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Role of oncological nursing in stroke of antineoplastic drugs

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ABSTRACT
Exposure to antineoplastic drugs poses a potential risk to the health of professionals who handle, administer and dispose of them. The risk of harmful effects arising from exposure to the cytotoxic properties of antineoplastic agents is not restricted to patients, and health professionals may also experience cellular and clinical changes related to occupational exposure to these substances. Professional exposure can occur at any time during the handling of chemotherapy, whether in preparation, administration or disposal.

Keywords: Spill; Biosafety in Chemotherapy; Oncology Nursing.

1 INTRODUCTION

Spillage is the accidental environmental contamination of cytotoxic drugs (INCA, 2015).

According to Moysés et al (2011), reported extravasation and spillage rates are one of the main quality indicators of a clinical oncology service.

There are several risk factors that contribute to the occurrence of spills. They may be related to inadequate equipment (equips and serums); lack of attention when handling vials with chemotherapy (Qt); not using syringes with a luer-lock nozzle to administer Qt in the side injector of the equipment; forwarding the patient to the bathroom without an IV stand on wheels. (MAIA, 2010)

There is still no definition about an acceptable level of exposure to cytotoxic drugs by regulatory bodies. However, international organizations, such as the National Institute for Occupational Safety and Health (NIOSH) and the Occupational Health and Safety Administration (OSHA), have defined safety measures that aim to reduce the exposure of professionals, in order to minimize risks. These organizations recommend protocols for drug handling, laminar flow cabinets for preparation, closed administration systems, and the use of individual protection items for all exposed professionals. In Brazil, similar biosafety measures were published by the National Health Surveillance Agency (Anvisa) in Resolution RDC 220/200411, which is the first and only legislation published in the country to regulate antineoplastic

therapy services. national, scientific basis that justifies the primordiality of welcoming cancer patients undergoing chemotherapy.

In the event of a spill, some measures must be taken immediately, such as: identifying the type of spill (large spills > 5ml or 5mg); bring the Spill Kit closer; quickly request the presence of the nurse so that all measures are taken; restrict access to the area; arrange for the employee or customer affected by the drug to wash the affected skin or mucous membranes and refer the employee to occupational medicine; put on the PPE`s, remove the patient from the site and start cleaning with soap and water (Note: dry compress first and then with soap and water). Pack the clothes and bottles in suitable and identified containers; identify the drug the client was using, time and spilled volume; inform the pharmacist to assess the need for a new preparation; after the first precautions, spillage must be notified. (INCA, 2008).

2 METHODOLOGY

Bibliographic research carried out in the MEDLINE, PUBMED and LILACS databases, using the keywords spillage, biosafety in chemotherapy and oncology nursing. The review was expanded through other sources, such as references cited in the articles obtained. The review period was from 2008 to 2018. To be selected, the articles had to meet the following criteria: focus on spillage of antineoplastic drugs. Articles that did not address this theme were excluded from the selection.

3 CONCLUSION

The antineoplastic therapy service (STA) must keep a Spill "Kit" identified and available in all areas where manipulation, storage, administration and transport activities are carried out. The Spill Kit must contain, at a minimum, procedure gloves, low permeability apron, absorbent pads, respiratory protection, eye protection, soap, description of the procedure and the form for recording the accident, identified container for collecting waste in accordance with with RDC/ANVISA No. 33, of 02/25/2003.

As previously mentioned, there is still no definition of an acceptable level of exposure to cytotoxic drugs by regulatory bodies. However, there is a consensus regarding the determination that reported extravasation and spillage rates are one of the main quality indicators of a clinical oncology service.

Thus, we can conclude that the best way to avoid spillage and its possible implications for the patient, caregivers and professionals is prevention, obtained through trained professionals, good quality materials, adequate patient and caregiver guidance.

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