

Oncology/Haematology

24 HOUR

TRIAGE

RAPID ASSESSMENT AND ACCESS TOOL KIT

TO BE USED IN THE CARE OF ALL ADULT ONCOLOGY/HAEMATOLOGY PATIENTS WHO ARE CURRENTLY RECEIVING OR HAVE RECEIVED TREATMENT (CHEMOTHERAPY/RADIOTHERAPY) IN THE PAST 6 WEEKS OR ARE AT RISK FROM DISEASE/TREATMENT RELATED IMMUNOSUPPRESSION. N.B. adolescent patients treated within adult units ARE included in this pathway.

1st Edition
October 2010

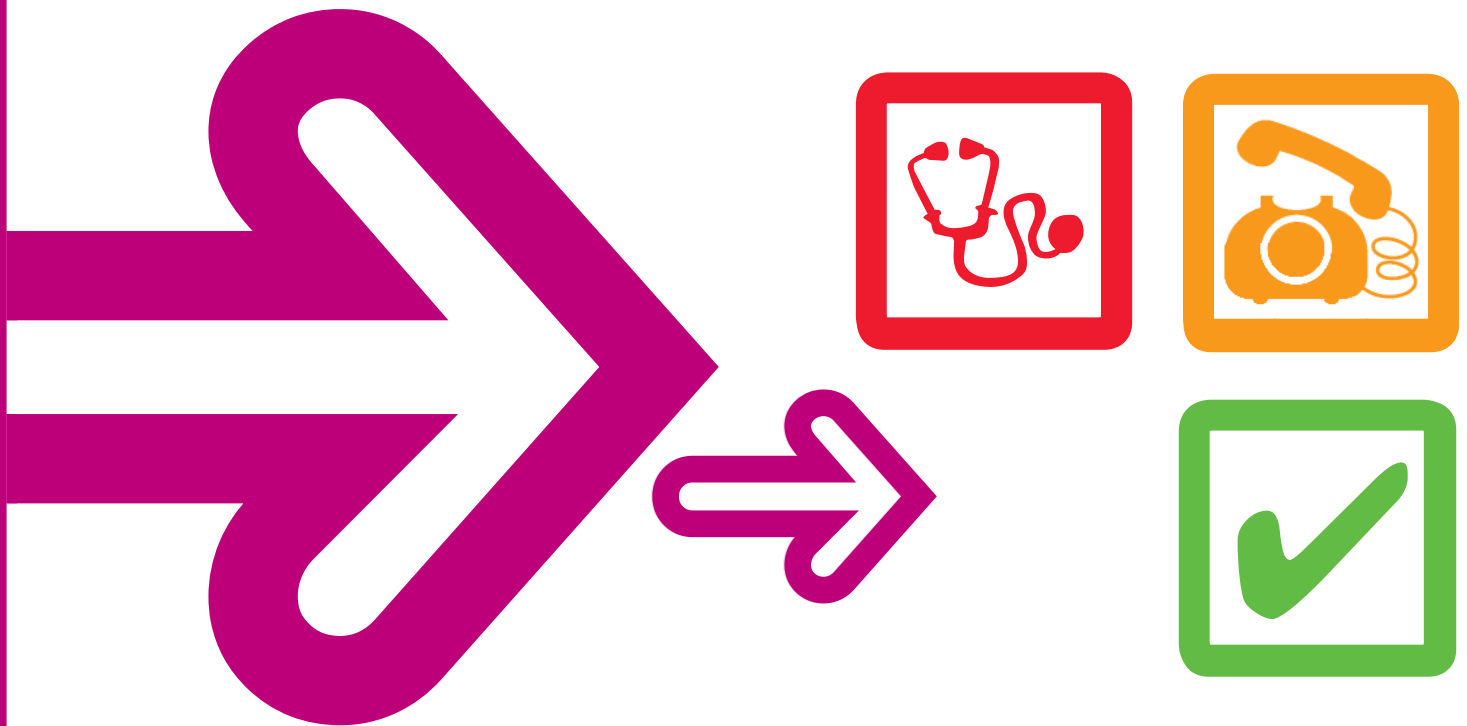


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Green - callers should be instructed to call back if they continue to have concerns or their condition deteriorates.

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1.0 INTRODUCTION

This Tool Kit has been developed for use by all members of staff who may be required to manage 24 hour HELPLINES for patients who have:-

- received chemotherapy
- received any other type of anticancer treatment
- disease/treatment related immunosuppression (i.e. acute leukaemia, corticosteroids)

For the purpose of this Tool Kit both Oncology and Haemato-oncology services will be considered as one service and referred to as ONCOLOGY.

The kit has been produced by The Central West Chemotherapy Nurses Group a sub group of The United Kingdom Oncology Nurses Society and has been reviewed and endorsed by:-

- The United Kingdom Oncology Nursing Society [UKONS]
- The National Patient Safety Agency [NPSA]

There are a number of reports and guidelines regarding the provision of supportive care for patients:-

- **Cancer Reform Strategy, Achieving local implementation – second annual report** identified a number of winning principles that should be applied in the care of cancer patients. The following winning principles are addressed in the tool Kit:-
 - **Winning principle 4** Patient and carers need to know about their condition and symptoms to encourage self management and to know who to contact when needed.
 - **Winning principle 1** unscheduled (emergency patients) should be assessed prior to the decision to admit. Emergency admission should be the exception not the norm.(DoH 2009)
- The DOH Manual for Cancer Services (2004) states that the cancer networks/trusts must have agreed minimum service specifications for 24hr telephone advice.'
- The NCEPOD report of November 2008 "For better, for worse?" highlighted inappropriate provision of care and support for chemotherapy patients suffering from treatment related complications and recommended improved emergency support services should be developed.
- Patients who develop significant complications following chemotherapy need expert assessment and hospitalisation. Early assessment and intervention is likely to reduce the need for and the duration of hospitalisation.(NCAG 2009)
- Patients have the right to be treated with a professional standard of care, by appropriately qualified and experienced staff, in a properly approved or registered organization that meets required levels of safety and quality .(Section 2a of The NHS Constitution,2009)

Additional literature indicates that there is a specific need for oncology patients receiving treatment to have access to a telephone enquiry service manned by trained staff (Anastasia 2002). Such a service ensures that appropriate/consistent advice is offered, and also allows for the early recognition of potential emergencies and side effects of treatment. The assessment and advice given to a potentially ill patient is crucial in providing the best possible outcome. Patient safety is an essential part of quality care; each and every situation should be managed appropriately.

Advice given over the telephone and close collaboration with community services using the developed protocols, guidelines and policies should ensure consistent advice is given and the number of patients requiring emergency admission may be reduced.

Telephone triage enables the oncology nurse to co-ordinate and have an impact on the standards of care to reduce the number of unnecessary clinic visits, recognize early or potential emergencies, and provide on going emotional support to the family'(Johnson and Yarbo 2000). Many situations arise in oncology/haematology care that requires patient assessment over the telephone.

This process can be broken down into three steps;-

- Contact
- Assessment/definition of problem
- Appropriate intervention/action

2.0 AIMS AND OBJECTIVES

At present there are no consistent national guidelines in place to support practitioners in helpline patient management.

This tool kit aims to provide:-

- Guidance and support to the practitioner at all three stages
- A simple but reliable assessment process
- Safe and understandable advice
- Communication and record keeping
- Competency based training
- An audit tool.

The process should allow for allocation of responsibility to a nominated triage nurse/doctor for a period of duty. On completion of this period the responsibility for helpline/triage management and follow up of patients is clearly passed to the next member of suitably qualified staff. This should provide a consistent, high quality service.

This document does not look at patient management post admission nor does it contain admission pathways (these should be developed locally) **It does however give the right of admission for assessment to the practitioner manning the helpline.**

3.0 TARGET USERS

The level of oncology/chemotherapy knowledge and training required to manage a 24 hour helpline is variable nationally and many practitioners feel unsure and ill equipped to make advanced care decisions. This tool kit is also an educational tool and includes a competency assessment framework that all disciplines of staff would need to complete prior to manning a Helpline facility.



3.1 COMPETENCY;-

All medical staff and qualified nurses working within cancer services will be appropriately trained:-

- Medical staff following completion of in house education and successful completion of triage competencies.
- Nurses who have a recognised qualification in the care of a patient receiving chemotherapy along with in house education and successful completion of triage competencies.
- It is recognised that this tool may also be useful to primary care teams and prompt speedy referral of appropriate patients

Maintaining Triage competency;-

Approved triage practitioners will be assessed on a 12 monthly basis, by named assessors in line with chemotherapy annual assessment programme.

4.0 PATIENTS TO WHOM THE GUIDELINES ARE APPLICABLE

All Oncology/Haematology adult patients who are currently receiving or have received treatment (chemotherapy/radiotherapy) in the past 6 weeks or are at risk from disease/ treatment related immunosuppression.

N.B. this does include adolescent patients treated within adult units.

5.0 CONTENT OF TOOL KIT

The Tool Kit will guide the user enabling them to provide appropriate consistent advice and allow for the early recognition of potential emergencies and side effects of treatment.

The tool kit consists of;

- Alert Card (example)
- Triage log sheet
- Triage pathway which is to be used to guide the user through the triage process
- Triage tool based on the WHO/NCRI-CTCAE common toxicity criteria is also included with individual guidelines
- Tool kit manual which includes the competency framework

6.0 THE ALERT CARD (example)

“Provide each patient with a card containing key information about the treatment and contact details” (NCAG 2008)

All patients receiving systemic anti cancer treatment/chemotherapy must be issued with

“Chemotherapy Alert Card”

This contains information regarding:-

- Patient identification details
- Regimen details
- Symptom recognition/warning signs
- Emergency contact numbers
(best practice may be one 24 hour number for contact)
- Treatment delivery area

ALWAYS CARRY THIS CARD WITH YOU AND SHOW IT TO ANYONE WHO TREATS YOU!

IF YOU:-

- ➔ HAVE A TEMPERATURE OF 37.5 OR ABOVE
- ➔ FEEL SHIVERY OR FLU LIKE
- ➔ FEEL GENERALLY UNWELL

YOU MUST CONTACT THE 24 HOUR HELPLINE IMMEDIATELY!





01234
567890

24 HOUR HELPLINE CONTACT NUMBERS

SOMEBODY WILL ALWAYS BE THERE TO HELP YOU.

CHEMOTHERAPY ALERT CARD!

THE COMPLICATIONS OF CHEMOTHERAPY ARE POTENTIALLY LIFE THREATENING, THEY INCLUDE

NEUTROPENIC SEPSIS

WHICH IS A MEDICAL EMERGENCY AND MUST BE TREATED **URGENTLY!**



NAME.....



HSP.NO.....

TREATMENT AREA.....

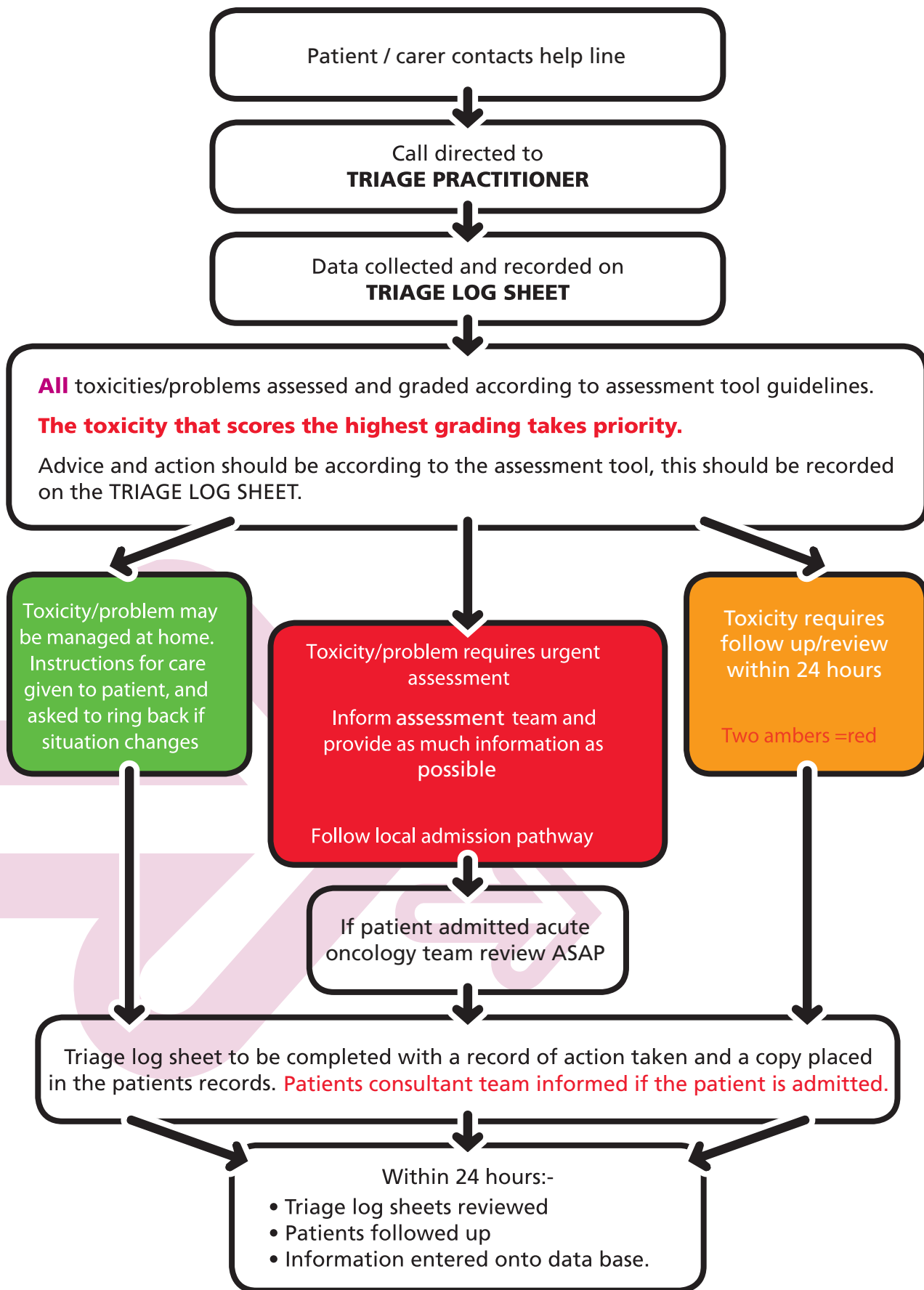
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7.0 TRIAGE PATHWAY



8.0 TRIAGE LOG SHEET

8.1 CONTACT RECORD

It is vitally important that the data collection process is methodical and thorough in order for it to be useful and provide an accurate record of the triage assessment.

A log sheet should be completed for all calls and unscheduled patient visits. This will allow audit of the helpline service.

8.2 INTERVIEW PROCESS

- Perform a rapid initial assessment of the situation “is this an emergency”
- Ask questions in a logical sequence
- Speak to the patient directly whenever possible
- Provide information slowly and thoughtfully assessing the patients comprehension anxiety and distress throughout the process
- Adopt a calm sensitive approach

8.3 DATA COLLECTION

Data collected should be:-

- C** complete
- A** accurate
- L** legible
- C** concise
- U** useful
- T** traceable
- A** auditable

The log sheet will be carbonated /electronic. The carbonated copy will be used as an audit tool, capturing information on call numbers and problem areas and quality of response.



9.0 USING THE TRIAGE TOOL

The Triage practitioner's assessment of the presenting symptoms is key to the process. The practitioner needs to be aware of the caller's ability to communicate the current situation accurately and use appropriate questioning and prompts until all necessary information has been gathered

The triage practitioner should consider the data collected along with the patient's level of concern in order to perform a clinical assessment.

The toxicity triage tool is to be used as a guideline highlighting the questions to ask and guiding the practitioner through the decision making process. This will lead to appropriate action by giving structure, consistency and reassurance to the practitioner.

If in the triage practitioners clinical judgment the guideline is not appropriate to that individual situation the rationale for that decision should be documented.

The triage tool is based on the World Health Organisation Toxicity Assessment Criteria and The NCI Common Terminology Criteria for Adverse Events and will enable practitioners to provide a consistent standard of advice.

The assessment tool will:-

- Prompt the practitioner with appropriate questions to ask in order to gain information from the patient
- Provide a reliable guide to toxicity grading
- Prioritise, the level of urgency indicated by the presenting symptoms and will aid in identifying potential emergency situations

9.1 ACTION/INTERVENTION

Action guideline selection is based upon the triage practitioners grading of the presenting symptoms/toxicity following interview, data collection and assessment.



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Green - callers should be instructed to call back if they continue to have concerns or their condition deteriorates.

Assessment = face to face consultation and physical assessment by an appropriately trained and qualified member of the clinical team. This assessment should be performed in an appropriate area that provides access to investigation and treatment facilities. Patients should be asked to attend as soon as possible for assessment and transport arranged for them to do so if required.

Review/follow up = the patient should be reviewed/followed up within 24 hours. This may be a telephone consultation or an urgent review clinic appointment.

Advise = patients should be given reassurance that the problem at present does not give cause for concern but that they should be vigilant and if the situation gets worse or does not improve they should call back immediately.



9.2 TRIAGE TOOL

ONCOLOGY/HAEMATOLOGY HELPLINE TRIAGE TOOL

↓ TOXICITY ↓	↓ GRADE ↓		↓ GRADE ↓		↓ GRADE ↓	
	0	1	2	3	4	
Fever and receiving cytotoxic chemotherapy or immunocompromised	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IF TEMP 37.5°C OR ABOVE or BELOW 36°C or GENERALLY UNWELL – URGENT Assessment AND MEDICAL REVIEW – Follow neutropenia pathway ALERT – Pt's on steroids/analgesics or dehydrated may not present with pyrexia but may still have infection (if in doubt do a count)						
Advise URGENT A&E for medical assessment						
Chest pain Onset? What makes it worse? Radiation? Any cardiac history STOP CAPECITABINE or INFUSIONAL 5FU	None					
Performance Status Has there been a recent change in performance status?	Asymptomatic ambulant	Symptomatic but completely ambulant	Symptomatic, <50% in bed during the day	Symptomatic, >50% in bed, but not bed bound	Bed bound	
Nausea How many days? What is the patient's oral intake? Is the patient taking antiemetics as prescribed? Assess patient's urinary output	None	Able to eat/drink reasonable intake Review anti emetics as prescribed	Can eat/drink but intake significantly decreased Review anti emetics according to local policy	No significant intake Arrange urgent assessment and review		
Vomiting How many days/episodes? What is the patient's oral intake? Does the patient have constipation or diarrhoea? Assess patient's urinary output	None	1 episode in 24 hours Review anti emetics as prescribed	2-5 episodes in 24 hours Review anti emetics according to local policy	6-10 episodes in 24 hours Arrange urgent assessment and review	> 10 episodes in 24 hours Arrange urgent assessment and review	
Oral/stomatitis How many days? Is there evidence of mouth ulcers? Is there evidence of infection? Are they able to eat/drink? Assess patient's urinary output	None	Painless ulcers, erythema, mild soreness able to eat/drink Use mouthwash as recommended	Painful erythema, oedema or ulcers but can eat/drink Continue to use mouthwash, drink plenty of fluids. Use painkillers either as a tablet or mouthwash	Painful erythema difficulty with eating and drinking Arrange urgent assessment and review	Mucosal necrosis and/or requires parenteral or enteral support Arrange urgent assessment and review	
Diarrhoea Consider infection! How many days has this occurred for? How many times in a 24hr period? Does the patient have any abdominal pain/discomfort? For how long? Has the patient taken any medication? See specific toxicity for pain <i>N.B. if taking CAPECITABINE chemotherapy, follow specific pathway</i>	None	Increase to 2-3 bowel movements a day over pre-treatment movements Drink more fluids Obtain stool sample ? consider regimen specific antidiarrhoeal	Increase 4-6 episodes a day or nocturnal movement/moderate cramping Drink plenty of fluids Obtain stool sample ? consider regimen specific antidiarrhoeal	Increase to 7-9 episodes a day or incontinence Severe cramping Arrange urgent assessment and review	Increase to >10 episodes a day or grossly bloody diarrhoea or need for parenteral support Arrange urgent assessment and review	
Constipation How long since bowels opened? What is normal? Does the patient have any abdominal pain/vomiting? Has the patient taken any medication?	None	Mild – no bowel movement in last 24 hours Dietary advice, increase fluid intake, review supportive medication	Moderate – no bowel movement in last 48 hours If associated with pain/vomiting, move to red Review fluid and dietary intake Recommend laxative	Severe – no bowel movement in last 72 hours Arrange Urgent assessment and review	Paralytic ileum >96 hours Arrange urgent assessment and review	
Fever NOT receiving chemotherapy	Normal	n/a	>37.5°C - 38°C Check in 1 hr and contact again if still pyrexial – see red	>38°C Arrange Urgent assessment and review	>40°C Arrange urgent assessment and review	

Infection If pyrexial see fever toxicity Has the patient taken their temperature? – When? Has the patient experienced any shivering, chills or shaking episodes?	None	Generally well	Generally unwell Arrange review	Severe symptomatic infection Arrange Urgent assessment and review	Life threatening sepsis Arrange urgent assessment and review
Palmar - plantar syndrome N.B. If taking CAPECITABINE chemotherapy, follow specific pathway	None	Numbness, tingling, painless erythema and swelling Advise patient to rest hands and feet. Use emollient cream	Painful erythema and swelling ? Arrange review – (may require dose reduction or defer treatment). Advise analgesia	Moist desquamation, ulceration, blistering and severe pain Arrange review – (may require dose reduction or defer treatment) Advise analgesia	
Fatigue How many days has this occurred for? Any other associated symptoms?	None	Increased fatigue but not altering normal activities Rest accompanied with intermittent mild activity	Moderate or causing difficulty performing some activities ? Arrange review	Severe or loss of ability to perform some activities Arrange review	Bedridden or disabling Arrange urgent assessment and review
Anorexia What was their weight before? What is appetite like? Any contributory factors e.g. dehydration, diarrhoea, vomiting, mucositis, and nausea? – link to specific toxicity	None	Loss of appetite without alteration in eating habits Dietary advice	Oral intake altered without significant weight loss or malnutrition: ? Arrange review	Oral intake altered in association with significant weight loss/malnutrition Arrange urgent assessment and review	Life threatening complications e.g. collapse Arrange urgent assessment and review
Dyspnoea/shortness of breath Is it a new symptom? Is dyspnoea worsening? Is there any chest pain? – link to specific toxicity How long for? What can the patient do? (? alteration in PS) CONSIDER SVCO/ANAEMIA/PULMONARY EMBOLISM	None	No new symptoms	Dyspnoea on exertion ? Arrange review	Dyspnoea at normal level of activity Will need urgent assessment and review	Dyspnoea at rest or requiring ventilatory support Arrange urgent assessment and review
Rash Is it localised or generalised? How long has it been there? Any signs of infection? Is it itchy? HAEMATOLOGY FOLLOW LOCAL GUIDANCE	None	Macular or papular eruption or erythema without associated symptoms Localised rash, otherwise well	Macular or papular eruption or erythema with pruritis or other associated symptoms Arrange review	Symptomatic unwell Arrange urgent assessment and review	Symptomatic unwell Arrange urgent assessment and review
Neurosensory/motor When did the problem start? Is it continuous? Is it getting worse? Is it affecting mobility/function? Any constipation or urinary incontinence? Consider Spinal Cord Compression	None	Mild paraesthesia, subjective weakness; no objective findings Monitor and contact immediately if deteriorates	Mild or moderate sensory loss, moderate paraesthesia, mild weakness with no loss of function Immediate contact if deteriorates Arrange review	Severe sensory loss, paraesthesia or weakness that interferes with function Arrange urgent assessment and review	Paralysis Arrange urgent assessment and review
Bleeding Is it a new problem? Is it continuous? What amount? Where from? Is the patient on anticoagulants? HAEMATOLOGY FOLLOW LOCAL POLICY	None	Mild, self limited controlled by conservative measures	Gross 1-2 units Urgent assessment to A&E	Gross 3-4 units per episode Urgent assessment to A&E	Massive >4 units per episode Urgent assessment to A&E
Pain Is it a new problem? Where is it? How long have you had it? Have you taken any analgesia? Consider thrombosis. ?any swelling/redness	None	Mild pain Not interfering with function Advise/discuss analgesia	Has pain Pain or analgesia interfering with function, but not ADL Arrange review	Severe pain Pain or Analgesia interfering with ADL Arrange urgent assessment and review	Severe pain, disabling! Arrange urgent assessment and review
Bruising Is it a new problem? Is it local/generalised? Is there any trauma involved?	None	Petechia/bruising, localised Arrange review	Moderate petechia/purpura Generalised bruising Arrange urgent assessment and review	Generalised petechia/purpura Arrange urgent assessment and review	
Extravasation Any problems immediately after administration? When did the problem start? Is the problem around the injection site? Has the patient got a central venous catheter? Explain the reaction?		Non vesicant Review next day		Vesicant Arrange urgent assessment and review	



10.0 COMPETENCY FRAMEWORK

“24 Hour Rapid assessment and access tool kit”

Competency Assessment Framework

This assessment should be undertaken by all medical staff and chemotherapy qualified nurses working within cancer services who are appropriately trained and are expected to manage 24 hour triage helplines ;-

- Medical staff following completion of in house education and successful completion of triage competencies.
- Nurses who have a recognised qualification in the care of a patient receiving chemotherapy along with in house education and successful completion of triage competencies.

Maintaining Triage competency;-

Triage practitioners will be assessed on a 12 monthly basis, by named assessors in line with chemotherapy competency assessment.

Assessment will include observed practice, scenario assessment and discussion.

Assessment sheet will be signed by nominated assessor and also by practitioner to confirm competence.

Summary

This workforce competence covers the assessment of patients who have :-

- received chemotherapy
- received any other type of anticancer treatment
- disease/medication related immunosuppression (i.e. acute leukaemia, corticosteroids)

It is clinically focused and covers:-

- Referring a patient for further assessment.
- Giving interim clinical advice and information to patients or others who might be with them regarding further action, treatment and care.

It may involve talking via the telephone to an individual in a variety of locations or talking face to face in a healthcare environment.

The aim of the communication process is to assess the patient's condition and

1. identify patients who require urgent/rapid clinical review
2. give advice to limit deterioration until appropriate treatment is available
3. provide homecare advice and support.

Advice and information may be given directly to the patient, It may also be given to a third party. Users of this competence will need to ensure that practice reflects up to date information and policies.

This workforce competence has indicative links with the following dimension and level within the NHS Knowledge and Skills Framework (October 2004):

HWB6: Assessment and treatment planning

Level 4: Assess physiological and psychological functioning when there are complex and/or undifferentiated abnormalities, diseases and disorders and develop, monitor and review related treatment plans

Core 1: Communication

Level 3: Develop and maintain communication with people about difficult matters and/or in difficult situations

Scope

This section provides guidance on possible areas to be covered in this framework.

Areas covered:-

1. All Oncology/Haematology adult patients who are currently receiving or have received treatment (chemotherapy/radiotherapy) in the past 6 weeks or are at risk from disease related immunosuppression. Paediatric services are excluded
2. Giving clinical advice which will include:
 - managing emergency situations
 - monitoring for and reporting apparent changes in the individual's condition
 - calming and reassuring the individual
3. The importance of identifying the individuals' capacity to take forward advice, treatment or care.
4. The importance of ensuring the patient contacts the helpline again if condition worsens or persists.
5. The importance of completing the assessment pathway and ensuring that decisions are reviewed.



24 HOUR RAPID ASSESSMENT AND ACCESS COMPETENCY ASSESSMENT.

Following completion of training and assessment process the assessor and the practitioner must agree on and confirm competency.

Practitioner name..... Practitioner Signature

Assessor name..... Assessor Signature

Date..... Organisation

This is to deem that has been assessed as competent in the use and application of the "24 Hour Rapid Assessment and Access Tool Kit"

The practitioner is reminded that they will still be accountable for practice as detailed in clause 1.3 of the NMC code of conduct.

"You are personally accountable for your practice. This means that you are answerable for your actions and omissions, regardless of advice or directions from another professional"

Performance Criteria You need to:		To be signed and dated by the student and assessor	
		observed	competent
1.	be able to explain clearly and calmly to the assessor your own role and its scope, responsibilities and accountability in relation to the provision of interim clinical advice		
2.	explain clearly a) any clinical advice to be followed and its intended outcome b) anything they should be monitoring and how to react to any changes c) any expected side effects of the advice d) any actions to be taken if these occur		
3.	clarify and confirm that the individual understands the advice being given and has the capacity to follow required actions		
4.	provide information that: a) is current best practice b) can be safely put into practice by people who have no clinical knowledge or experience c) acknowledges the complexity of any decisions that the individual has to make d) is in accordance with patient consent and rights		

5.	communicate with the individual, in a manner that is appropriate to their level of understanding, culture and background, preferred ways of communicating and which meets their needs. The ability to communicate in a caring and compassionate manner.		
6.	communicate with the individual in a manner that is mindful of: a) how well they know the patient b) the accuracy and detail that they can give you regarding the situation and the patient's medical history, medication etc c) patient confidentiality, rights and consent		
7.	manage any obstacles to effective communication and check that your advice has been understood		
8.	provide reassurance and support to the individual or third party who will be implementing your advice, pending further assistance		
9.	ensure that you are kept up to date regarding the patient's condition so that you can modify the advice you give if required		
10.	ensure that full details of the situation and the actions already taken are provided to the person or team who take over the responsibility for the patient's care.		
11.	recognise the boundary of your role and responsibility and the situations that are beyond your competence and authority		
12.	Seek advice and support from an appropriate source when the needs of the patient and the complexity of the case are beyond your competence and capability.		
13.	Ensure you have sufficient time to complete the assessment.		
14.	Provide information on how to obtain help at any time.		
15.	Record any modifications which are made to the agreed assessment process and documentation and the reasons for the variance.		
16.	Record and report your findings, recommendations, patient and/or carer's response and issues to be addressed according to local guidelines.		
17.	Inform the patient's medical team on the outcome of the assessment as per assessment pathway.		
18.	Demonstrate competent use of the assessment tool and completion of assessment pathway.		



11.0 KEY SKILLS

Please Read prior to completing the assessment process!

The following Key Skills will be demonstrated by completing the competency framework attached to this document and during the management of the helpline and continued assessment of patients.

Knowledge and understanding

You need to apply:

Generic healthcare knowledge and understanding

- K1.** A factual knowledge of why your role, responsibilities and accountability should be explained
- K2.** A working knowledge of the general advice and clinical techniques that may need to be employed before the person or team ultimately responsible for the care of the individual arrives
- K3.** A working knowledge of how best to communicate general advice and clinical techniques to individuals and third parties, bearing in mind that they are likely to be unfamiliar with these and will need reassurance
- K4.** A working knowledge of the steps you would take to ensure that the privacy, dignity, wishes and beliefs of the individual are maintained
- K5.** A working knowledge of the importance of clear communication in distant locations and how you would establish this
- K6.** A working knowledge of how to provide advice whilst adhering to relevant legislation, policies, protocols and guidelines regarding patient confidentiality and consent.

Legislation, Regulations and Guidelines

- K1.** An in-depth understanding of national and local treatment guidelines relevant to the patient's condition.
- K2.** A working understanding of local guidelines for patient identification.
- K4.** A working understanding of the range of information which should be made available to the patient.
- K5.** A working understanding of the local guidelines for patient records, their storage and confidentiality of information.
- K6.** A working understanding of the local and nationally agreed assessment processes and documentation.

K7. A working understanding of professional codes of practice.

K8. A working understanding of local guidelines for risk management and adverse incidents.

Clinical Knowledge

K9. An in-depth understanding of the signs and symptoms associated with the patient's condition and how they present.

K10. An in-depth understanding of the progression and prognosis of the disease.

K11. An in-depth understanding of the appropriate treatment regimens and management of the disease and possible complications.

K12. An in-depth understanding of the mode of action and side effects of chemotherapy regimens.

K13. An in-depth understanding of the signs, symptoms and prevention of the side effects of treatment regimens.

K14. An in-depth understanding of the appropriate supportive treatment regimens for the management of the side effects of chemotherapy.

K15. An in-depth understanding of the range of relevant pharmaceutical, non pharmaceutical, interventional, non-interventional and supportive care strategies available.

K16. An in-depth understanding of hypersensitivity, how to recognise, respond, manage and prevent if possible.

K17. An in-depth understanding of the normal parameters for routine investigations.

K18. An in-depth understanding of extravasations, how to recognise, respond, manage and prevent if possible.

K19. A working understanding of the psycho-sexual and body image issues associated with cytotoxic chemotherapy treatment.

K20. A working understanding of the signs and symptoms of the patient's physical and emotional status.

K21. A working understanding of the management of emotional distress.

K22. An in-depth understanding of psychological, spiritual and social status.

K23. A working understanding of the range of resources available within the patient's locality offering appropriate support.

K24. A working understanding of the medical terminology relevant to the treatment.



Technical Knowledge

K25. A working understanding of different venous access devices and their care.

Procedures and Patient Management

K26. A working understanding of the range of communication difficulties and sources of resources to aid communications.

K27. A factual knowledge of the organisations which offer support relevant to the patient's needs.

K28. A working understanding of the sources of information available to assist patients in making choices.

K29. A working understanding of the limits of one's own knowledge and experience and the importance of not operating beyond these.

K30. A working understanding of the importance of clear communications.

K31. A working understanding of the importance of patient choice and the ways in which patients can be supported to make an informed choice.

K32. A working understanding of the interpretation of body language and influence of position and posture.

K33. A working understanding of the skills, styles and methods of assessment and how to deal with outcomes.

K34. A working understanding of the guidelines relevant to your own and others' roles and the responsibilities, accountability and duties of yourself and others.

Procedures and processes within the organization

K7. A working knowledge of the importance of recording information clearly, accurately and legibly

K8. A working knowledge of the legislation, policy and practices with regard to the documentation, storage and sharing of information and records including the use of Integrated Care Record Systems (ICRS).

12.0 SCENARIOS

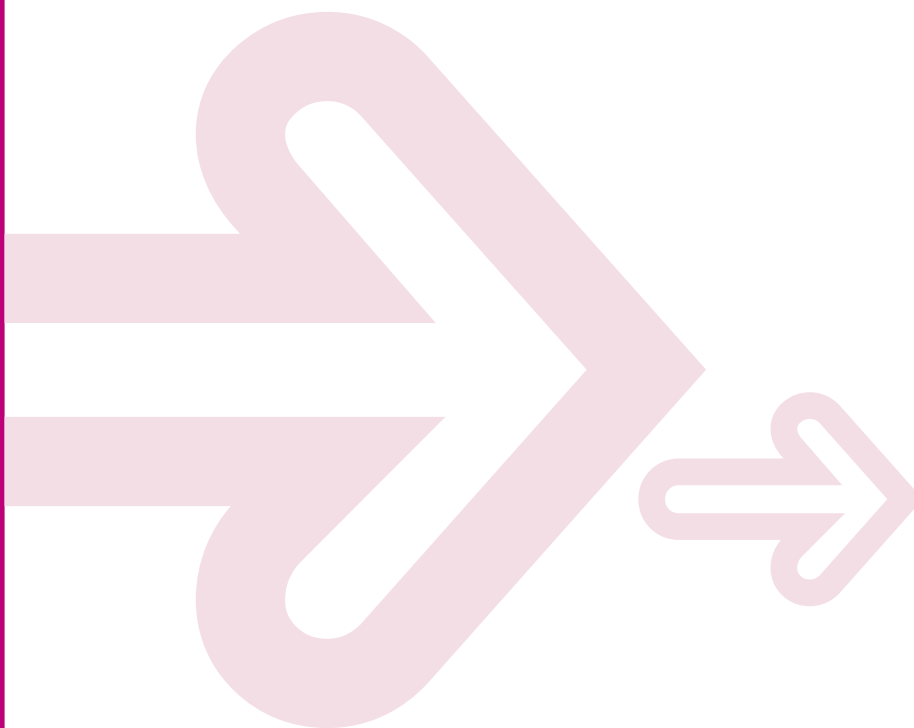
The following scenarios are real life occurrences that have been reported as adverse events they demonstrate the need for guidelines, education and monitoring of service provision.

They could also be used by potential practitioners to test the Tool Kit during competency assessment.

- Patient on chemotherapy, had pyrexia of 39.1°C, shaking, feeling very unwell, vomiting and diarrhoea- patient's wife rang medical registrar, was told she had a choice she could telephone for an ambulance and attend A&E or call emergency GP- she opted to contact the G.P.
- The patient was discharged post chemotherapy with recovering blood counts. The Clinical Nurse Specialist contacted the patient and gave them aftercare advice and the emergency contact number. When the patient became pyrexial 38°C he followed CNS advice and contacted the Helpline number/Ward. The person who took the call told him to take some paracetamol.
- Patient receiving chemotherapy telephoned the helpline/ward during the night with a temperature of above 38°C. Local guidelines state this should lead to urgent admission. The patient was advised to stay at home and monitor their temperature.
- Patient rang the ward/helpline with temperature of 39.3°C. They had received chemotherapy 14 days earlier. No response when Bed Manager contacted. On call registrar suggested the patient should attend A&E as MAU full.
- Macmillan community nurse contacted chemotherapy nurse on call/helpline on behalf of a patient. Patient taking part in a clinical trial and taking Capecitabine chemotherapy tablets, complaining of nausea, vomiting and diarrhoea. Advised by A&E and Bed Manager not to admit due to diarrhoea.
- Patient's wife telephoned the ward/helpline at 05.00 hours as patient had a pyrexia above 37.5°C and had received chemotherapy. According to local policy the patient should have been admitted as an emergency. The patient's wife was told to ring back at 09.00 hrs as there were no beds available. The patient's wife brought him to the Haematology/Oncology Day unit at 09.00 hrs. He was very unwell, in pain and neutropaenic treatment was commenced and he was transferred to the ward.....he died of neutropaenic sepsis and renal failure. At the time of the 1st call the nurse in charge of the helpline had contacted the Night Nurse Practitioner and was instructed to tell the patient's wife there were no beds and that she should call back at 09.00hrs.



- Patient receiving chemotherapy with a history of neutropaenic sepsis following each previous cycle of treatment. Telephoned A&E for advice as she had a raised temperature. She was advised to take regular paracetamol and to report if temperature of 38.0°C whilst on paracetamol. Patient presented at chemotherapy clinic, unwell, pyrexia 38.0°C and neutrophils 0.1x10⁹/L. Immediate admission for treatment of neutropaenic sepsis.
- The husband of a patient receiving chemotherapy called for an ambulance as an emergency as the patient had a pyrexia of above 38.0°C and had been advised to attend hospital if this happened. The husband was told that this was not an emergency and that the patient should take two paracetamol. The patient spent 5 days in hospital receiving treatment for neutropaenic sepsis.
- The patient contacted the ward/helpline 8 days post chemotherapy with a temperature of 37.8°C. Advised to take their temperature hourly. Rang back when temperature was 38.5°C, advised to contact G.P.



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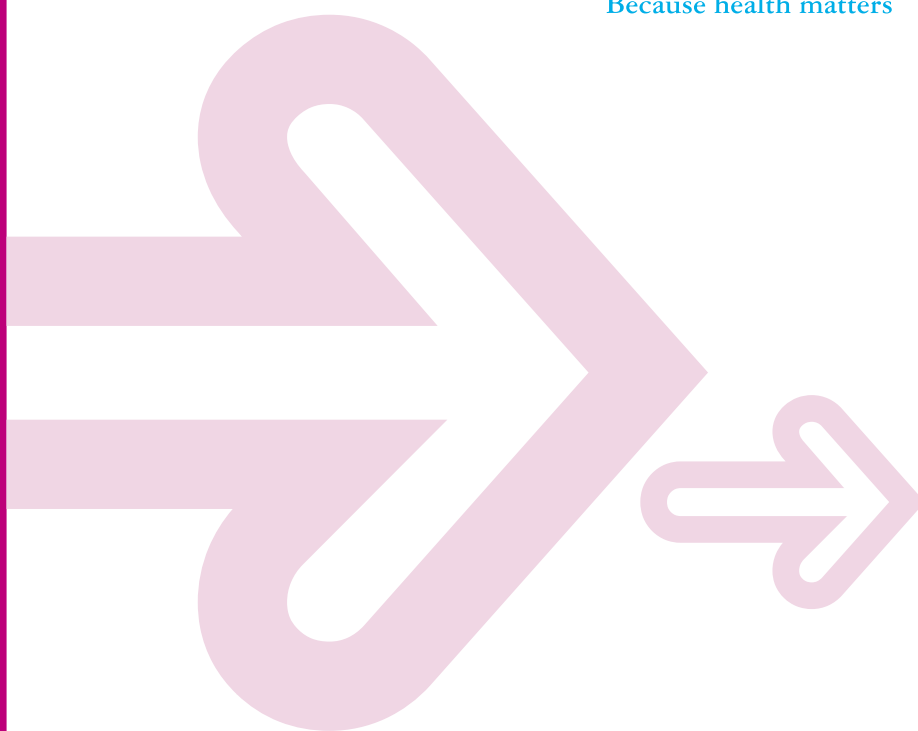
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UKONS CENTRAL WEST CHEMOTHERAPY NURSES GROUP

Rapid Assessment and Access Tool Kit.

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Oncology/Haematology 24 HOUR TRIAGE

RAPID ASSESSMENT AND ACCESS TOOL KIT

