INTERNATIONAL SEVEN JOURNAL OF HEALTH
ISSN: 2764-9415

Risk management and patient safety in the administration of antineoplastic drugs

DOI: 10.56238/isevjhv1n4-001t
Receipt of originals: 10/25/2022
Acceptance for publication: 11/25/2022

Sâmela Maria de Oliveira Silva
Nurse Master in Oncology and Hematology
University Hospital Professor Alberto Antunes - HUPAA/UFAL
E- mail: samela.silva@ebserh.gov.br

Thaísa Mirella da Silva
Oncology Nurse Specialist
University Hospital Professor Alberto Antunes- HUPAA/UFAL
E-mail: thaisa.mirella@ebserh.gov.br

Nataniele de Albuquerque
Nurse Specialist in Oncology/Public Health
University Hospital Professor Alberto Antunes - HUPAA/UFAL
E-mail: monitoria_pe@yahoo.com.br

Suzana Maria de Oliveira Costa Meneses
Nurse Specialist in Oncology Nursing
University Hospital Professor Alberto Antunes- HUPAA/UFAL
E-mail: suzaninha_costa@hotmail.com

Clebiana Alves e Silva Diniz
Master's student in gerontology
University Hospital Professor Alberto Antunes- HUPAA/UFAL
E -mail:clebiana31@gmail.com

Tainan de Andrade Rocha
Nurse
Urgent and Emergency Care and ICU
University Hospital Professor Alberto Antunes- HUPAA/UFAL
E-mail: tainan_and_rocha@hotmail.com

Julia Maria Pacheco Lins Magalhães
Nurse Master Health Research
University Hospital Professor Alberto Antunes - HUPAA/UFAL
E-mail: juliapachecolins@hotmail.com

Poliana Silva de Brito
Nurse Specialist in Oncology/Public Health
Hospital das Clínicas de Pernambuco - UFPE
E-mail: polianasb@hotmail.com

INTERNATIONAL SEVEN
JOURNAL OF HEALTH
ISSN: 2764-9415

Manuelle de Araújo Holanda
Master in Hebiatrics Hospital das Clínicas de Pernambuco - UFPE
E-mail: manuelleholanda@hotmail.com

Eliane dos Santos Nunes
Nurse Specialist in Health Services Management
Hospital das Clínicas de Pernambuco- UFPE
E-mail: elianesantosnunes@hotmail.com

ABSTRACT
In Brazil, Patient Safety was established by the Ministry of Health with the implementation of the National Program for Patient Safety through the Ordinance GM/MS No. 529/2013 in order to monitor and prevent harm in health care. Aiming at risk management and safety of cancer patients assisted in the Chemotherapy Outpatient Clinic, we found the need to implement actions that reduce risk, increasing the safety of the service provided. The objective of this work was to report the experience of the implementation of actions in the assistance to oncologic patients undergoing infusion of antineoplastic drugs. This is an experience report from the implementation of actions in the chemotherapy outpatient clinic. Planning was carried out and goals were achieved, such as proper identification of the patient, identification of the bed, and an appropriate place to keep medical records and medications.

Keywords: Patient Safety, Risk Management, Chemotherapy.

1 INTRODUCTION

In Brazil, Patient Safety was established by the Ministry of Health with the implementation of the National Program for Patient Safety through the Ordinance GM/MS No. 529/2013 in order to monitor and prevent damage in health care. The resolution - RDC No. 36 of 2013 establishes the actions for patient safety in health services covering public, private, philanthropic, civil or military services including chemotherapy services (BRASIL, 2013).

The literature points out several causes of health care-related harm, such as lack of training of professionals, inadequate dimensioning, ineffective communication, difficulty in interpersonal relationships, and the leadership's lack of knowledge about the weaknesses and potentialities of their teams (REIS, 2017). It is, therefore, a topic of fundamental importance for health professionals, managers of public institutions, and users/clients/patients.

In this context, aiming at risk management and the safety of cancer patients assisted in the Chemotherapy Outpatient Clinic of a Public Health Institution in Alagoas, we found the need to evaluate the current scenario and implement actions to reduce the risk, increasing the safety of the service provided.

The objective of this work was to report the experience of the implementation of actions in the assistance to cancer patients in infusion of antineoplastic drugs.

2 DEVELOPMENT

This is an experience report based on the implementation of actions in the chemotherapy outpatient clinic of a Public Health Institution in Alagoas.

The chemotherapy outpatient clinic is open from 07:00 to 19:00, from Monday to Friday, except holidays and weekends. An average of 40 patients are scheduled per day, for initiation and follow-up of drug treatment through antineoplastic drugs (chemotherapy), hormone therapy, monoclonal antibodies, marrow stimulating factors, and clinical support medications, when necessary. During the entire drug infusion period, a medical oncologist is in charge and ready to deal with any intercurrence that may eventually occur. Thus, in face of this constant and daily flow, the unquestionable need to offer a treatment with minimal risks, we accept the challenge of providing actions to improve assistance, aiming at risk management and safety for cancer patients undergoing chemotherapy.

The actions addressed were based on the "International Patient Safety Goals", specifically Goal 1 (correctly identify the patient), Goal 2 (improve communication between health professionals), and Goal 3 (improve safety in the prescription, use, and administration of medications). The actions of the National Patient Safety Program articulated with the objectives of the WHO World Alliance, and launched 6 patient safety protocols focused on the problems of higher incidence. They are: Identifying the patient correctly; Improving communication between health professionals; Improving safety in the prescription, use and administration of medications; Ensuring surgery at the correct intervention site, procedure and patient; Sanitizing hands to prevent infections; and reducing the risk of falls and pressure ulcers. These protocols guide professionals in the expansion of patient safety (BRASIL, 2013).

According to Ribeiro (2015), events in one or more stages of the drug administration process (prescription, preparation, dispensing, and administration) can have serious consequences, possibly leading the patient to death. Among the recommendations, the following stand out: chemotherapy prescriptions performed by qualified physicians; elaboration of protocols, preferably computerized, including doses, duration, and objectives of therapy, also including clinical research protocols; preference for electronic prescriptions,... verbal prescriptions of chemotherapy drugs only to interrupt the administration; verify if the prescriptions include: antiemetics, hydration, protective agents and growth factors, when indicated; eliminate the use of abbreviations and include the signature of the professional responsible for the prescription; adjust doses only after prior communication to the patient. (RIBEIRO; 2015)

Such measures and recommendations facilitate the work of the professionals involved,

favoring the reduction of failures between the steps involved in the process of chemotherapy administration, and can be considered effective strategies to be used as a prophylactic form. Thus, aiming at the adequacy of risk management and patient safety in infusion of antineoplastic drugs, improvements were planned and established in the daily practice of the chemotherapy outpatient clinic of a Public Health Institution in Alagoas.

The patients were identified by white wristbands containing their full name, date of birth, and acronym of the chemotherapy protocol. When placing the wristband, the nurse asks the patient to verbalize his or her full name and check the data on the wristband. There is a second check of the patient's wristband before the administration of the pre-chemotherapy and antineoplastic medications, requesting once again that the patient verbalize his or her full name.

The beds are identified with full name and date of birth of the patient being treated and occupying the bed at the time. Antineoplastic drugs are identified with different colored labels than non-chemotherapeutic drugs, containing the patient's full name, date of birth, registration number, drug name, dose, and infusion time; these data are present in the medical prescription, thus ensuring prescription safety.

Niches were positioned above the armchair or bed of the patient in treatment, being kept in this place the patient's chart, plastic container containing the pre and post chemotherapy medications, and chemotherapy drugs. This facilitates the checking and verification of the prescription and medication to be infused, minimizing the risk of medication exchange between patients. Prior to the release of chemotherapy, the prescription and labels are double-checked by the nursing and pharmacy staff. This procedure ensures that the nursing staff can minimize errors in relation to the administration of antineoplastic drugs.

Aiming at the qualification and qualification of the nursing team that works in this area, being primordial the knowledge about drug pharmacokinetics and institutional and research therapeutic protocols, the definition of protocols for cases of extravasation and spillage, and the recording of any intercurrence in medical records; training sessions were scheduled and started at the chemotherapy clinic itself, thus facilitating everyone's participation; being also stimulated the continuation and diligence in the reception and nursing consultation to the oncologic patient under chemotherapy treatment.

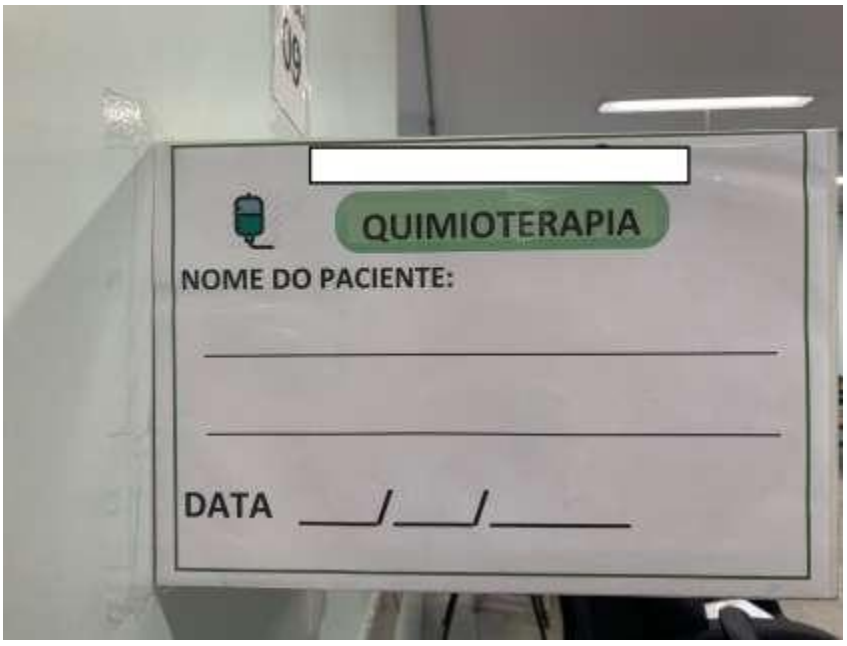
Figure 1 - Identification bracelet

Source: Own (2021)

Figure 2 and 3 - Niches and Armchair Identification

Source: Own (2021)

Figure 4 - Identification of Niches



Source: Own (2021)

3 CONCLUSION

Given the reality experienced and the need to intervene to improve risk management and patient safety in the chemotherapy outpatient clinic of a public health institution in Alagoas, plans were made and goals achieved, such as proper identification of the patient, identification of the bed, a suitable place for keeping medical records and medications, on-site training for the team, encouragement in the practice of flows, reception, and nursing consultation.

It is necessary to reduce the risks of highly complex and multidisciplinary environments such as oncology, and we were able to experience and prove that with decision, determination, small and constant changes, it is possible to act based on the principles of risk management and patient safety.

REFERENCES

Karina da silva aguiar, jamile machado dos santos, mônica cristina cambrussi, solane picolotto, marcela bechara carneiro. Patient safety and the value of pharmaceutical intervention in a cancer hospital segurança do paciente e o valor da intervenção farmacêutica em um hospital oncológico https://www.scielo.br/j/eins/a/zppshmsx9tcjytt3yzqmxsp/?lang=en

Ribeiro t dos s, santos vo. Segurança do paciente na administração de quimioterapia antineoplásica: uma revisão integrativa. Rev. Bras. Cancerol. [internet]. 30º de junho de 2015 [citado 13º de outubro de 2021];61(2):145-53. Disponível em: https://rbc.inca.gov.br/revista/index.php/revista/article/view/554

Bonassa ema, gato mir, mota mls, molina p. Conceitos gerais em quimioterapia antineoplásica. In: bonassa ema, gato mir. Terapêutica oncológica para enfermeiros e farmacêuticos . 4ª ed. São paulo: atheneu; 2012.

Suzana maria de oliveira costa meneses, fabíola tatianna bezerra amorim, jussara de lucena alves, sâmela maria de oliveira silva, alda galdino dos santos. Segurança

Do paciente na administração de quimioterápico. Gep news, maceió, v.1, n.1, p. 178-184, jan./mar. 2018

Brasil. Portaria n. 529, de 1º de abril de 2013: institui o programa nacional de segurança do paciente (pnsp) [online]. Brasília (df): ministério da saúde; 2013 [acesso 2017 out 05b]. Disponível em: http:// bvsms.saude.gov.br/bvs/saudelegis/gm/2013/ prt0529_01_04_2013.html

Conselho federal de farmácia. Resolução nº 565, de 6 de dezembro de 2012.