

# Implementing a Venetoclax nursing care plan for a safe administration in a Haematology setting.

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## Situation

Venetoclax is a targeted therapy drug called a BCL2 inhibitor (blocker) used to treat chronic lymphocytic leukaemia (CLL). In February 2019, NICE published guidelines stating that Venetoclax could be used with Rituximab for previously treated CLL. Venetoclax is given in dose escalation for 5 weeks and the main side effect is Tumour Lysis syndrome.

## Background

Our objective was to provide the nursing staff, throughout haematology both inpatient and outpatient clinical areas at UHW, with a clear and precise Nursing Care plan that is to be used over the 5 weeks to escalate the dose until it is at maximum dose on week 6.


## Assessment

We have created a first draft of the nursing care plan with exact time points for the nurses to take bloods, administer the Venetoclax and administer fluids if needed. We have highlighted the importance of waiting for ALL blood results to come back and seek doctors' advice, this is aimed to prevent tumour lysis.

## Recommendations

We aim to be able to administer Venetoclax safely and reduce the risk of tumour lysis. This is the first draft of the Nursing care plan, in which we will be evaluating continuously and seeking feedback from nursing staff on how to improve the care plan. We have also been asked by other health boards to share this care plan with themselves as they would like to use it also.

References  
 NICE (2019)

 <b>Venetoclax Nursing Care Plan- Weekly dose escalation phase</b> Addressograph Week ..... of six Date.....		
Day One		
Time	Actions required	Initial when completed
09.00	Send bloods as URGENT. FBC, RLB., LDH and Uric acid	
Between 09.30 and 10.30	Get doctor to review ALL blood results Get doctor to prescribe Venetoclax ready for tomorrow- must be taken at 09.00 tomorrow	
Between 10.30 and 16.00	Call pharmacy to make sure the Venetoclax will be ready for patient for 09.00 tomorrow If required from blood results administer prescribed electrolyte replacements (such as potassium, phosphate, fluids)	
Before discharge home	Ensure patient has Allopurinol, Septrin and Aciclovir to take daily at home Ensure patient is reminded to attend promptly at 08.45 tomorrow	
Day Two		
Time	Actions required	Initial when completed
08.30	Ensure Venetoclax is available Administer IV fluids if required/prescribed	
09.00	Administer oral Venetoclax to patient - please give as near to 09.00 as possible	
Please Document Time Tablet given:		
Between 09.00 and 10.00	Warn ward that admission may be required if bloods at 3pm show tumour lysis	

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Between 09.00 and 15.00	Administer IV fluids if prescribed (fluids will be prescribed for all patients who are at high/medium risk of tumour lysis- ask doctor if unsure)	
Day Two- continued...		
15.00 (or six hours after tablet given if not given at 09.00)	Send URGENT bloods- FBC, RLB, LDH and Uric acid (write on from that lab time limits need to be overridden)	
15.30-16.30	Get doctor to review results as soon as they are back	
15.30-16.30	Admit to ward if tumour lysis shown on blood results Tell ward bed not required if doctor says bloods are stable	
Before discharge home	Ensure patient has Allopurinol, Septrin and Aciclovir to take home Ensure patient is reminded to attend promptly at 08.45 tomorrow	
Day Three		
Time	Actions required	Initial when completed
09.00 (or 24hrs after yesterdays tablet given if not given at 09.00)	Send URGENT bloods- FBC, RLB, LDH and Uric acid (write on from that lab time limits need to be overridden)	
09.30-10.30	Warn ward that admission may be required if bloods at 09.00 today show tumour lysis Get doctor to review results as soon as they are back	
09.30-10.30	When prompted by doctor and if blood result are stable: Administer dose two of Venetoclax   OR ... correct electrolyte imbalances as prescribed and/or admit to ward if required <b>WARNING: DO NOT GIVE VENETOCLAX UNLESS DOCTOR HAS SEEN BLOODS AND HAS GIVEN THE GO AHEAD TO GIVE</b>	
Please Document Time IF Tablet is given:		
Before discharge home	Check with doctor to see if patient needs to come back for blood review tomorrow	

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