Many chemotherapy regimens used today require the support of a granulocyte–colony-stimulating factor for the prevention of life-threatening neutropenia. In March 2015, a delivery method was introduced for Neulasta® (pegfilgrastim) through an on-body injector (Onpro®), which may eliminate the need for patients to return for injection after chemotherapy, increase workflow, and allow more patients to be seen. The purpose of this study was to monitor the implementation of the Onpro delivery system in an outpatient facility.

**AT A GLANCE**
- The administration of pegfilgrastim via an on-body injector is a safe and effective alternative to manual injections.
- The use of on-body injectors is associated with high patient satisfaction.
- Patient use of on-body injectors has improved nursing unit workflow.

**KEYWORDS**
pegfilgrastim; febrile neutropenia; patient satisfaction; on-body injector

**DIGITAL OBJECT IDENTIFIER**
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**On-Body Injector**

An administration device for pegfilgrastim

Linda J. Mahler, RN, ANP-C, AOCNP®, Regina DiBlasi, RN, BS, OCN®, Anielka Perez, RN, MS, OCN®, Jeannie Gaspard, RN, MS, OCN®, NEA-BC, and Dayna McCauley, PharmD, BCOP

**Methods**

Outpatient oncology nurses received education and training related to the use and application of the pegfilgrastim OBI on patients and how to educate patients through a series of in-services taught by a nurse educator in the center and a nurse educator from Amgen, Inc. The education consisted of an oral presentation with a hands-on demonstration of how to use the training devices. Afterward, the experienced nurses partnered with others to assist with initial applications.

All patients who were eligible for a standard pegfilgrastim injection were eligible to receive the OBI delivery kit. Patients were excluded if they were cognitively impaired, to avoid the removal of the device at an inappropriate time; were receiving radiation therapy; or were scheduled for imaging studies. Patients were given the opportunity to view the product video supplied by Amgen, Inc. Education was provided by the trained oncology nurse during the patient’s treatment. In addition to a comprehensive OBI brochure, patients received a one-page information sheet adapted from the Amgen, Inc., patient guide, which summarized key points and instructions related to the recognition of potential device failure.

The OBI was applied by the oncology nurse within the last hour of the patient’s treatment. Patients were contacted by phone within 48 hours of placement to confirm dose delivery. If patients experienced device failure, leakage, or dislodgement, they were instructed to remove the device and return to the clinic for a manual injection.

**Results**

A total of 41 patients were given 104 doses of pegfilgrastim via the OBI from September 1, 2015, to January 5, 2016. After the initial four-month period,