**Chapter B6 – Chemotherapy Service**

1. **Basic Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Service |  | | |
| Location of Service |  | | |
| Scope of Service |  | | |
| ***For In-patient Service*** | | |
| Number of in-patient beds | |  |
| Age limit of patients | |  |
| ***For Day Centre*** | | |
| Operating hours of the service | |  |
| Number of day beds | |  |
| Number of day chairs | |  |
| Age limit of patients | |  |

Please indicate whether the following anaesthetic procedures will be provided:

|  |  |
| --- | --- |
| **Anaesthetic procedures** | **If yes, please indicate location** |
| General anaesthesia Yes  No |  |
| Major regional anaesthesia  Yes  No |  |
| Deep sedation Yes  No |  |

1. **Medical Practitioner-in-charge**

|  |  |
| --- | --- |
| Name in English |  |
| Name in Chinese |  |
| Post Title |  |
| Qualifications |  |

1. **Nurse-in-charge**

|  |  |
| --- | --- |
| Name in English |  |
| Name in Chinese |  |
| Post Title |  |
| Qualifications |  |

1. **Staffing** 
   1. Manpower\* (including the Nurse-in-charge)

|  | **Rank** | **No.** |
| --- | --- | --- |
| Resident medical practitioner |  |  |
|  |  |  |
| Nurse |  |  |
|  |  |  |
| Others | HCA |  |
|  |  |  |
|  |  |  |

*\* “Proposed manpower” for new hospital*

* 1. Other requirement

|  |  |
| --- | --- |
| 1. Chemotherapy services are provided under the direction of a specialist | Choose an item. |
| 1. A registered nurse who has been trained in the practice of oncology nursing is available at all times as the duty nurse-in-charge to supervise nursing care of the service | Choose an item. |
| 1. Nurses who have received relevant training are assigned to provide care and support to the patient | Choose an item. |

1. **Critical or Major Equipment** 
   1. Equipment list

| **Type of equipment** | **Quantity** | **Schedule of maintenance as per the manufacturer’s recommendation** | **Date of last service / maintenance#** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*# Not applicable for new hospital*

* 1. Other requirements

|  |  |
| --- | --- |
| 1. Equipment is readily available to manage emergencies including anaphylaxis, extravasation, cardiac arrest and spillage of cytotoxic drugs | Choose an item. |
| 1. All equipment is installed, operated, maintained and calibrated according to manufacturer’s recommendation | Choose an item. |
| 1. There are operating manuals and procedures for use of equipment | Choose an item. |
| 1. There are procedures and schedules for cleaning, disinfection and decontamination of equipment | Choose an item. |
| 1. Staff using equipment have completed training in the safe and proper use of the equipment | Choose an item. |
| 1. There is preventive maintenance schedule established for all critical or major equipment | Choose an item. |

1. **Service Delivery and Care Process**

|  |  |
| --- | --- |
| 1. There are written policies and procedures for the following: |  |
| 1. obtaining written consent from patient before commencement of chemotherapy | Choose an item. |
| 1. precautions for the preparation of cytotoxic drugs | Choose an item. |
| 1. administration of cytotoxic drugs | Choose an item. |
| 1. prevention and treatment of complications arising from chemotherapy | Choose an item. |
| 1. giving advice to patients on side effects or complications | Choose an item. |
| 1. use, handling, storage and disposal of chemotherapeutic agents | Choose an item. |
| 1. handling of body wastes | Choose an item. |
| 1. dealing with spillage or accidental contamination | Choose an item. |
| 1. managing emergencies including anaphylaxis, extravasation and cardiac arrest | Choose an item. |
| 1. If the service is operated by a separate entity in the hospital, mechanism exists to monitor the quality of services provided by the entity | Choose an item. |