**Patient Sticky**

Department of Clinical Haematology

# Nursing Care Plan

## Azacitidine

Azacitidine (Aza) is a demethylating agent which helps to restore normal function to genes that control how cells develop and grow. It is a subcutaneous injection.
**Reconstitution and administration information**: drug may be stored for up to 8 hours in a refrigerator (2-8C). It expires within 8 hours of being reconstituted so must be placed into a fridge as soon as it is delivered and the expiry time should be noted. **This drug is ordered on hold.**
Doses that are greater than 4mls should be split into two syringes and injected into two separate sites. Aza should be allowed to reach room temperature before it is administered but must be given within 30 minutes of being removed from the fridge. If this time is elapsed then the drug must be discarded.

**Indication:** For the treatment of MDS, CMML and AML (for use in adults who are not eligible for haemotopoietic stem cell transplantation).
**Frequency:** Given daily for 7 days (usually with break over weekend) and cycled every 28 days. Cycles continue until loss of response.

***Side effects***

**Emetic risk:** Moderate**. Immediate:** Injection site reactions, chest pain/dyspnoea. **Short term:** Constipation/diarrhoea, nausea/vomiting, pruritis, rash, dizziness, headache, pneumonia, nasopharyngitis, fatigue, cellulitis, herpes simplex, UTIs, upper RTI, intracranial & eye haemorrhage, hyper/hypotension, haematoma, pharyngolaryngeal pain, dyspepsia. **Long term:** BMD (nadir 10-17 days), anorexia, arthralgia, hypokalaemia, confusion/anxiety, GI & gingival haemorrhage, alopecia, erythema, musculoskeletal pain, renal failure, increased serum creatinine, haematuria, insomnia, weight loss. **Rare/uncommon:** Hypersensitivity, hepatic failure, progressive hepatic coma, renal tubular acidosis, Tumour lysis syndrome, injection site necrosis, ILD.

**Regime Specific Considerations**

- Refer to generic chemotherapy care plan for general administration guidelines.
- Respect patient privacy, dignity & confidentiality at all times.
- Patient is reviewed in outpatients department between cycles. Frequency of review to be documented in medical notes. Additional medical review of patient in DTU if required.
- See NSSG for blood parameters and dose modifications. Monitor for any changes in patients' blood counts. Bloods are required prior to day 1 of each cycle.
- Anti-emetics should be taken on treatment days and at least 30minutes before the drug is administered.
- Aza can be administered into the arms, upper thigh or abdomen.
- Injection sites should be rotated. New injections should be given at least 2.5 cms from the previous site and never administered into areas where the site is tender, bruised, red or hardened.
- To minimise skin reactions, **do not** purge the SC needle with drug or expel air in the needle before giving the injection.
- Roll the syringes between the palms ensuring all the cloudy solution is mixed before administration. Do not use if large particles are seen.
- Gently grasp the skin while administering the drug and give at a 45 degree angle depending on the amount of fatty tissue.
- Slowly inject the drug. Document each injection site.
- Closely monitor for signs of reactions on cycle 1 day 1.
- TTOs are dispensed on Day 1 of a new cycle.
- Advise patient that evening primrose oil *may* alleviate skin reactions (Ref: Platzbecker U et al (2010) Reduction of 5-azacitidine induced skin reactions in MDS patients with evening primrose oil. *Ann Hematol* 89; 427-428)

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| **RN name:**<br>**Signature:** | |
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