



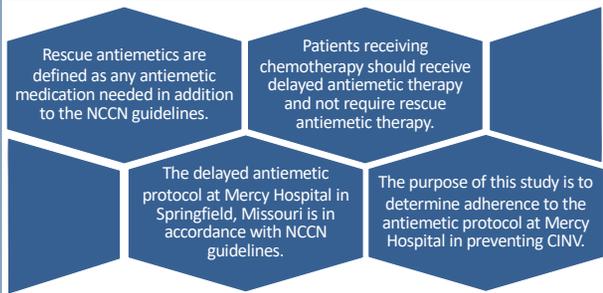
Assessing Adherence to the Antiemetic Therapy Protocol to Prevent Delayed Chemotherapy Induced Nausea and Vomiting in Inpatients Receiving Chemotherapy

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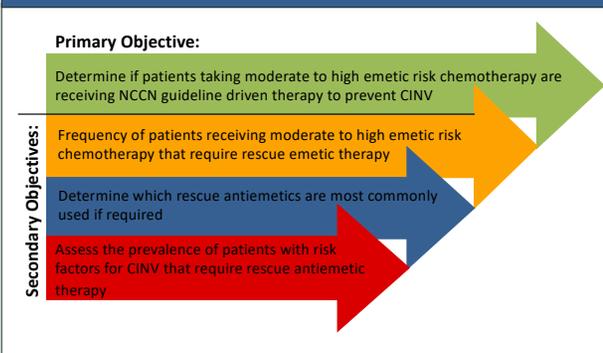
Background

- Chemotherapy-Induced Nausea and Vomiting (CINV) is one of the most feared severe adverse effects associated with chemotherapy.¹
- The National Comprehensive Cancer Network (NCCN) categorizes chemotherapy agents into high, moderate, low and minimal emetic risk and recommends antiemetic regimens based on emetic category.
- There are five different types of CINV: acute, delayed, breakthrough, refractory, and anticipatory.¹
- There are many risk factors which can increase a patient's chances for experiencing nausea and vomiting during chemotherapy, including: female gender, < 50 years-old, and anxiety³.

Introduction & Purpose

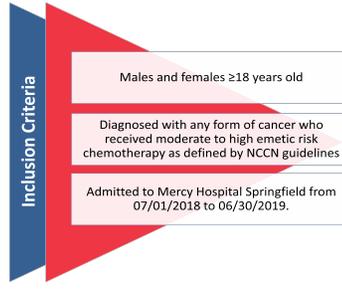


Objectives

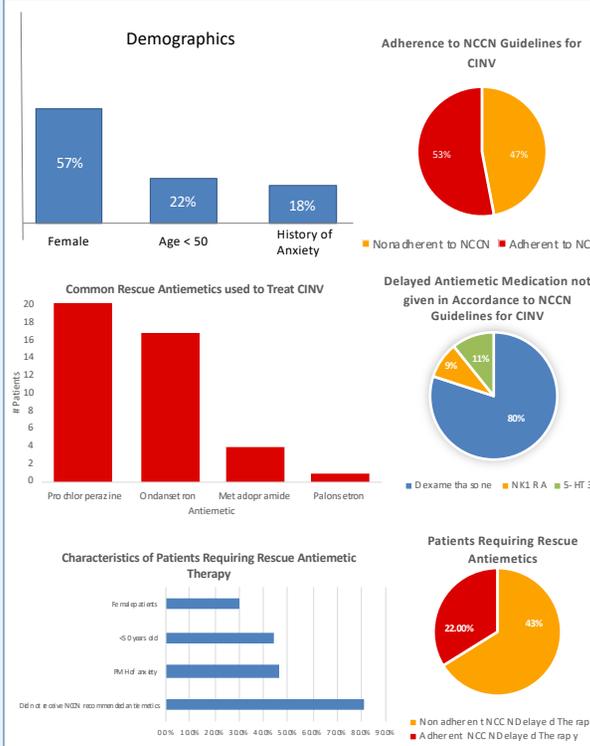


Methods

- A 12-month report of patients receiving moderate to high emetic risk parenteral chemotherapy was reviewed from July 1, 2018 to June 30, 2019.
- Descriptive statistical analysis was completed to determine if Mercy Hospital is adhering to the NCCN guidelines for CINV.



Results



Results Continued

- A total of 84 patient charts from July 1, 2018 to June 30, 2019 were reviewed, and 83 of these met inclusion criteria.
- Of those to meet inclusion criteria, 47 (57%) were female, 18 (22%) were younger than 50 years of age, and 15 (18%) were previously diagnosed with anxiety disorder.
- Of the 83 patients reviewed, 44 (53%) patients received delayed antiemetic therapy in accordance to NCCN guidelines.
- The most common medication omitted from treatment plans that did not follow NCCN guidelines was Dexamethasone on days two through four of highly emetogenic chemotherapy.
- Forty-three percent of patients who did not receive antiemetic therapy for delayed N/V in accordance with NCCN guidelines required rescue antiemetics.
- Only 22% of patients who did receive antiemetic therapy for delayed N/V in accordance with NCCN guidelines required rescue antiemetics.
- Of the 32 patients requiring rescue antiemetic therapy, 13 (41%) had none of the risk factors assessed.
- The most common rescue antiemetic used throughout the study period was Prochlorperazine (31%).

Discussion

Possible factors which may have contributed to the lack of adherence to NCCN guidelines range, including:

- Mercy protocols designed for treatment within outpatient facilities
- Patient specific factors (drug interactions, uncontrolled hyperglycemia, etc.) preventing use of specific antiemetics
- Availability of differing guidelines (ASCO and MASCC) potentially influencing providers decisions
- Variability in emetogenicity of chemotherapy agents based upon dose (some do not consider specific agents highly emetic unless above a certain dose)

Future Direction

Efforts to increase the number of patients treated in accordance to NCCN antiemetic guidelines may include education of nursing staff and revision of the standard premedications for moderate to high emetic risk treatment plans.

Conclusions

This study revealed inconsistencies in prescribing of scheduled antiemetics as premedications for moderate to high risk emetic chemotherapy regimens at Mercy Hospital Springfield. With a greater focus on prevention of delayed CINV by following recommended NCCN guidelines, there would likely be a decrease in the number of patients requiring rescue antiemetics.

Disclosure Statement

None of the authors have any financial or professional conflicts to disclose.

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