravity.



Figure 2: EMR order template for doxorubicin.

Methods

• The Chemotherapy Unit Based Council consulted Pharmacy on what changes can be made to increase patient safety and reduce nursing time burden. • By working with pharmacy, it was determined that doxorubicin can be safely diluted in saline or D5W for

administration via IV pump, if a central line is present.

• This change in IV preparation was introduced to the oncology providers, who suggested updating the ordering templates for this administration method. Education was provided to the chemotherapy nurses who infuse the medication and the oncology providers

who order doxorubicin.

Results

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Discussion

burden.

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• Administration of doxorubicin via IV pump through a central line was implemented in the outpatient chemotherapy clinic in

 The chemotherapy ordering templates that include doxorubicin administration were updated to reflect the change in VAPORHCS. • After 6 months of implementation, there were no patient safety reports and anecdotal improvement in nursing satisfaction with process.

• This nurse led change has improved patient safety and decreased nursing time