

Protocol #16: Procedure: Intraventricular Chemotherapy Administration  
via Ommaya Reservoir

- A. Definition - The administration of chemotherapy via Ommaya Reservoir into cerebrospinal fluid (CSF) for treatment of previously diagnosed central nervous system (CNS) involvement by leukemia and lymphoma or other malignancies. The procedure is also used for withdrawal of CSF for laboratory analysis in patients with known CNS malignancy.
1. May be performed in the 4C Infusion Center Or Inpatient Units
    - i. Indications
      - a. Patients with surgically implanted Ommaya reservoir and recent diagnosis or history of leptomeningeal malignancy
      - b. Patients with Ommaya reservoir and meningeal signs or symptoms such as nuchal rigidity and headaches, without evidence of increased intracranial pressure.
      - c. Withdrawal of CSF may be done as part of evaluation of fever (as indicated) in patients with Ommaya reservoir.
    - ii. Precautions
      - a. Precautions: Evidence of increased intracranial pressure: increased blood pressure with widening pulse pressure, papilledema, bulging Ommaya or significant decrease in the level of consciousness; evidence of focal neurological findings.
    - iii. Contraindication: Cutaneous infection at the site of puncture.
- B. Data Base:
1. Subjective Data
    - a. History and review of symptoms relevant to the presenting complaint and/or disease process.
    - b. Pertinent past medical history, surgical history, family history, psychosocial and occupational history, hospitalizations/injuries, current medications, allergies, and treatments.
  2. Objective Data
    - a. Physical exam appropriate to presenting symptoms.
    - b. Laboratory, Point of Care Testing (POCT), and imaging studies, as indicated, relevant to history and exam.
- C. Diagnosis

Assessment of data from the subjective and objective findings to identify disease processes. May include statement of current status of disease (e.g. stable, unstable, and uncontrolled).

#### D. Plan

1. Therapeutic Treatment Plan
  - a. Obtain informed consent prior to procedure and according to hospital policy.
  - b. Time out performed according to hospital policy.
  - c. CSF may be sent for evaluation for infection or malignancy.
  
2. Patient conditions requiring attending consultation:
  - a. Acute decompensation of patient situation.
  - b. Unexplained physical or laboratory findings.
  - c. Initiation or adjustment of medication other than those in the formularies.
  
3. Education
  - a. Appropriate and relevant patient and family education/counseling in written and/or verbal format.
  
4. Follow-up
  - a. As indicated and appropriate to client health status and diagnosis.

#### E. Documentation

Post-procedure note recorded in the medical record in addition to consent forms and other procedure specific documents as appropriate. For physician assistants, using protocols for supervision, the supervising physician shall review, countersign and date a minimum of five (5%) sample of medical records of patients treated by the PA within thirty (30) days. The physician shall select for review those cases which by diagnosis, problem, treatment or procedure represent in his/her judgment the most significant risk to patients.

F. Summary of Prerequisites, Proctoring and Reappointment Competency

<p>Prerequisite</p> <p>Training will consist of instruction by clinical directors or physician/NP designee.</p>
<p>Proctoring Period</p> <p>a. Proctoring period for practitioners will be a minimum of 3 successful observed demonstrations within the proctoring period, if there are insufficient opportunities within the proctoring period, and then procedure will be supervised until the minimum requirement is met.</p>
<p>Reappointment</p> <p>a. A minimum of 2 procedures within a 2 year period. If no opportunities occur within a 2 year period, provider will be supervised for 1 additional procedure when the opportunity occurs.</p> <p>b. 2 chart reviews every 2 years.</p>