

Please fax the complete questionnaire to: +49 (40) 79 14 36 01



## SURVEY ON THE PRODUCTION AND PREPARATION OF CYTOSTATIC DRUGS

Date:

1. Identification of your institution	
Institution:	No. of beds in your hospital (if any):
No. of departments:	No. of beds in your oncological department (if any):
No. of oncological departments:	No. of colleagues in your central cytostatic department:
No. of oncological outpatient departments in your hospital:	No. of oncological physicians your pharmacy cooperates with:

2. Evaluation of your daily cytostatic production		
Top 5 of cytostatic agents you prepare: If possible, product name or chemical name	Is it (please tick):	
	Multi-dose-ampules	Single-dose-ampules
	↓	↓
☉ .....	<input type="checkbox"/>	<input type="checkbox"/>
☉ .....	<input type="checkbox"/>	<input type="checkbox"/>
☉ .....	<input type="checkbox"/>	<input type="checkbox"/>
☉ .....	<input type="checkbox"/>	<input type="checkbox"/>
☉ .....	<input type="checkbox"/>	<input type="checkbox"/>

3. Who prepares the cytostatics?			
Pharmacist	<input type="checkbox"/>	Physician	<input type="checkbox"/>
Nurse	<input type="checkbox"/>	Pharmacy Technician	<input type="checkbox"/>
The preparing personnel absolves a training		yes	<input type="checkbox"/>
		no	<input type="checkbox"/>
The preparing personnel is supervised medically by the company's occupational medicine department		yes	<input type="checkbox"/>
		no	<input type="checkbox"/>
Do you work with standardized guidelines?		yes	<input type="checkbox"/>
		no	<input type="checkbox"/>
If so, on what publications are the guidelines based on?			
☉ general pharmaceutical literature	<input type="checkbox"/>		
☉ QuapoS	<input type="checkbox"/>		
☉ Other	<input type="checkbox"/>		



<b>6. Supportive tools used for the preparation:</b>				
Glas syringe <input type="checkbox"/>	synthetic syringe <input type="checkbox"/>	Luer-Lok syringe <input type="checkbox"/>	with piston barrier <input type="checkbox"/>	
3-part syringe <input type="checkbox"/>	syringe filled with solvent			<input type="checkbox"/>
Chemospikes with hydrophobe air supply filter and fluid filter				<input type="checkbox"/>
Chemospikes with hydrophobe air supply filter without fluid filter				<input type="checkbox"/>
Needle without filter <input type="checkbox"/>	No air supply system			<input type="checkbox"/>
Sterile compresses /swab?		Yes	<input type="checkbox"/>	No <input type="checkbox"/>
At any withdrawal of substance		yes	<input type="checkbox"/>	no <input type="checkbox"/>
At any transfer to another syringe		yes	<input type="checkbox"/>	no <input type="checkbox"/>
Always during resection of air		yes	<input type="checkbox"/>	no <input type="checkbox"/>
The cytostatic application is transported to the patient in a unbreakable, water-resistant and closed box		yes	<input type="checkbox"/>	no <input type="checkbox"/>
unbreakable, water-resistant box		yes	<input type="checkbox"/>	no <input type="checkbox"/>
other box.....		yes	<input type="checkbox"/>	no <input type="checkbox"/>
If an infusion device is delivered together with the cytostatic agent, do you fill the device with				
Saline solution <input type="checkbox"/>	carrier solution <input type="checkbox"/>	cytotxic solution <input type="checkbox"/>		
Who fills?	Person, who prepares the cytostatic agent		<input type="checkbox"/>	
	Nurse at the bed of the patient		<input type="checkbox"/>	
Do you label the product after finishing preparation?		yes	<input type="checkbox"/>	no <input type="checkbox"/>
Do you use a symbol which indicates the danger of the cytostatics?		yes	<input type="checkbox"/>	no <input type="checkbox"/>

<b>7. Spill-Kit</b>			
Is there a Spill-Kit?	yes	<input type="checkbox"/>	no <input type="checkbox"/>
Is the pharmacy involved in the development and care of the set?	yes	<input type="checkbox"/>	no <input type="checkbox"/>
Are accidents being reported in the pharmacy?	yes	<input type="checkbox"/>	no <input type="checkbox"/>

<b>8. Disposal of possibly toxic waste and storage of not emptied cytostatics</b>				
For collection of cytostatic waste we use				
Transport box in combination with a tool for automatic lamination	yes	<input type="checkbox"/>	no <input type="checkbox"/>	
Transport box only	yes	<input type="checkbox"/>	no <input type="checkbox"/>	
Other box	yes	<input type="checkbox"/>	no <input type="checkbox"/>	
For a future use of an opened bottle we				
close the bottle with a plugger, cover and leave the cannula	yes	<input type="checkbox"/>	no <input type="checkbox"/>	
pull out the cannula and replace them when for further use	yes	<input type="checkbox"/>	no <input type="checkbox"/>	
Other (please specify): .....	yes	<input type="checkbox"/>	no <input type="checkbox"/>	
After application of cytostatics to a patient, do you follow a certain procedure for cytostatic waste disposal?		yes	<input type="checkbox"/>	no <input type="checkbox"/>

### 9. Accidents and interferences during preparation

Which accidents / interferences occur most frequently? (multiple answers possible)

- Spill of cytostatics   
Stab wounds at the personnel   
Leak bags or pluggers   
Broken boxes or bottles   
Other

- Are there procedures to be followed in case of accidents? yes  no   
Is there a set for decontamination? yes  no   
Are such accidents being reported? yes  no

### 10. Application of cytostatics to the patient:

Do you recommend the nurse to wash-out the catheter with a physiological saline solution before application of the cytostatics? yes  no

If a central venous catheter is applied, do you recommend the nurses to wash-out the catheter with a physiological saline solution after an intravenous injection or infusion with cytostatics? yes  no

### 11. Dose modification

- Do you modify the dose with a procedure regarding the individual parameters of the patient? yes  no   
Do you take samples to evaluate pharmacokinetic parameters of the patient? yes  no

### 12. Ambulante Pflege

- Do you cooperate with an institution of ambulatory care? yes  no   
  
If so, is it an institution of  
Home care yes  no   
Palliative care yes  no   
Institution of the hospice movement yes  no   
Do you have a named contact? yes  no

### 13. Quality management system

- Do you have a QMS implemented in your pharmacy? yes  no   
If so, is it the  
Certification of preparation of cytostatics by the QuapoS (DGOP) yes  no   
Certification of regional authority, incl. the preparation of cytostatics yes  no   
Certificateion by an external company, incl. Preparation of cytostatics yes  no   
If not, do you plan to start with QMS? yes  no

<b>14. Cooperation with institutions actively involved in oncological therapies</b>		
Is there a detailed description of medical processes and / or processes of care in the oncological department of the institution you cooperate with?	yes <input type="checkbox"/>	no <input type="checkbox"/>
Are pharmacists or other clerks of the pharmacy involved at the development of such processes?	yes <input type="checkbox"/>	no <input type="checkbox"/>
Are pharmacists involved in the pharmaceutical care of oncological patients, resp. part of the oncological team?	yes <input type="checkbox"/>	no <input type="checkbox"/>
Does your pharmacy organize or escort clinical trials in oncology?	yes <input type="checkbox"/>	no <input type="checkbox"/>

<b>15. Your recommendation for improvements in the safety of personnel preparing cytostatic drugs:</b>

<b>16. Which institutions or persons appear relevant to you regarding the further development of quality standards and directives for workplace-safety in the preparation of cytostatic drugs?</b>

