Webster-pak® Community

Dispensing Procedures Manual

Product Code: s153
Webster-pak® Community Dispensing Manual

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Introduction to Webster-pak

Studies in Australia have shown that more than half of people on three or more medications do not take them as prescribed. The cost to the community as a result of a person’s unnecessary admission to a nursing home or hospital due to compliance errors is enormous and preventable.

The Webster-pak is a multi-dose, dose administration aid designed to assist people to correctly take their medication as prescribed. It was developed in response to a need to solve the ongoing problem of poor compliance with medication.

An independent clinical trial\(^1\) has shown the Webster-pak to more than double the rate of compliance with elderly patients. Widespread usage in other areas also supports this improvement. It is suitable for anyone, who is taking routine medication (irrespective of age).

Webstercare aims to;
- Encouraging a safe and responsible attitude towards use of medication
- Minimise the likelihood of under and over use of medication
- Optimise the possible health outcome through appropriate use of medication
- Allow easy monitoring of medication use by a relative or carer

Supply of Webster-pak is totally consistent with the concept of quality use of medicines, for both residential care and home care patients. The Webster-pak makes medication monitoring and medication review a practical and cost effective option for community patients.

With Community Webster-pak the medication profile is printed onto the specially designed header card for laser and Ink Jet printers. A unique low temperature foil, or LoTemp foil is used which makes the sealing process effortless and inexpensive. Community Webster-pak is designed for community use.

Once the pack is complete, the pack itself will serve as an effective complete medication profile as well as a dose administration aid. In the event of an emergency all the information is at hand for the doctor, ambulance officer or hospital staff.

Essential Components for Community Webster-pak

The following materials will be needed prior to starting. Some purchases for example Blisters, Foils and Header cards will be ongoing while other items are generally a one-off purchase.

Folders
The side of the re-usable plastic folder is labelled with the days of the week: Monday at the top of the pack, following through to Sunday at the bottom.

Colour Coding System
- Blue: Regular Weekly medication: Breakfast, Lunch, Dinner, Bedtime
- Pink: Before Food medication
- Orange: Special Drugs or Reducing Dose regimes
- White: PRN ‘When Necessary’ medication
- Yellow: 14 or 28 day dosages in one pack
- Purple: Accountable medication (S8, S4D)
- Green: Antibiotic medication
- Mustard: Warfarin medication
- Black: Low Vision (LV)

Blisters
Through experience we have found that 60-80% of patient medication will fit into the small sized blister. If the dose or tablet size is too large, the next sized blister may be used.

![Blister Images]

Small Concertina Blister
(product code: 780 pack of 500)

Medium Concertina Blister
(product code: 787 pack of 500)

Large Concertina Blister
(product code: 782 pack of 500)

King Concertina Blister
(product code: 790 pack of 250)

Community Webster-pak Header Cards
The Header Card contains the patient information and colour photograph, medication information, the dosage times as well as your pharmacy name and telephone number. All this information can be printed on the Header Card using a laser or ink jet printer together with Webstercare' Medication Management Software (MMS).

The Community Header Cards are available with pre-printed dosage times for Breakfast, Lunch, Dinner and Bedtime.

Blank Header Cards are also available to allow you to tailor dosage times according to individual patient’s medication regimes.
Foil
Due to the fact that printing is not required on the back of the pack, a pre-cut sheet of LoTemp foil (Product Code 366-5) is all you need for sealing a Community Webster-pak. Pre-cut sheets come in packs of 500 sheets and are packaged between thick pieces of cardboard to prevent the sheets from curling.

Webstercare LoTemp foil is designed to seal at a low temperature. This ensures minimal heat, pressure and waiting time required to form an effective seal.

Platen
The Blu-lok™ Platen is a silicon-moulded frame which is used to hold the blister whilst packing the medication. It has cut-out holes matching the Webster-pak blisters. The Blu-lok Platen also has an interlocking feature allowing two or more platens to be secured together for packing more than one Webster-pak.
Sealing Mouse
The Sealing Mouse has been designed specifically for sealing LoTemp foil on the back of Webster-paks. Its ergonomic and compact design offers a flat sealing surface ensuring an even seal for each pack.

Sealing Iron
The Sealing Iron is a ‘dry’ or non-steam iron which can be used as an alternative to the Sealing Mouse to seal LoTemp foil on the back of Webster-paks.

Webstercare Medication Management Software
The Community Webster-pak is available in all versions of the Webstercare Medication Management Software.
Webster-pak is now available in 20 different languages, designed to cater for people whose first language is not English. This enables people from certain non-English speaking backgrounds to read the days of the week and the time of day in their own language to take their medication as prescribed. There are 2 parts: a tailored header card (Community style) for each language and tailored Monday to Sunday labels for each language. Please refer to your Webstercare order form for individual product codes.

Getting Started

It is most important that before you start to pack medication into a Webster-pak you have complete and accurate information. To record this, use the Doctor Order/Patient Medication Profile Form (Product Code 284 – pad of 100 sheets). Exact dosage times and complete profiles of all medication must be recorded and maintained.

It is essential to check this information with the doctor or carer from written documentation supplied by the doctor. It is essential to cross check this information against the prescriptions. You may find discrepancies that will need to be discussed and resolved before commencing. At this time it is opportune to check for any potential drug/drug or drug/disease allergies, interactions or dosage discrepancies and take appropriate action.

Patient Profile

The pharmacist prepares accurate information on all medication and dosages. Doctor Order/Patient Medication Profile Forms are completed from prescriptions. If prescription details are different from other medication records, the pharmacist verifies this information with the doctor, (unless the information was completed by the doctor).

The Doctor Order/Patient Medication Profile Form should be retained and used at all times as your master copy record for each patient’s individual medication profile. This is kept up to date at all times and used for your final check against each finished pack. These profiles are best kept in a ring binder or similar, preferably protected in a plastic sleeve.

All medication should be listed on the Doctor Order/Patient Medication Profile Form, not only those items which are going to be packed into the Webster-pak, but also any other items, such as: liquids, eye drops, ointments, patches, sprays, and ‘when necessary’ medication e.g. Analgesics or sedatives.

Medication ‘Not Suitable for Packing’

Solid dose medication unsuitable for repackaging can be dispensed in their original containers. The header card, where “Also On” or “Non-packed” medication is printed,
is a reference for when non-packed medication should be administered. This gives a complete record of all the medicines a person is taking. Some examples of medicines that may be unsuitable for repackaging include: effervescent tablets, dispersible tablets, buccal tablets, hygroscopic preparations and solid dose cytotoxic preparations.

Complying With PBS Requirements

Medications are dispensed via the PBS in the usual way. Once the dispensing is complete, a record of the dispensed medication for each patient must be maintained. This can be done through the use of the MedsPro® – Virtual Pill Count (VPC)™ system. A record of your patient’s medications is retained in the software. If at any time a patient requests their medications, you have a record of their balance held on their behalf and you can supply at short notice. Alternatively, Integrity bags can be used to store each patient’s medications with the identification similar to “this medication is the property of..........”

Non-packed medication will be dispensed and labelled as normal and supplied as normal eg. Liquids, eye drops, ointments, PRNs.

Complying with other Guidelines

Pharmacists should also refer to the “guidelines for medication management in residential aged care facilities” released by the Australian Pharmaceutical Advisory Council (APAC). Other professional guidelines such as QCPP and PSA should also be taken into consideration.

Packing and Sealing the Community Webster-pak

The Community Webster-pak is a quick and simple way for pharmacies to prepare Webster-paks for community patients. See Appendix A for Community Webster-pak Procedures.

Preparation

The Packing Technician:
- Thoroughly washes hands prior to packing or uses gloves
- Collects the first client’s medication
- Ensures there are plenty of blisters for packing
- Places the medication for the first client on their left. Once they have used the medication, it is placed on their right hand side until packing is complete to assist with workflow.

STEP 1.
Using the Webstercare Medication Management Software print the Community Header Cards.
The front of the header card
On the front of the card you can print the patient’s name and photograph (Client Photo) as well as any other non-packed medication to be administered. You can also print your pharmacy name and contact details.

The back of the header card
You can print the complete patient profile onto the reverse of the Community Header card. Printed on the header card you will see: Patient’s Name, Doctor, Date and a reference to the profile number. When you look at the header card, the bedtime medications are printed on the left hand side. Dinner, lunch and breakfast follow through to the right hand side. The drug name, strength, dosage and description will be printed.

The Drug Dose Information will be printed upside down on the flat card. However, when this card is folded, the information will appear the right way up. The drug dose information will be visible through the back window of the folder. See Figure 4 below.
STEP 2.
Place a blister sheet in the platen. One end of the blister sheet has a notch cut out. This goes to the bottom (i.e., the end nearest you). The wide edge of the platen is at the top. You will also notice that the "Breakfast" blister is slightly wider than the other compartments. This goes to the right hand side. This breakfast blister also has a wider edge adjacent to it. If your blister is correctly aligned it will fit snugly into the platen.

Fold the header card so you can read the profile as you pack. Place the front of the header card under the top lip of the blister. See Figure 5 below.

![Figure 5- Printed Header card with blister in platen.](image)

STEP 3.
Fill the blister sheet with medication following the medication profile on the header card. Pack the blister sheet from the right side across to the left. Breakfast is on the right, bedtime on the left. See Figure 6 below.

![Figure 6- Filling the Blister sheet with medication corresponding with the header card.](image)

IMPORTANT: You are packing the blister sheet from the right side across to the left. Breakfast is on the right, bedtime on the left. It is back to front in packing.
STEP 4.
Place the foil on top of the blister sheet. To line up the foil correctly, line up the bottom left hand corner of the foil with the bottom left hand corner of the blister. Seal the foil using an iron on low heat ("wool" setting), to the blister sheet and header card. The foil will seal to the blister and header card making a single complete pack. To assist the foil sealing to the blister, rub something over the back of the pack to complete the seal, for example, a white board duster.

You must DOUBLE CHECK for accuracy before sealing the foil to the back of the blister.

Make sure the profile of the medication on the back of the header card corresponds with the appropriate blister.

Make sure you run the iron over the complete pack and around all the edges, also particularly where the blister meets the header card. The portion of the header card with the patient profile folds over the sealed foil and blister. See figure 7 below. The foil will seal to the blister and header making a single complete pack. The sealing process actually occurs when the foil is cooling down. To assist the foil sealing to the blister, rub something over the back of the pack to complete the seal eg. white board duster.

NOTE: You get a better seal by applying pressure when cooling rather than applying more heat and no pressure. For this reason, it is important to rub the foil as it cools to maximize foil/blister contact. See Appendix B for Foil Sealing Techniques.

Once the pack has been sealed, it can be placed into the plastic folders for checking.
The Final Check

The minimum checking process recommended should be at least a double check:

1. The pack is checked before sealing by the packing technician (person who packs the Webster-pak), by checking the contents of each blister against the header card. This is done from the rear of the pack. Sign the “Tech” QA sig box on the front of the header card to confirm the pack has been checked.

2. The sealed and labelled pack is then double-checked from the front by the packing technician, they then sign the top box in the QA signature box (see right) and the pack is passed over to the pharmacist. This back to front and front to back checking process removes the probability of human error. The original dispensed packs are always available to verify the identity of the medications packed.

3. The pharmacist then does a final audit of the pack against the master patient profile. The pack is then signed in the QA signature box by the pharmacist.

![Image]

Figure 8- The final check is conducted against the hard copy Profile.

Keep these profiles in a folder. Keep them neat and well organised and up to date at all times. Always make sure there is enough information so that another pharmacist can easily prepare packs if the regular pharmacist is not available. Changes can be communicated directly by the doctor, and/or by means of a written prescription or by other written authorisation such as a medication chart. Keeping this documentation on record ensures there is always a legal communication process.
Having the Prescriptions When Needed

To comply with the PBS regulations you must ensure that prescriptions are available at the time of dispensing. It is unacceptable and illegal for there to be owing prescriptions unless in the case of an emergency order from the doctor. The Webster-pak makes it far easier for you to get prescriptions when you need them because you know exactly how much medication is on hand at any time.

Depending on the normal response time and visiting patterns of the doctors, you need to order prescriptions in advance of them being required. This is very simple with the Webster-pak. You can tell at any time how much of any medication is left in any original pack or bottle. Once this gets down say for example between 1 and 2 weeks supply, you may need a new prescription.

Re-Ordering Medication

Re-Ordering medication is simple using the blue Pharmacy Order Sheet (Product Code 477) and Thermal Re-Order Labels. During the packing process, if less than one-week’s supply of a medication remains, remove the label’s lift-off tab and apply to the Order Sheet. Alternatively, orders can be handwritten onto the Order Sheet.

The Pharmacy Order Sheet can then be actioned by either dispensing medication from an existing prescription, or sending a letter to the doctor informing them of the need for a new prescription.

What About Dosage Changes?

In a community setting a complete new pack may be supplied each time there is a change. The previous pack used must be returned to the pharmacy.

What If The Patient Needs More Than One Pack?

There are a few occasions where a second pack may be required;
- A patient may have too many medications to fit into one blister compartment
- There are too many medications in the one compartment making it hard to check the pack
A patient may have more than four dosage times per day
Once a second pack is prepared, attach them together with a split ring eg. shower curtain ring or similar device.

For More Information
Your success with Webster-pak depends on you understanding the procedures involved. Please feel free to contact us at any time if you need further assistance or advice on Free Call 1800 244 358.

References
PSA standard 7:
APRAH guidelines on specialised supply of medicines:
QCPP guidelines:
Safe use of oral cytotoxic medicines:
Using the Webstercare® Medication Management Software (MMS), print the Webster-pak® Community header cards.

Place an empty blister sheet into a Blu-Lok™ platen. Fold the header card so the profile faces you and place it under the lip of the blister sheet.

Pack the medications into the blister sheet as per the medication profile printed on the header card as a guide. Check for accuracy before sealing.

Align a sheet of low-temp pre-cut foil over the back of the blister sheet. The foil should overlap the header card by approximately 1cm. Seal the foil to the blister sheet.

The packing technician checks the sealed pack and signs the square ‘TECH’ box to confirm packing accuracy.

The pharmacist checks the pack against the hard copy medication profile. After placing the sealed pack into a Webster-pak folder, the pharmacist signs the ‘PHARM’ box on the completed pack to confirm that it has been audited.
Webstercare® Sealing Techniques

Webstercare® low temp foil is specifically designed to seal at a low temperature. This ensures minimal heat, pressure and waiting time is required to form an effective seal.

1. Turn the iron on and adjust temperature to a mid range setting. The Webstercare Sealing Mouse™ is recommended for use or a ‘Dry Iron’ (non-steam iron).

2. Place the blister sheet in the Blu-Lok™ platen and pack medication.

3. Align the foil (shiny side down) against the back of the filled blister sheet, holding it in position.

4. Press the Sealing Mouse or iron against the top right corner to secure the foil in position.

5. Run the Sealing Mouse or iron in a sweeping motion across the foil backing making contact with all areas of the foil.

6. Immediately after the foil has been warmed, apply light pressure to the foil by rubbing with a white board duster. If rubbing by hand, wait a few seconds for foil to cool to the touch.

7. Remove the sealed pack from the platen and lay the pack blister face down.

If you have any questions please call our Customer Service Team Ph: 1800 244 358

Handy Hint

Apply pressure when cooling to maximise foil/blister contact, rather than more heat and no pressure.
Safe use of oral cytotoxic medicines

SUMMARY
The oral route is increasingly used to administer cytotoxic therapy for cancer and non-cancer conditions.

Oral cytotoxic therapy carries the same risk of medication errors as parenteral therapy.

It is essential that health professionals involved in providing oral cytotoxic therapies understand how they are used, what adverse effects can occur and how to minimise medication errors.

Introduction
Oral administration of cytotoxic therapy has increased over the past decade as newer drugs and formulations have become available (see Table).

Cytotoxic chemotherapy is not restricted to cancer. Conditions including rheumatoid arthritis, psoriasis and other autoimmune diseases may be managed using oral medicines such as methotrexate.

The pros and cons of oral cytotoxic therapy
The oral route offers many advantages over the parenteral route of administration. Medicines can be administered in the community, without the need for venous access, and fewer visits to the hospital are needed.

While self-administration at home is convenient for both patients and carers, it can present a risk for the patient. Adverse effects can go undetected unless appropriate steps are in place to monitor the patient.

Cytotoxic chemotherapy has a narrow therapeutic index and a small increase in dose can result in toxic effects, while under-dosing can lead to failure of therapy. Serious toxicities and fatal outcomes have occurred as a result of incorrect prescribing and dispensing as well as patient misinterpretation of dosing instructions.1–6

Responsibilities of the healthcare team
The safe delivery of oral cytotoxic therapy requires a multidisciplinary approach. Patients may be managed under shared-care arrangements between hospital specialists, general practitioners and community pharmacies.

All health professionals involved should:

- have appropriate training and skills in the use of cytotoxic chemotherapy and cancer care, when therapy is being used in this context
- seek advice from a practitioner experienced in cytotoxic chemotherapy when required
- follow the principles of safe medication practices for oral cytotoxic medicines.

All patients should have a treatment plan. This is completed by the specialist who initiates the treatment and should be given to the patient and all the healthcare professionals involved in their treatment. It is important that the patient has the plan with them if they see a different doctor, for instance in an emergency.

For the treatment plan to be useful, it should be explicit about:

- the patient’s diagnosis
- the name of the chemotherapy protocol or specific cytotoxic medicine
- the expected number of cycles and the intended duration of treatment
- other adjuvant or concurrent treatments the patient is receiving (for example radiation therapy or surgery for cancer patients)
- expected adverse effects and their management.

Prescribing
Prescriptions for oral cytotoxic therapy should be clear and unambiguous. The term ‘as directed’ must not be used regardless of how long the patient has been on the therapy.

Table Oral cytotoxic medicines

<table>
<thead>
<tr>
<th>Drug class</th>
<th>Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alkylation agents</td>
<td>busulfan, chlorambucil, cyclophosphamide*, lomustine, melphalan, procarbazine, temozolomide</td>
</tr>
<tr>
<td>Anthracyclines</td>
<td>idarubicin</td>
</tr>
<tr>
<td>Antimetabolites</td>
<td>capecitabine, fludarabine, hydroxyurea*, mercaptopurine*, methotrexate*, thioguanine</td>
</tr>
<tr>
<td>Podophyllotoxins</td>
<td>etoposide</td>
</tr>
<tr>
<td>Vinca alkaloids</td>
<td>vinorelbine</td>
</tr>
</tbody>
</table>

* currently used for both cancer and non-cancer indications
Prescriptions should specify:

- the generic drug name, number of tablets to be taken and frequency and duration of therapy (written in full)
- whether the medicine is given on a cyclical or continuous basis. For example, capecitabine is frequently administered for 14 days of a 21-day cycle while temozolomide may be administered for 5 days of a 28-day cycle. The start and stop dates for a cycle should be clear.
- the day on which tablets should be taken. For example, methotrexate is most commonly given as a once-weekly dose (Box). Fatal errors have occurred when methotrexate has been prescribed to be taken daily or when the incorrect strength of tablets has been prescribed. Wherever possible the quantity prescribed should be the quantity needed for one cycle (cancer chemotherapy) or one month (for example methotrexate for rheumatoid arthritis). Preferably, repeat prescriptions should not be issued as doses may change according to adverse effects and therapeutic response. If a repeat prescription is issued within the Pharmaceutical Benefits Scheme regulations, the patient should be directed to destroy any repeats or return them to the prescriber if treatment is changed or stopped.

Patients should always be advised on the action to take should they experience an adverse event – for example severe diarrhoea with capecitabine requires immediate cessation of therapy. Patients should be given the name of an accessible healthcare contact they can speak to regarding any concerns.

**Dispensing and supplying oral cytotoxic treatment**

The dispensing of oral cytotoxic therapy includes verification of the prescription for the patient and their condition, and appropriate supply in a safe and timely manner. For cancer chemotherapy the pharmacist should have access to the treatment plan, the chemotherapy protocol and relevant patient parameters including height and weight and recent laboratory results. The pharmacist should ensure that the relevant supportive medicine has been prescribed or is available to the patient.

Interactions between chemotherapy, other prescribed drugs, and over-the-counter and complementary medicines can cause changes in the efficacy and safety of oral chemotherapy. For example, analgesic doses of aspirin and non-steroidal anti-inflammatory drugs can increase the toxicity of methotrexate when they are used with cancer therapy. Low-dose aspirin can be used with weekly methotrexate. The risk associated with lower doses of methotrexate used in rheumatoid arthritis therapy is much less. Conversely cytotoxic chemotherapy can alter the effectiveness of other drugs. For example, capecitabine significantly reduces the metabolism of warfarin, increasing its anticoagulant effect. A complete medication history should be taken from the patient or carer before dispensing a prescription and potential interactions should be discussed.

If a dose administration aid (for example a Webster-pak) is required by the patient, then oral cytotoxics must be packed separately from the patient’s non-cytotoxic medicines.

**Medicine labelling**

The labelling of oral cytotoxic therapy should clearly state the dose and the number of tablets to be taken. The label for weekly dosing for medicines such as methotrexate and vinorelbine should include the term ‘once a week’ and specify the day the dose should be taken. Cytotoxic chemotherapy can be carcinogenic, mutagenic and teratogenic. A warning sticker should be placed on all containers of cytotoxic chemotherapy tablets and capsules, in accordance with local health
and safety policy. An adhesive purple sticker with the wording ‘cytotoxic, handle with care’ is recommended. A warning label must be placed on administration aid packs that identify the contents as cytotoxic. Oral cytotoxic tablets and capsules should not be broken or crushed as this can increase the risk of exposure and alter the bioavailability of the medicine.

Information for the patient

Patient information is paramount to support the safe use of oral cytotoxic therapy. Patients should be given verbal and written information that includes dose instructions (when the medicine should be taken and if it is required to be taken before or after food), adverse effects and safe storage instructions. Some oral cytotoxic medicines need to be stored securely in a refrigerator, for example chlorambucil and melphalan.

Patients should be advised that oral cytotoxic medicine should only be taken out of the dispensed packaging immediately before a dose. To minimise exposure of carers and family members to cytotoxic medicines, patients should be advised that self-administration is preferable. If administration by a carer is required then disposable gloves should be worn. Unused tablets must be returned to the local pharmacy or original supplier and not disposed of at home.

The intermittent, cyclical treatment that is characteristic of many cancer chemotherapy protocols is difficult for some patients to understand and they may misinterpret instructions. Medication guides, patient calendars and dose administration aids are often useful to help patients follow complex dose regimens, particularly those on multiple medicines. Adherence to oral therapy is important to maximise the benefits and reduce the risks of treatment. This should be discussed with the patient.

If appropriate, Consumer Medicine Information leaflets should be given to patients, however the context in which cytotoxic chemotherapy is used often limits their suitability. Patient information leaflets on many of the commonly used cancer chemotherapy protocols can be found on the eviQ Cancer Treatments Online website. This website also provides information about how to safely take oral chemotherapy treatments at home.* The Australian Rheumatology Association provides patient information on drugs such as methotrexate and cyclophosphamide.

Identifying and managing adverse effects

Cytotoxic chemotherapy causes many adverse effects such as nausea, vomiting, bone marrow suppression, stomatitis, diarrhoea, hand-foot syndrome, peripheral and central neurotoxicity, renal and liver dysfunction and hair loss. The effects require careful monitoring, and supportive therapies may be needed to minimise them. Antiemetics should be prescribed according to the emetic potential of the chemotherapy. Nausea and vomiting can continue for several days after a dose of chemotherapy and the duration of antiemetic therapy should take this into consideration. Guidelines exist for prescribing antiemetics with cancer chemotherapy. Blood counts need to be frequently checked with cytotoxic therapy. Patient monitoring, including laboratory tests and the parameters for initiating the next cycle of chemotherapy, should be clearly defined in the protocol or treatment plan. For example, a neutrophil count of greater than 1 x 10⁹ is usually required for a cycle of cancer chemotherapy to proceed.

Particular care should be taken with patients when the cytotoxic therapy is taken continuously, for example cyclophosphamide or chlorambucil, as severe myelosuppression can develop. Cytotoxic chemotherapy can adversely affect liver and renal function and these should be monitored before each course of therapy.

Live vaccines are contraindicated in patients with impaired immune function which includes those receiving oral cytotoxic therapy. These vaccinations should usually be delayed until at least six months after the completion of any chemotherapy. Inactivated vaccines are generally safe, but patients may have a diminished immune response to the vaccine. The influenza vaccine should be administered before each influenza season and pneumococcal vaccine should be considered before starting therapy.

Recommendations

Despite the convenience that oral cytotoxic therapy offers, it carries the same risk of medication errors and adverse effects as parenteral therapy. Oral

Patient information is paramount to support the safe use of oral cytotoxic therapy
Oral cytotoxic medicines have a narrow therapeutic index and monitoring the patient for safety and efficacy is essential. Written and verbal communication with patients and carers is critical for the safe and appropriate use of cytotoxic therapy.

If a patient unknown to the prescriber, pharmacist or healthcare professional presents for oral cytotoxic therapy, the risk of continuing therapy should be balanced against the risk of stopping therapy until a full history and safety checks are done. In many cases delaying therapy for a short time while a full patient review is conducted and laboratory counts are obtained is safer than continuing therapy.

Dr Carrington served on advisory boards for Amgen and Merck Sharp & Dohme and has received honoraria from Roche and Merck Sharp & Dohme for educational presentations.

REFERENCES


FURTHER READING


Dental note

Safe use of oral cytotoxic drugs

The increasing use of oral cytotoxic drugs for non-oncological diseases has resulted in an increased likelihood that dental patients will be taking them. The oral mucosa has a very high cell turnover rate and these drugs will invariably result in thinning of the mucosa, and often, concurrent salivary hypofunction.

These patients are likely to require increased care and, if they have complex dental treatment needs, may require specialist management. Good communication with the treating doctors and appropriate referral where necessary will significantly help these patients.

Michael McCullough
Chair
Therapeutics Committee
Australian Dental Association