

*Nurses Working Group – Levels of Care/Nursing Standards multiple choice*

**#1:** According to the APHON standards and competencies, who is typically allowed to handle the situation of air in the infusion line during the administration of Blinatumomab?

- a) Only an Oncologist (physician)
- b) RN's who are trained in chemotherapy & biotherapy administration (successful completion of the APHON course) OR and an adult chemo trained RN if no APHON qualified RN available
- c) Oncology pharmacists
- d) RN's who are trained in pediatric chemotherapy & biotherapy administration (successful completion of the APHON course)

**#2:** Who is typically authorized to change the Blinatumomab infusion bag according to APHON standards and competencies?

- a) Only the Physician (Oncologist)
- b) Two APHON qualified RN's
- c) A pharmacy technician
- d) Adult chemo trained RN

**#3:** If a patient receiving Blinatumomab presents to the ER with fever, what is the recommend course of action?

- a) ER staff is to stop the Blinatumomab infusion and give antibiotics
- b) Direct admission to the inpatient unit
- c) APHON trained RN is called upon to stop the Blinatumomab infusion, draw labs/blood cultures, administer antibiotics and resume the Blinatumomab as per pre-printed orders
- d) Place a PIV immediately for antibiotic administration

**#4:** Which of the following is the correct action if a patient's infusion site becomes red, swollen, or tender during Blinatumomab administration?

- a) Increase the infusion rate to reduce irritation
- b) Apply heat to the site and continue with the infusion as scheduled
- c) Document the event and continue with the infusion
- d) Stop the infusion, assess the site for extravasation, and notify the physician

**#5:** According to the IWK guidance document for physicians for the management of Blinatumomab for children with cancer in Advanced Centers in the Maritimes, if a patient experiences a severe cytokine release syndrome (CRS) reaction, which of the following should be administered as part of the management?

- a) Chemotherapy agents to combat CRS
- b) Immediate discontinuation of all medications
- c) Supportive care, including fluids and oxygen, and consider using Tocilizumab if necessary
- d) No intervention required if patient stable

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**#6:** Which of the following is the primary goal of APPHON's pediatric chemotherapy administration standards?

- a) To reduce chemotherapy drug costs
- b) To ensure safe, effective, and evidence-based chemotherapy administration for pediatric patients
- c) To increase the number of clinical trials available for pediatric patients
- d) To provide financial support for families undergoing chemotherapy treatment

**#7:** Which of the following is a key component of the chemotherapy administration process as outlined by APPHON?

- a) Administering chemotherapy without waiting for laboratory results
- b) Ensuring the patient's family is responsible for medication administration
- c) Verifying chemotherapy drug dosage, patient identification, and the administration route prior to treatment
- d) Initiating chemotherapy based solely on physician orders without nursing verification

**#8:** Which of the following is a common adverse reaction that requires intervention as part of the Blinatumomab troubleshooting in pediatric patients?

- a) Cytokine release syndrome (CRS)
- b) Hypokalemia
- c) Hyperglycemia
- d) Anemia

**#9:** Which of the following is a key component of competency for pediatric chemotherapy nurses?

- a) Developing research studies to determine the best chemotherapy regimens
- b) Maintaining up to date knowledge on chemotherapy agents, their side effects, and best practices for administration
- c) Monitoring only for physical signs of toxicity without considering psychological aspects
- d) Avoiding direct communication with patients about their treatment plan

**#10:** According the APPHON competency document, who is authorized to double-check pediatric chemotherapy medications before administration?

- a) Only the primary nurse administering the chemo
- b) The pediatrician responsible for the patients treatment plan
- c) Any healthcare provider in the chemotherapy unit, regardless of training
- d) A second nurse with appropriate pediatric oncology experience (i.e.: APHON qualified)

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- #11:** According to the APPHON competency document, which of the following is an essential element of the double-check process for pediatric chemotherapy?
- a) Verifying the patient's identity, chemotherapy drug, dosage and administration by two qualified individuals
  - b) Ensuring that only the pharmacist performs the double-check
  - c) Only checking the chemotherapy drugs after they have been administered
  - d) Double-checking is optional as long as the medication is documented correctly
- #12:** According to the APPHON competency document, who is authorized to supervise the administration of pediatric chemotherapy?
- a) Any registered nurse working in the pediatric unit
  - b) Only the attending oncologist or pediatrician
  - c) a pharmacist with pediatric oncology expertise
  - d) a nurse with specific pediatric oncology training and qualification
- #13:** In the event of a Blinatumomab-related fever and hypotension, what is the recommended course of action according to the APPHON algorithm/IWK guidance document?
- a) Discontinue infusion immediately, provide supportive care, and notify the physician
  - b) Continue infusion at the same rate and observe for signs of improvement
  - c) Administer additional chemotherapy agents to address fever and hypotension
  - d) Reduce the infusion rate and administer fluids to stabilize the patient
- #14:** Which of the following is a standard for safe chemotherapy handling as per APPHON's guidelines?
- a) Chemotherapy should be administered in any available setting regardless of the facility's preparedness
  - b) Only physicians are allowed to handle chemotherapy drugs
  - c) Personal protective equipment (PPE) must be worn by all staff members involved in the preparation and administration of chemotherapy drugs
  - d) Nurses can administer chemotherapy without specialized training or certification
- #15:** If a patient receiving Blinatumomab develops a fever and requires antibiotics every 6 hours and an APHON qualified RN OR adult chemo trained RN is not available for a full 24 hours; what is your next course of action?
- a) Any employee can stop the Blinatumomab infusion for antibiotics and reconnect the Blinatumomab immediately following antibiotic administration
  - b) Contact the IWK pediatric oncologist for discussion regarding a PIV insertion
  - c) Do not touch the Blinatumomab and wait until an APHON trained OR adult chemo trained nurse available to give the antibiotics
  - d) Piggyback the antibiotics into the Blinatumomab line