Kent and Medway Cancer Network

Network Guidance Document

SOP for the use of a desensitising regimen for Carboplatin in the chemotherapy day unit setting.

Status:	Final
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Contents

1.0 Indications

Patients undergoing chemotherapy with carboplatin (as a single agent or in a combination regimen) who develop a hypersensitivity reaction to carboplatin, and for whom the treating oncologist recommends further platinum-based chemotherapy.

2.0 Counselling and Consent

Patients should be counselled regarding the risk of further hypersensitivity reactions, including the possibility of anaphylaxis, and alternative treatment options also discussed. Patients should be asked to provide written informed consent to proceed with Carboplatin desensitisation.

3.0 Premedication

All patients should receive premedication 30 minutes before commencing the Carboplatin infusion, comprising:

Chlorphenamine	10mg IV
Ranitidine	50mg IV
Dexamethasone	20mg IV
Ondansetron	16mg IV

4.0 Carboplatin Infusion

The carboplatin infusion is delivered at steadily increasing concentrations over 12 steps as detailed in the proforma. The total carboplatin dose to be administered is prepared in three solutions at concentrations of 0.02 mg/ml (solution A), 0.2 mg/ml (solution B), and 2mg/ml (solution C). Steps 1-4 are delivered from solution A, steps 5-8 from solution B and steps 9-12 from solution C. The rate of infusion at each step is specified in the proforma.

In the event of a hypersensitivity reaction, the infusion should be immediately halted, and appropriate medication administered according to standard policies.

Once symptoms and signs of the hypersensitivity reaction have resolved, the carboplatin infusion should be restarted at half the previous rate of infusion, and continued at this rate for 15 minutes. Escalation of rate should then proceed according to the proforma, provided no further hypersensitivity reactions occur. If the hypersensitivity reaction occurred during step 12 of the infusion, the infusion should be recommenced at a rate of 40ml/hr for 30 minutes, and may then be increased to 75ml/hr for the remainder of the infusion.

In the event of a second hypersensitivity reaction, the infusion should be permanently discontinued.

5.0 Documentation

In the event of a hypersensitivity reaction occurring, the following must be documented and communicated to the consultant at the earliest opportunity:

i. The step at which the hypersensitivity reaction occurred
ii. The symptoms experienced by the patient
iii. The treatment administered for the hypersensitivity reaction and the response to treatment
iv. The tolerance of the remaining infusion
v. If a further hypersensitivity reaction occurred, the same information in i-iv should be documented for the second occurrence

Document Administration

Approval Record

Approval Date	Name / Title	Signature
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Document Location

The document is located in the Kent and Medway Cancer Network office, in hardcopy and electronic format. It is also located on the Kent & Medway Cancer Network Intranet: (http://www.kentmedwaycancernetwork.nhs.uk/).

DATE OF NEXT REVIEW

This item is next to be reviewed in December 2012 by the Network Chemotherapy Group and the Gynae NOG

Revision History

Date	Version	Status	Author	Summary of Changes
December 2010	0.1	Draft	J Waters	Inclusion of patients receiving first line carboplatin who develop a hypersensitivity reaction.
December 2010	1	Final	J Waters	Published