

NURSING GUIDELINES
INTRAPERITONEAL CHEMOTHERAPY ADMINISTRATION
OHSU—GYNECOLOGIC ONCOLOGY DIVISION

Procedure for administration of IP chemotherapy

1. Place a Foley catheter, prior to initiation of chemotherapy, as stated on the patient's admission orders.
2. Access Port-a-Cath with right angled Huber needle. A 19-20 gauge right angled needle is preferred for optimal flow. May use SQ Lidocaine, when accessing port, for patient's comfort.
3. Place patient on complete bed rest in semi-fowler's position throughout administration of IP chemotherapy. Head of bed must be no higher than 30 degrees to prevent dislocation of right angled needle, and to allow IP fluid to reach the upper abdominal cavity. NOTE: A flat position during infusion may increase pressure on diaphragm, causing respiratory compromise/GI upset in patients receiving IP infusions. If any significant movement of patient occurs during IP infusion, the nurse must assure proper needle positioning is maintained.
4. Consider trying a 1 ½ inch Huber needle, if port seems difficult to access. Some patients have more subcutaneous tissue to penetrate than others, and may require this longer needle length.
5. Place 1 L. NS 0.9% in warm water bath, keeping outer manufacturer wrapping intact for approximately 15 minutes. RATIONALE: Warmed fluid is more comfortable for patient during infusion and decreases the incidence of cramping associated with IP infusions.
6. Prime IV tubing with attached Y port with warmed NS. Attach to right angled needle extension. Infuse 300-500 mL of NS, as rapidly as possible via gravity. RATIONALE: Infusion pumps are never used during IP infusions due to the incidence of needle dislocation from the high pressure of a pump.
7. Observe site of right angled needle for swelling, leakage, or redness. Observe entire abdominal surface for unusual local swelling. Observe patient for complaints of pain, SOB, dyspnea, respiratory distress, and cramping. Stop infusion and notify physician or physician assistant if any of above conditions occurs. RATIONALE: Migration of catheters or dislodging of right angled needle may occur.

8. If no adverse effects noted after completion of NS infusion, attach primed chemotherapeutic agent to free Y connector. Clamp NS infusion line and infuse chemotherapy as rapidly as possible, via gravity. NOTE: IP chemotherapy may take as little as 30 minutes or as long as 2-3 hours to infuse. If infusion takes longer than 3 hours, RN should notify physician or P.A. for troubleshooting.
9. After infusion of chemotherapy is complete, clamp chemotherapy tubing and open NS tubing. Infuse an additional 50-100 mL of NS as rapidly as possible.
10. Flush right angled needle with 10 mL of low strength heparinized saline. De-access Port-a-Cath.
11. After removal of right angled needle, begin turning protocol: reposition patient $\frac{1}{4}$ turn, every 15 minutes, (ie: from side, to back, to other side) for a total of one hour. RATIONALE: Repositioning disperses fluid throughout the peritoneal cavity.
12. Patient may ambulate after turning protocol is complete. May D/C Foley when patient is ambulatory.
13. Document chemotherapy administration according to institutional policy.

Patient Teaching

Patient and family teaching to include:

- a. overview of the intraperitoneal chemotherapy procedure
- b. possible adverse effects from the agents used
- c. activity restriction during IP chemotherapy