Providing chemotherapy for patients in a variety of settings may be a challenge for oncology nurses. Increased acuity and comorbidities of patients needing chemotherapy have resulted in a greater incidence of administration in nononcology settings, such as intensive care units (ICUs). In addition, patients with conditions other than cancer are receiving chemotherapy. Because of a lack of certified and experienced chemotherapy nurses in the ICU, oncology nurses may be pulled from their unit to administer chemotherapy. Another possibility is that nonchemotherapy-certified nurses may be asked to administer chemotherapy. Caring for patients receiving chemotherapy may be stressful for nononcology nurses because of their lack of knowledge regarding chemotherapy precautions and the management of side effects and toxicities. Not only is coordination and cooperation between nursing personnel vital, certified oncology nurses must be able to assess the situation, provide the necessary information and education, and safely administer the chemotherapy. This article describes a case study and provides suggestions for planning in similar situations.

Case Study

D.B., a 46-year-old woman, was admitted to the ICU with acute SLE nephritis. The day following her admission, the nephrologist ordered a dose of cyclophosphamide to be given over four hours following plasmapheresis. The oncology unit was notified and one of the oncology nurses went to the ICU to evaluate the situation and determine, along with the ICU nurse, the best course of care. When the oncology nurse went to the ICU, D.B. was undergoing plasmapheresis. The nurses and pharmacist chose a time to administer the chemotherapy. Then, the nurses and pharmacist chose a time to administer the chemotherapy. Then, the nurses and pharmacist chose a time to administer the chemotherapy.

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Digital Object Identifier: 10.1188/11.CJON.433-435