CIRCLE PRIMING: A BETTER WAY TO PRIME CHEMOTHERAPY

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Introduction

Background

A large Ambulatory Infusion Center (IC) recently implemented "Circle Priming" as a standard practice for preparation of chemotherapy administration.

After a thorough pilot review of current back priming (BP) method vs proposed circle priming (CP) method; it was determined that back priming is not ideal from a safety or cost effective perspective. Additionally, a lack of nursing knowledge of the circle priming method was noted.

Purpose/Objectives

- Educate nurses on circle priming method
- Assess nurse preference and feasibility of priming method
- Share results of IC Circle Priming method to inpatient for assessment and implementation.

Methods

Education

Comprehensive Educational Plan

- Didactic explanation and review
- Demonstrations
- Laminated picture postings
- Nurse hands on return demonstrations
- Observation of nurses circle priming and preparation for patient administration

Chemotherapy Priming Audit

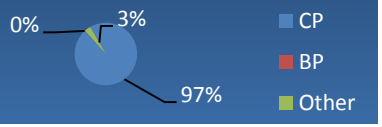
- Start and stop times
- Ordered duration of infusion
- IV supplies/equipment use
- Nurse priming preference and why
- What challenges does the RN have when priming chemotherapy

Outcomes

Audit Results

- Chemotherapy finishes on time more often
- No need to use a secondary NS bag for flushing line
- No need for a secondary tubing set
- Is cost effective
- Nurses report increased comfort of safety and confident of accuracy when circle priming

Priming Chemo (method used during audit)



- Staff were highly receptive of circle priming (CP)
- 3 months post implementation 100% of IC staff utilize CP
- Institution wide chemotherapy administration policy now includes circle priming method

Circle Priming Laminate



Conclusion

Circle Priming

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Safer than Back Priming
Cost Effective
Preferred by staff

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Speaker Disclosure Statement

- **Louis Ruggiero has no industry relationships to disclose**

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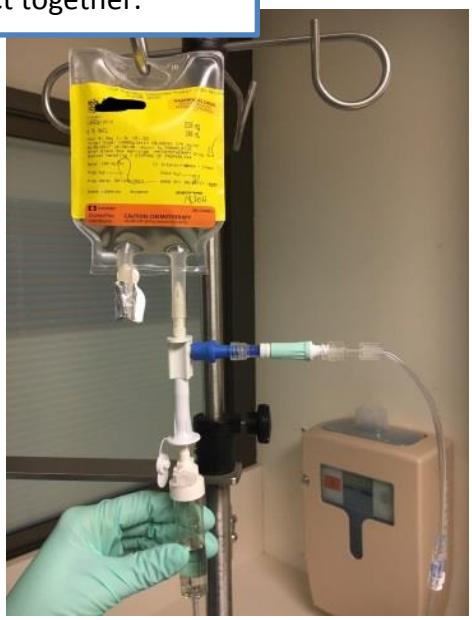
CIRCLE PRIMING CHEMOTHERAPY

1. Spike Infusion Set to Chemo Clave and prime tubing half way to Pump Segment where tubing is placed in pump.





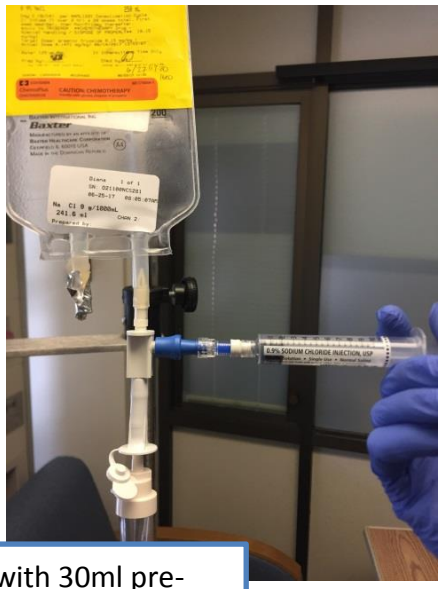
2. Place chemo cap to end of tubing, micro-clave to side port, and connect together.



3. Put tubing in pump and prime at rate of 999ml/hr until tubing is primed and all air is out of tubing. NEVER prime chemo at bedside (be careful to watch drip chamber to make sure it does not run dry)!



4. Perform all safety measures, double checks, and guardrails before disconnecting chemo cap from side port and connect to patient. Start infusion.



5. Flush chemo with 30ml pre-filled NS saline flushes through side port at the end of infusion at the same ordered rate. This will clear the line of chemo (remember to remove NS flushes).

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