B Braun User Tips for CCMB & CCP

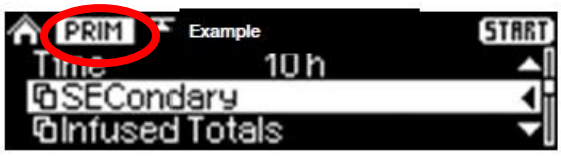
1. You must set a primary prior to setting a secondary. For safety reasons please ensure you set your primary **no faster than** the rate of the secondary infusion.

2. All secondary infusions will revert primary infusion and primary rate once secondary is complete. This is not OK for 2 step infusions (paclitaxel, docetaxel, rapid rituximab & obinutuzumab rapid infusion) to stop this process: **Change all Oncology Pumps to "Manual Call Back"**

How to activate B. Braun Infusomat Pump Back to Prim – Manual "Call Back" Function:

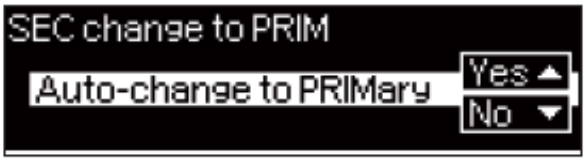
Program the PRIMary infusion

From the Home Screen, scroll down to locate and select "SECondary"

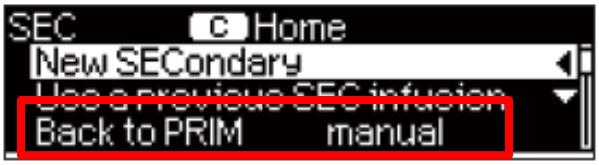


Select "Back to PRIM -- automatic"

Answer "No" to prompt "Auto-Change to PRIMary?"



You have now activated the Back to Prim manual function



Note: The Back to Prim – manual function will remain active until changed by the end-user.

3. To access the library step 2 of the 2-step process for paclitaxel, docetaxel, rapid rituximab & obinutuzumab rapid infusion you must go back and select a new secondary entry of step 2.

4. By doing this once step 1 of above listed infusion is complete the pump will revert to a KVO rate and alarm until the Nurse re- programs the pump to the second step.

The KVO rate will never be faster than the infusion rate

5. Below is a list of **9 drugs That CANNOT be administering via Cyto-Set Air Stop** Infusomat IV lines.

   The Nurse shall set up a B Braun Infusomat Space Primary Line # 363430

   a. Paclitaxel protein bound (Abraxane®) – will come with an inline filter already present. DO NOT add an additional filter
   b. Daunorubicin-cytarabine liposomal (Vyxeos®)
   c. Doxorubicin liposomal (Caelyx®)
   d. Irinotecan liposomal
   e. Rasburicase
   f. Amphotericin B, liposomal (Ambisome®)
   g. Lurbinectedin
   h. Mosunetuzumab
   i. Tebentafusp

6. Filter requirements for all drugs will be posted on the current Provincial Oncology Drug Program (PODP) SharePoint site:

Under Drug Preparation (top rigfht hand of screen once you are in the site. Click on

Filter Requirements/Infusion Set Selection

7. **You MUST close the Primary Line Clamp when the secondary clamp is open and vice versa. Otherwise, chemotherapy will go back into Primary Bag**

8. Currently blood products (RBC, platelets and IVIG) and antibiotics are not built into the ADULT Oncology drug library. Please use the INTERMITTENT entry (*intermittent is, it's above *IV fluids in the primary and secondary menu)

9. For rescue lines: Suggest using a regular primary line, remove the anti-syphon valve located on the end of the line, prime via gravity, and attach red dead end. This will then be available and ready for use PRN.

10. Rituximab slow infusion – You may notice that the pump does not calculate the volume to be infused as this pump does not have dose / rate/ escalation. You have two options:

    a. Program: the doserate – 100 mg / hr, the time 30 minutes and divide the mg/hr in half to = VTBI

    b. Program: the doserate – 100 mg / hr, , then clears the VTBI, then presses ok – programming in an infusion time will automatically calculate the VTBI.

    c. Please remember for slow rituximab 1 mg = 1 ml, so 100 mg/ hr same as 100 mL/h

11. **I**f you use the injection port closest to the patient, you must cover the port post initial injection. Baxter one link cap suggested if you will be required to use it again (FOLFIRI – atropine then 5FU push) or place a red dead end if only using once.

12. When a nurse prepares a medication (pre-med) and uses a Baxter secondary attached to a Cyto-Set they must open the blue air vent or the medication will not come all the way down the line