



Policy title-Safe Handling of Intravesicular Gemcitabine	Prepared by: Shelia Shuford, RN, BSN, CPAN Review/Revision by: Heather Cheek, RN, BSN & Laura Rollings, PharmD, BCPS, BCGP
Approved by: Department of Surgery, P&T Committee	Approval Date: December 2025
Summary of revisions : Update formulary agent for intravesicular administration	

Purpose: This policy describes the safe acquisition, handling and disposal of Intravesicular Gemcitabine.

STAFF MAY ALSO REFER TO CLINICAL COMPASS FOR CHEMOTHERAPY ADMINISTRATION
INTRAVESICULAR Gemcitabine

Policy: SUMMARY

Gemcitabine is a chemotherapeutic agent that is instilled into the bladder in the OR and PACU by ONLY the surgeon or advanced care practitioner. Safe handling of the Gemcitabine throughout the peri-anesthesia period ensures optimal drug therapy while minimizing direct exposure to patients and clinical staff.

PERFORMED BY

Physician, Advanced Care Practitioner including nurse practitioner and physician assistant

NOTE

Appropriate personal protective equipment (PPE) to be applied for the handling of Gemcitabine, patient linens, or any other patient excreta includes the following:

- A. Requires wearing two pairs of chemo rated gloves
- B. Wear goggles or face shield if splashing is anticipated
- C. Chemotherapy rated gown required for the administration of Gemcitabine
- D. Change gloves after each use, tear, puncture, medication spill, or 30 min of wear. Gowns should be changed immediately upon exposure due to splash or spill of hazardous agent or after 2-3 hours of wear.

INTERVENTION

1. The physician office schedules patient for the use of Gemcitabine thru the OR scheduler and order shall be sent to the pharmacy *at least 72 hours* prior to the day of procedure for attainment of product and preparation.
2. OR staff shall request Gemcitabine after provider has evaluated patient for need while in the OR and indicate where administration of Gemcitabine is requested to be given; OR or PACU.
3. A Yellow hazardous bin is available for disposal of yellow hazardous waste bags in PACU. Yellow hazardous waste bags shall be brought to PACU with the patient by OR nurse at completion of surgical procedure.
4. Blue absorbent pads shall be placed under patient and under catheter prior to instillation to

- absorb any possible leakage and to protect patient's skin.
5. OR or PACU RN shall record administration on MAR at time of administration by MD/Advanced practice clinician (ACP) by scanning medication label on Gemcitabine syringe prepared by pharmacy.
 6. MD/ACP instills Gemcitabine into bladder using CSTD Adaptor to minimize any leakage of medication (PACU stocks adaptor to attach to foley from syringe. RN must provide adaptor at bedside in OR or PACU for MD to use). MD clamps the foley catheter and orders amount of time Gemcitabine is to dwell in patient's bladder. MD may also order repositioning of patient to ensure medication comes in contact with all sides of the bladder.
 7. In the event of a spill: Immediately alert charge nurse, pharmacy, and environmental services of the event. If overt skin exposure occurs, refer to Policy and Procedure and Clinical Practice Guidelines for: *Handling and Administration of Hazardous Drugs*. CHEMO SPILL KIT IS LOCATED IN PACU FOR USE, IF NEEDED.
 8. Always change the foley bag prior to transferring the patient to the floor for admission. Wear proper PPE (2 pairs of chemo-rated gloves, face shield or goggles and chemo-rated gown). Dispose of foley bag in yellow hazardous waste bin in PACU.
 9. Call report to nurse assuming care of the patient and provide appropriate hand-off communication. Label foley bag with green chemo sticker. Inform staff of need to dispose of catheter and bag when discontinued in yellow hazardous waste bag and bin.
 10. In the event that the patient is discharged home in PACU, follow the MD's orders regarding removal of the bladder catheter. The PACU nurse will:
 - a. Obtain a yellow hazardous waste bin.
 - b. Wear a gown and double gloves and face shield or goggles to remove foley catheter prior to discharge. Wrap the catheter in disposable blue pad leaving syringe attached. After double flushing the contents of bag in the commode, dispose of foley bag and catheter in yellow chemotherapy bin.
 - c. Ensure patient and family education regarding hazardous agent is performed and documented. For patient teaching, refer to Lippincott procedures for Chemotherapy Administration, Intravesicular (bladder) procedures for Mitomycin.

TRANSFER TO OUTPATIENT SURGERY AREA FOR DISCHARGE

1. When obtaining a room in OPS, a room with a private bathroom is preferred when available. Ensure that patient/family and staff are educated on the need to double flush any excreta.
2. Ensure patient and family education regarding hazardous agent is performed and documented. For patient teaching, refer to Lippincott procedures for Chemotherapy administration, intravesicular (bladder) Gemcitabine.

DOCUMENTATION

1. Document the medication administered by MD/ Advanced Practice Clinician in the electronic medication administration record (MAR).
2. Document any adverse effects experienced and actions taken.
3. Document the amount of flush (if any ordered to use) instilled in bladder and patient urinary output following the retention period.
4. Document all patient and family (if applicable) teaching and their understanding of that teaching.