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INTRATHECAL CHEMOTHERAPY ADMINISTRATION COMPETENCY ASSESSMENT

This document forms part of the Policy for the Administration of Intrathecal Chemotherapy for the Mater Health Services

Name of doctor _____

Name of Supervisor: _____

Doctors required to administer intrathecal chemotherapy at Mater Health Services will complete a short period of assessment before deemed competent to do so.

- The competency will consist of 2 supervised procedures on 2 separate occasions.
- This form will be completed and counter-signed by the supervisor.
- This form will then be kept with the head of each respective department to create a register of doctors deemed competent to administer intrathecal chemotherapy.

Supervisor will tick box if deemed competent in each area	Tick if YES Dose 1	Tick if YES Dose 2
The Doctor		
Has read and understood the Mater Health Services Policy for the administration of Intrathecal Chemotherapy		
Understands the risks of intrathecal chemotherapy including the fact that inadvertent intrathecal vincristine is invariably fatal.		
Checked platelet count and coagulation profile prior to lumbar puncture		
Checked patient ID by correlating details from the intrathecal chemotherapy with that on the wrist band and/or prescription form		
Checked the chemotherapy with an authorised person immediately prior to administration		
Successfully performed 2 lumbar puncture and with adequate CSF aspiration		
Delivered 2 doses of the intrathecal chemotherapy appropriately		
Signed for the administered dose of intrathecal chemotherapy		
Adequately documented the procedure in the medical record		
Formulated and documented appropriate post lumbar puncture management plan in the medical record		

Supervised intrathecal chemotherapy procedures	Date	Supervisors initials	Comments
1			
2			

I declare that the above named doctor is competent to perform and administer intrathecal chemotherapy unsupervised.

Signature of Doctor being assessed: _____

Signature of Supervisor/Assessor: _____

Date: _____