


AMBULATORY CARE UNIT
PROCEDURE

CATEGORY: Program Specific
ISSUE DATE: March 28, 2005
SUBJECT: **INTRAVESICLAR INSTILLATION OF
BACILLUS CALINETTE GUERIN (BCG)**

REVISION DATE: January 9, 2024

Page 1 of 3

Document Owner: Nurse Clinician, ACU/Medical Day Care, Endoscopy & Minor Procedures	Name: Paige Dougan
Update Schedule: Every three years, or sooner if required.	
Stakeholder Consultation and Review: Surgical Program Council ACU Utilization Committee Safe Handling of Hazardous Drugs Committee	Date: January 25, 2024 January 23, 2024
Approval: Roch Baronette Administrative Director, Surgical Program 	Date: January 25, 2024

PURPOSE

To ensure the safe delivery, handling, instillation and disposal of Bacillus Calinette Guerin (BCG) by certified registered nurses (RNs) in the Ambulatory Care Unit (ACU).

PROCEDURE

Equipment

- Personal Protective Equipment (PPE) requirements according to Medication Activity Task chart (found on the Hub under Policies & Procedures – Safe Handling of Hazardous Drugs and Waste)
- 1 vial of active product BCG (Onco-Tice)
- 0.9% Normal Saline 50 mL injection as diluent
- Closed System Transfer Device (CSTD) vial spike
- CSTD bag spike
- CSTD syringe connector
- 50mL syringe with luer lock tip
- Hospital approved antiseptic solution
- Red, rigid cytotoxic waste container
- Hazardous Drug Spill Kit (bring to administration area)
- 3 disposable plastic backed absorbent pads
- Catheterization tray
- #14 or #16 sterile red rubber catheter (Foley catheter PRN)
- CSTD extension set with port
- Urojet PRN

CATEGORY: Program Specific

SUBJECT: INTRAVESICULAR INSTILLATION OF BACILLUS CALINETTE GUERIN (BCG)

Special Instructions

- The Hazardous Drug Spill Kit must be readily accessible.
- A specially trained RN may administer BCG.
- Urinalysis and C&S results are needed before each treatment (within 7 days of treatment).
- All orders and results will be checked prior to treatment by the charge or designate.
- Notify the urologist of the following:
 - Patient unwell following previous treatment
 - Positive urinalysis (nitrate positive, bacterial count)
 - Gross hematuria on arrival or during catheterization
 - Traumatic catheterization (BCG **should not be administered**).
 - Treatment should be delayed if there are any signs/symptoms of an allergic reaction.
 - Unusual cough
 - Fever, chills, joint pain, nausea
 - Skin rash or itchiness
 - Yellow eyes or skin

Method

Pre-Procedure

1. Ensure a signed consent has been obtained for the specific treatment being administered
2. Ensure that there is an order from the urologist.
3. Ensure to provide written drug information to the patient and provide education regarding the potential side effects of the medication, and self-care measures to minimize or prevent side effects.
4. Provide emergency instructions (i.e. symptoms to report, where to present).
5. Review urinalysis and notify the ordering urologist of values that do not meet treatment parameters before initiating treatment.
6. Verify that the patient has no issues with continence.
7. Ensure the patient has had no previous allergies or adverse reactions to BCG
8. Immediately prior to administering the drug, two nurses trained to administer HDs will complete an independent double check (IDC) (one must be an RN) of the medication at the point of care to verify right patient using two identifiers (name and DOB) (verify the armband). Also, verify the drug label against the physician's order confirming the following: right drug, right route, right dose, right time, right volume, right rate, and right solution/bag type/filter.
9. If a discrepancy is identified, both nurses will review the information, and reconcile the discrepancy. If the discrepancy is not resolved, a third nurse will conduct an independent double check of each of the elements noted above. If discrepancies persist, the RN caring for the patient will clarify the order(s) with the urologist.
10. Both nurses will sign the medication administration record, with the first initial being that of the nurse completing the double check and the second initials identify the nurse who administered the medication.
11. Ensure cytotoxic waste container is close to the administration area for easy reach/disposal.

Administration – Onco-Tice

1. Perform hand hygiene and don PPE according to Medication Activity Task chart (full-face shield required).
2. Place one absorbent plastic-backed pad underneath the patient's hips. Place the other absorbent pad between the patient's legs.
3. Place another absorbent plastic-backed pad on the mayo stand next to stretcher and prepare the catheter tray on the mayo stand. Add CSTD extension set with port to sterile field.

CATEGORY: Program Specific

SUBJECT: INTRAVESICULAR INSTILLATION OF BACILLUS CALINETTE GUERIN (BCG)

4. Prepare the Onco-Tice at the patient's bedside on a surface covered with a disposable plastic pad, according to the instructions on the reconstitution kit.
5. Using aseptic technique and a CSTD bag spike, withdraw 50mL of Normal Saline diluent with the 50mL syringe with CSTD syringe connector attached
6. Remove the spike protector from the CSTD vial spike and push the vial securely into Onco-Tice medication vial.
7. Reconstitute the medication by injecting 1mL Normal Saline into the vial of active product. Ensure CSTD vial spike silver filter is facing away from you with syringe pointing downwards.
8. Gently swirl the vial until a homogenous suspension is obtained.
9. Draw the suspended active product into the syringe, then back into the vial up to three times to obtain a uniform mixture. While drawing up suspension, ensure CSTD vial spike silver filter is facing towards you with syringe pointing up.
10. Doff second pair of non-sterile nitrile gloves and don sterile gloves over the non-sterile gloves to perform catheterization.
11. Catheterize the patient, ensuring visible urine returns are seen and assessed. Empty patient's bladder. If blood noted, stop the procedure and notify the urologist.
12. Attach the unprimed CSTD extension set port to the catheter.
13. Obtain the prepared medication syringe with CSTD, cleanse with alcohol swab and attach to the patients catheter.
14. Instill the Onco-Tice suspension into the bladder slowly.
15. Once the medication is instilled, remove the catheter with all components attached.
16. Wrap and contain the catheter and all contaminated items in the absorbent plastic-backed pad. Dispose of all equipment and attachments into red rigid cytotoxic waste container.
17. Doff and dispose of all PPE into a red rigid waste container. Remove outer gloves, face shield, gown and inner gloves. Wash hands. Remove N95 mask. Wash hands.
18. If it is the patient's first treatment, patient will remain in the department for 2 hours to void prior to discharge.
19. Apply non-sterile gloves and dispose of used linen into an impermeable linen bag using universal precautions. Doff gloves and perform hand hygiene.
20. When the patient voids prior to discharge (for first treatment patients only), instruct the patient to void in a sitting position, and to NOT flush the toilet.
21. Nurse to don PPE according to Medication Activity Task chart then will pour 2 cups of bleach into the toilet, and let stand for 15 minutes before flushing. Doff PPE and perform hand hygiene.

Administration – Verity

1. Perform hand hygiene and don PPE according to Medication Activity Task chart.
2. Place one absorbent plastic-backed pad underneath the patient's hips. Place the other absorbent pad between the patient's legs.
3. Place another absorbent plastic-backed pad on the mayo stand next to stretcher and prepare the catheter tray on the mayo stand. Add CSTD extension set with port to sterile field.
4. Repeat steps 4-9 from Onco-Tice Administration, with both Verity vials.
5. If catheterization required, doff second pair of non-sterile nitrile gloves.
6. Don sterile gloves over the non-sterile gloves to perform catheterization.
7. Catheterize the patient, ensuring visible urine returns are seen and assessed. Empty patient's bladder. If blood noted, stop the procedure and notify the urologist.
8. Attach the unprimed extension set with CSTD to the end of the patient's catheter.
9. Obtain the prepared medication syringe with CSTD cleanse with alcohol swab and attach to the patients catheter.
10. Instill Verity slowly to prevent bladder spasm.
11. Once the medication is instilled, remove the catheter with all components attached.

CATEGORY: Program Specific

SUBJECT: INTRAVESICULAR INSTILLATION OF BACILLUS CALINETTE GUERIN (BCG)

12. Wrap and contain the catheter and all contaminated items in the absorbent plastic-backed pad. Dispose of all equipment and attachments into red rigid cytotoxic waste container.
13. Doff and dispose of all PPE into a red rigid waste container. Remove outer gloves, face shield, gown and inner gloves. Wash hands. Remove N95 mask. Wash hands.
14. If it is the patient's first treatment, patient will remain in the department for 2 hours to void prior to discharge.
15. Apply non-sterile gloves and dispose of used linen into an impermeable linen bag using universal precautions. Doff gloves and perform hand hygiene.
16. When the patient voids prior to discharge (for first treatment patients only), instruct the patient to void in a sitting position, and to NOT flush the toilet.
17. Nurse to don PPE according to Medication Activity Task chart then will pour 2 cups of bleach into the toilet, and let stand for 15 minutes before flushing. Doff PPE and perform hand hygiene.

Post-Procedure:

1. The patient may be discharged home when stable.
2. Nurse to document administration of medication and patient tolerance of procedure.
3. Provide and review the written patient discharge instructions on after care.
4. Provide patient with follow up appointment, lab requisitions and specimen bottle for next treatment.
5. Remind patient to drop their urine specimen off at the lab in 72 hours.

EDUCATION AND TRAINING

References and Related Documents

K. Kennedy, K. Vu, N. Coakley, J. Daley-Morris, L. Forbes, R. Hartzell, D. Lessels, and the Nursing Guideline Development Group. (2022). Safe Handling of Hazardous Drugs. *Ontario Health, Cancer Care Ontario*. Guideline 16-3 version 3.

Vezina, D. (2020). Administration of Intravesical Chemotherapy in the Ambulatory Care Unit policy. North Bay Regional Health Center.

Olsen, M. LeFebvre, K. Brassil, K. (2019). *Chemotherapy and immunotherapy guidelines and recommendations for practice*. 1st edition. Oncology Nursing Society.

Vahr, S. De Blok, W. Love-Retinger, N. Thoft Jensen, B. Turner, B. Villa, G. Hrbacek, J. (2015). Evidence-based Guidelines for Best practice in Urological Health Care. Intravesical instillation with mitomycin C or bacillus Calmette-Guerin in non-muscle invasive bladder cancer. *European Association of Urology Nurses*.

Safe Handling of Hazardous Drugs Policy
 Urinary Catheterization and Urine Collection Procedure
 Administration of Level 1 Cytotoxic Drugs in Non-Oncology Departments
 HSN Antiseptic Solution Selection Standards
 HSN Independent Double Check of Medications Policy
 HSN Patient Identification Standards