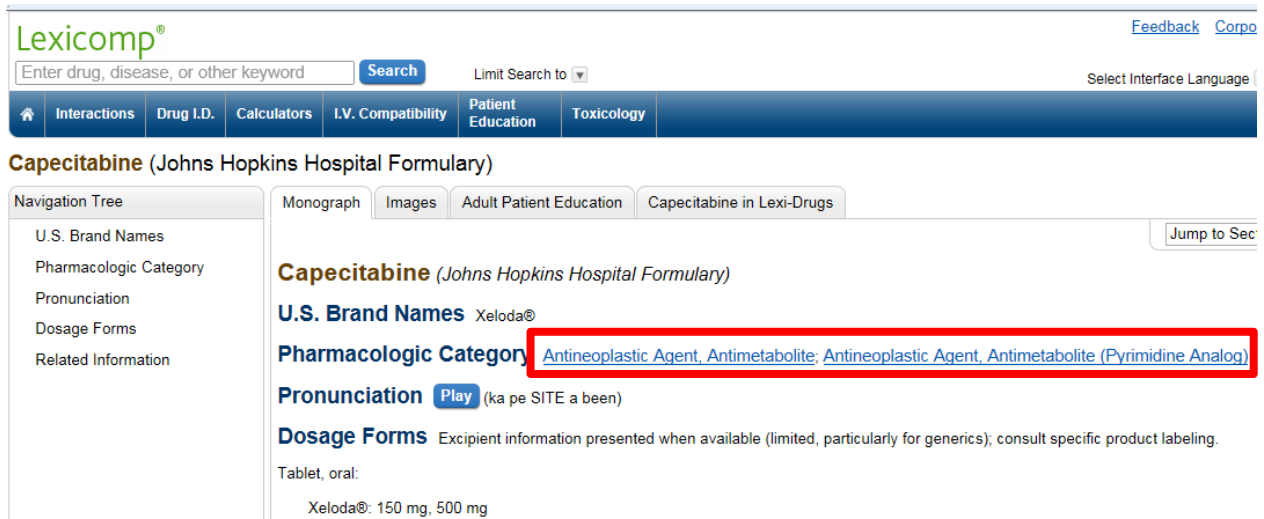


## Oral Chemotherapy in the ED Tips for ED Providers and Nurses

With the ease of ordering patients home medications in EPIC, as well as the increasing availability of oral chemotherapy agents, we have noted an increase in ED orders for continuation of daily maintenance oral chemotherapy. While we recognize that it is important to continue home medications, there are added concerns with chemotherapy about appropriateness of continuation in patients with an acute illness as well as administration precautions that must be followed.

If the pharmacologic category in the [JHH formulary](#) is “Antineoplastic agent”, the medication is considered to be an oral chemotherapy agent. Exceptions to this rule are listed in Appendix A of the [Chemotherapy Policy](#) (MDU001) on HPO. Most of these agents are not on our EPIC preference list.



The screenshot shows the Lexicomp website interface. At the top, there is a search bar with the text "Enter drug, disease, or other keyword" and a "Search" button. Below the search bar, there are navigation tabs for "Interactions", "Drug I.D.", "Calculators", "I.V. Compatibility", "Patient Education", and "Toxicology". The main content area is titled "Capecitabine (Johns Hopkins Hospital Formulary)". On the left, there is a "Navigation Tree" with options: "U.S. Brand Names", "Pharmacologic Category", "Pronunciation", "Dosage Forms", and "Related Information". The "Pharmacologic Category" is highlighted in red and contains the text: "Antineoplastic Agent, Antimetabolite; Antineoplastic Agent, Antimetabolite (Pyrimidine Analog)". Other sections include "U.S. Brand Names" (listing Xeloda®), "Pronunciation" (with a "Play" button and the text "(ka pe SITE a been)"), and "Dosage Forms" (with the text "Excipient information presented when available (limited, particularly for generics); consult specific product labeling."). Below this, it lists "Tablet, oral:" and "Xeloda®: 150 mg, 500 mg".

In speaking with our oncology colleagues, we believe it is appropriate to hold these agents while patients are in our ED. Although patients take these agents daily, holding 1-2 doses is not detrimental to their treatment plan. Additionally, there may be significant drug interactions or lab values that impact a patient’s regimen and may prompt the oncologist to modify therapy.

If a patient is admitted, the decision to continue or hold the medication will be left to their oncologist. If a patient is discharged home, we will need to provide them with instructions to take their chemotherapy at home and call their oncologist to update them on their recent ED visit.

Providers and nurses should provide education to the patient regarding the potential concerns with administration of these agents during any type of illness. We recognize that many of patients may be requesting their oral chemotherapy if they are in EACU or boarding while awaiting admission. Providers and nurses can reinforce this message using some of the examples below:

- While we are evaluating you in the ED, we are also determining if any modifications are needed to your oral chemotherapy. Based on discussions with oncologists at JHH, we are comfortable holding your oral chemotherapy while you are in the ED as we determine if it is safe to continue therapy. Holding one or two doses while you are in the ED will not have an impact on your overall treatment course.
- If you are discharged to your home from the emergency department, you should take your chemotherapy when you return home and then resume your regular schedule. Additionally, you should notify your oncologist of the outcome of your ED visit.
- If you are admitted to the hospital, the admitting team will discuss with JHH oncologists if it is safe to continue your oral chemotherapy.

If you have any questions/ concerns, please contact Mindy or Umbreen via pager (3-2982) or email.