

Standard Operating Procedure

The operating procedure set out below must comply with the Data Quality Principles set out within Trust Data Quality Policy

Title:	Procedure for Height and weights measurements to support Calculations of systemic anti-cancer treatment
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Author	Joanna Beeney Lead Chemotherapy Nurse	July 2024
Reviewed by	Maja Moldawa Divisional Lead Pharmacist for Cancer, Diagnostics and Clinical Support	
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Disclaimer:

This is a controlled document. Printed versions of this document will be classed as uncontrolled.

Please refer to [Koha Policies and Guidelines Catalogue](#) for the most recent version.

SOP Document Controls:

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3	08/07/2024	Joanna Beeney	Previous document outdated.

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1. Introduction

The accurate recording of a patient's height and weight is required prior to receiving Systemic anti-cancer treatment (SACT) to ensure that the body surface area is correctly calculated and therefore the correct dose of chemotherapy is prescribed and given.

This is applicable to drugs which are modifiable according to the patient's weight or body surface area, however an updated height and weight may be requested in fixed-dose regimens where an accurate measurement of renal function is required.

This practice is in line with the standards set out by the SACT Policy used within the trust. Please see link to policy below:

www.eastmidlandscanceralliance.nhs.uk

2. Purpose

This is to ensure the accurate dosing of systemic anticancer treatments and preventing risk of overdosing or underdosing patients undergoing SACT, which could result in harm to the patient.

3. Scope

To include all clinicians who prescribe SACT, all registered nurses who administer SACT and support staff taking height and weight measurements.

4. Abbreviations and Definitions

RN	Registered Nurse
SACT	Systemic Anti-Cancer Treatment.
BSA	Body Surface Area
Clinicians	Medical and non-medical prescribers
HCSW	Health Care support Worker
CSW	Clinical support worker
SPOD	Specialist outpatients
CDU	Chemotherapy Day Unit (RDH and QHB)
QHB	Queens Hospital Burton
RDH	Royal Derby Hospital

5. Responsibilities

Clinicians - will ensure that an up-to-date height and weight is accurately recorded on the electronic prescription, having confirmed the information with a member of the nursing team. They have responsibility to prescribe the treatment with an accurately calculated and up to date BSA.

Unless the drug to be prescribed is not based on BSA the set dose will be prescribed.

RN - to record the height and weight of the patient on the electronic patient prescription system (ChemoCare). To be checked by an independent member of staff to confirm correct. The second member of staff may be a RN/ CSW/ HCSW. This is to be documented on electronic prescription system (ChemoCare). This should be carried out in SPOD/CDU at the chemotherapy clinic, prior to every SACT treatment.

RN - to recheck weight on arrival at the designated area of treatment administration (e.g. CDU/SPOD) and compare to documented weight from clinic appointment.

CSW/HCA - to support in checking patients' heights and weights in SPOD and CDU

Clinical Pharmacy team - To check patient height and weight recorded on patient's chemocare prescription at every cycle (where appropriate) and assess appropriateness of dose to patient's recorded weight.

ALL STAFF - it is the responsibility of all staff involved in updating of patients' height and weights to check the most recent weight against previous documented values and assess whether there has been reasonable weight loss/gain, and action any suspected discrepancies in the values documented.

6. Procedure

All Clinicians and nursing teams must ensure that they are familiar with the equipment used to record the height and weights of patients.

Patient attends SPOD for pre SACT appointment with clinician - patient must have height and weight recorded on the electronic prescription system within the chemotherapy prescription BSA information. These measurements should be carried out and checked by an RN and another member of the nursing team either registered or unregistered. When the weight has been checked it should be documented on chemocare who carried out the second independent check and if there was any discrepancy

The clinician must either input the values himself or double check the information provided by the staff doing the height and weight recording on the electronic prescription and prescribe treatment accordingly.

When the patient attends CDU on either site (RDH or QHB) for the administration of treatment, a RN will confirm the weight of the patient by weighing and checking against the prescription. At this point, the patient should not receive any treatment should there be a discrepancy of +/- 10% from the baseline weight documented in the recorded and checked weight.

All weights should be taken after removing outdoor coats and heavy footwear. If footwear cannot be removed, each weight should be recorded with the same shoes on.

Should the patient be too unwell to have measurement taken, it is the responsibility of the Consultant to estimate the height and weight of the patient and prescribe accordingly. This must be recorded as an estimate on the electronic prescription.

Should the patient have ascites/oedema or artificial limbs, it is the responsibility of the Consultant to estimate the height and weight of the patient and prescribe accordingly. This must be recorded as an estimate on the electronic prescription.

In addition to this Intensive care have PAT Slide scales available – which can be used to weigh supine patients.

For patients who have a remote consultation prior to treatment (e.g. over the phone)

For patients who have a telephone consultation prior to their SACT, they should be asked by the assessing clinician whether the patient has noted any weight change. Patient reported weight should NOT be accepted due to possible inaccuracy of reading.

When the patient arrives at the day unit for treatment (at RDH or QHB) - a RN will measure the weight of the patient and document the update on chemocare within the prescription. If there is a +/- 10% difference in current weight, this should be highlighted to the clinical pharmacy team to determine whether this will affect the chemotherapy dose.

To determine whether there is a >10% weight difference

1. Divide old weight by latest weight and multiply by 100 to get a % difference e.g.

Previous weight: 87kg

New weight: 65kg

$(65/87) \times 100 = 74.7\%$

2. Subtract the number calculated in step 1 from 100 to receive the percentage difference e.g.

$100 - 74.7 = 25.3\%$ change in required dose based on weight difference

Any deviations from the above must be recorded and justified in the notes on the electronic prescribing system.

The height and weight should not be written on paper forms and transcribed to the electronic system.

7. Information Governance

This Standard of Practice should not be password protected

This Standard of Practice should be kept on KOHA

8. References and Associated/Linked Documents

9. Appendices