

**CAROLINAS HOSPITAL SYSTEM  
FLORENCE, SC**

<b>Policy/Procedure Title</b>	Consent for Chemotherapy Administration (Oncology Specific)		
<b>Department Generating Policy</b>	IT Contract	<b>Effective</b>	8/24/2000
<b>Affected Departments</b>			
<b>Prepared By</b>	Cheryl Dorriety	<b>Dept/Title</b>	IT Contract
<b>Dept/Committee Approval (If Applicable)</b>		<b>Dept/Title</b>	
<b>Medical Staff Approval (If Applicable)</b>		<b>Dept/Title</b>	
<b>Board Approval (If Applicable)</b>		<b>Dept/Title</b>	

POLICY

A consent for chemotherapy treatment is to be obtained prior to the administration of all chemotherapeutic agents. This consent may be obtained by the nurse or physician, and is to become a part of the permanent medical record. One consent is sufficient for the entire treatment course. If a new drug is added to the treatment course, a new consent form must be signed.

(For authorized signature and witness qualifications, etc., see Carolinas Hospital System's "Consent For Operation or Special Procedure" Policy.)

PROCEDURE

1. Stamp with addressograph plate.
2. Complete form as indicated.

<b>Reviews:</b>	<b>1st</b>	<b>2nd</b>	<b>3rd</b>	<b>4th</b>	<b>5th</b>
<b>Date:</b>					
<b>By:</b>					
<b>Revisions:</b>	<b>1st</b>	<b>2nd</b>	<b>3rd</b>	<b>4th</b>	<b>5th</b>
<b>Date:</b>					
<b>By:</b>					