

Are Patients on Oral Chemotherapy in Your Practice Setting Safe?

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The use of oral chemotherapy is expected to more than double in the next several years. With the increase in use of oral chemotherapy and in patient responsibility, the role of the oncology nurse must change to ensure proper management. Nurses must teach patients how to correctly and safely take oral chemotherapy, help manage side effects, and research and monitor complications such as medication and food interactions, cost issues, safety, and patient adherence.

Since 2005, 10 oral chemotherapy medications have been introduced into the market (see Table 1). This trend likely will continue, and the number of available oral chemotherapy medications is expected to more than double in the next several years (Weingart et al., 2008). In fact, 25% of the 400 cancer chemotherapy agents currently in development are oral medications (Bowers, Silberman, & Mortenson, 2002; Moore, 2007; Thomas, Cahill, Mortenson, & Schoenfeldt, 2000; Weingart et al., 2008). The growing use of oral chemotherapy has affected all aspects of oncology profoundly; it has created significant safety and adherence issues and shifted some of the traditional roles and responsibilities of oncologists, nurses, and pharmacists to patients and caregivers (Weingart et al., 2008). The shift in responsibilities has many oncology practice administrators scrambling to find new and better ways of utilizing nursing staff to manage and support patients.

From 1993–2002, 25 deaths and 26 cases of serious injury associated with errors in prescribing or taking oral methotrexate were reported to the National Patient Safety Agency in the United Kingdom. Most of the errors were attributed to patients not receiving sufficient information on how to properly take the medications (Mayor, 2003).

Many people incorrectly believe that oral chemotherapy medications are less toxic than IV chemotherapy medications. Chemotherapy medications, whether oral or IV, typically have a narrow therapeutic index, which places patients taking them at increased risk for harmful effects (Bartel, 2007; Birner, 2003; Griffin, 2003; Weingart et al., 2008). Because oral and IV chemotherapy medications have the potential to cause harm, nurses must be involved in the care of patients receiving either form. With oral chemotherapy, patients and caregivers must be thoroughly educated and understand the potential dangers associated with taking such medications. Having nurses designated to care for such patients is a way to ensure patient safety during oral chemotherapy treatment. Nurses designated to care for people taking oral chemotherapy can help patients and caregivers understand the importance of adhering to oral chemotherapy regimens, recognize side effects to report immediately, and safely administer and handle oral chemotherapy.

At a Glance

- ◆ Patients taking oral chemotherapy are just as much at risk for harmful side effects as those receiving IV forms.
- ◆ Patient education is the key to successful treatment with oral chemotherapy.
- ◆ Having dedicated nurses caring for patients receiving oral chemotherapy may improve patient safety as well as adherence to oral chemotherapy regimens.

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Nurses who are familiar with the characteristics of various oral chemotherapy medications are in a better position to communicate accurate and detailed patient education that will provide foreseeable benefits of oral therapy while minimizing risks associated with treatment (Birner, 2003). As Moore (2007) wrote, “Oncology nurses are uniquely positioned to step into new roles emphasizing patient and family education and support. Individualized patient support will be vital in providing quality patient and family education as well as side-effect management during oral chemotherapy” (p. 113). Oral chemotherapy requires a significant amount of nursing time for patient education, especially at the beginning of an oral chemotherapy regimen (Weingart et al.,

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