

# **Pharmacy FAQ**

#### **Volume Maximums**

### 1. How much solution should be withdrawn from a bag before adding a hazardous or non-hazardous drug?

The volume to be withdrawn from a bag depends on the original prefilled infusion bag size and the volume of drug that is to be added. Solution bags are quite flexible and allow fairly large volumes to be added without difficulty. The intention of prior withdrawal is to ensure the final volume of the bag is not so large that administration is difficult and that there is no risk of the bag rupturing.

Commercially available infusion solution bags also contain additional "overfill" volume above the labelled volume amount, which can impact concentration and rate calculations. These overfill volume estimates can vary by manufacturer and may be provided as a range. Individual hospital pharmacies have to determine what standardized volumes they will use for their preparation practices. In consultation with nursing, they also need to determine whether they will account for diluent bag overfill on pharmacy labels, as labelled volumes impact infusion pump programming practices.

BC Cancer pharmacy accounts for overfill, and uses the guidelines in Table 1 below for determining the volume to be withdrawn from a bag prior to adding hazardous or non-hazardous drug. If the volume of drug to be added exceeds the *Maximum Volume Addition Permitted Without Withdrawal* amount in the Table, the difference will be withdrawn. For example:

- Volume of Additive: 50 mL is the maximum volume allowed to be added to BC Cancer pharmacy's 250 mL and 500 mL size infusion bags. Note – other hospital pharmacies may use different maximum volumes.
- Overfill Volume: 25 mL is the estimated overfill in BC Cancer's 250 mL bags (250 mL + 25 mL overfill = 275 mL total volume). Note this can vary for different brands and sizes. The estimated overfill volume for certain 500 mL NS viaflex bags at BC Cancer

Revised: May 2023

is 50 mL (500 mL + 50 mL overfill = 550 mL NS total volume)<sup>2</sup>, while for other 500 mL NS non-DEHP bags it is 25 mL (500 mL + 25 mL overfill = 525 mL NS total volume)<sup>3</sup>.

• **Pharmacy Label:** Since 50 mL is the maximum volume that can be added to the 250 mL bag, to add 70 mL of rituximab (i.e., 700 mg of 10 mg/mL drug solution), 20 mL of NS will have to be removed from the diluent bag first. The pharmacy label will read:

riTUXimab 700mg 70 mL
sodium chloride 0.9% NS (with overfill) 255 mL\*
Total Volume: 325 mL

**NOTE - there are exceptions to this recommendation.** For example, the manufacturer of daratumumab 20 mg/mL intravenous solution recommends withdrawing volume from a bag equal to the volume of drug to be added (regardless of bag size or overfill). Refer to the individual manufacturers' product monographs and the <a href="Cancer Drug Manual">Cancer Drug Manual</a>'s <a href="Chemotherapy Preparation and Stability Charts">Chemotherapy Preparation and Stability Charts</a> for individual drug information.

Table 1 BC Cancer Pharmacy Overfill Estimates and Allowed Maximum Volumes

Original Bag Volume	Average Overfill Volume	Original Bag Volume (factoring in overfill)	Maximum Volume Addition Permitted Without Withdrawal	Maximum Total Volume (factoring in overfill)
25 mL	5 mL	30 mL	25 mL (100%)	55 mL
50 mL	5 mL	55 mL	25 mL (50%)	80 mL
100 mL	10 mL	110 mL	50 mL (50%)	160 mL
250 mL (e.g., Braun or Baxter)	25 mL	275 mL	50 mL (20%)	325 mL
500 mL (e.g., Braun)	25 mL	525 mL	50 mL (10%)	575 mL
500 mL (e.g., Baxter)	50 mL	550 mL	50 mL (10%)	600 mL
1000 mL	50 mL	1050 mL	100 mL (10%)	1150 mL

<sup>\*</sup>The 250 mL diluent bag volume would initially default to 275 mL, and require manual adjustment to reflect the 20 mL volume removal.

The table below shows another option to consider for adding a large drug volume to a bag:

**Table 2 Example of Alternative Maximum Volume Limits** 

Bag Size	Drain Bag When	
250 mL	Greater than 85 mL:	
230 IIIL	drain 250 mL from 500 mL bag	
500 mL	Greater than 85 mL:	
300 IIIL	drain 500 mL from 1000 mL bag	
1000 mL	Greater than 110 mL:	
1000 IIIL	add 1000 mL IV fluid into empty 2000 mL bag	

## 2. What is the maximum volume that a syringe can be filled with a hazardous drug?

During the entire hazardous drug sterile compounding process, syringes should only be filled to a maximum of 75% of the syringe's calibrated volume. This precaution is taken to minimize the risk of the plunger accidentally separating from the syringe barrel and causing a hazardous drug spill.

BC Cancer does not have a recommendation for non-hazardous drug maximum fill volumes in a syringe.

Table 3 BC Cancer Maximum Hazardous Drug Syringe Fill Volumes

SYRINGE	MAXIMUM HAZARDOUS DRUG VOLUME (75%)
1 mL	0.75 mL
3 mL	2.25 mL
5 mL	3.75 mL
6 mL	4.5 mL
10 mL	7.5 mL
12 mL	9 mL
20 mL	15 mL
30 mL	22.5 mL
35 mL	26 mL

Revised: May 2023

50 mL	37.5 mL
60 mL*	45 mL

\*Exception: Becton Dickinson (BD) removed the graduation markings beyond 50 mL on their 60 mL syringes (see Figure below). As no other changes were made to these syringes, BC Cancer has continued to fill them to 75% of the previously marked 60 mL capacity (i.e., now marked 50 mL but can still be filled up to 45 mL with hazardous drug solution).<sup>4</sup>

Figure: BD 60 mL capacity syringe

The above guidelines are applicable to hazardous drug preparation in the pharmacy. Note that for syringes dispensed to nurses for push administration, sites may follow additional ergonomic guidelines limiting the maximum volume allowed to be administered from a single syringe. This volume is decided in consultation with the nursing department. For example, a maximum volume of 30 mL in a syringe is dispensed for administration at all BC Cancer Centres (i.e., doxorubicin doses greater than 30 mL are split into two syringes).

#### References:

- Understanding and Managing IV Container Overfill [Internet]. Institute for Safe Medication Practices Online. ISMP PA; 2013 Nov 14 [cited 2023 Feb 8]. Available from: <a href="https://www.ismp.org/resources/understanding-and-managing-iv-container-overfill">https://www.ismp.org/resources/understanding-and-managing-iv-container-overfill</a>
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Communities Oncology Network Pharmacy Educators - Pharmacy FAQs

Created: 2012 Revised: May 2023

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Revised: May 2023