



**BEATSON WEST OF SCOTLAND
CANCER CENTRE**

ACUTE ONCOLOGY ASSESSMENT UNIT (AOAU) OPERATIONAL POLICY

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1. Policy Statement

The purpose of this policy is to define the function of the Acute Oncology Assessment Unit (AOAU), and outline the operational management.

1.1. Introduction

The AOAU will efficiently and safely manage the care of patients who develop complications as a consequence of their cancer, or complications related to their Systemic Anti-Cancer Therapy (SACT) or radiotherapy, during the time that they are receiving treatment and in a period of up to six weeks following completion of this treatment.

The AOAU will provide rapid assessment, investigation and treatment of patients with urgent oncological conditions. It will enable patients with acute toxicities to be treated by an expert multi-professional team, reducing pressure on non-specialty services, maintaining continuity of care and promoting specialty-based care for those requiring hospital admissions. It will also receive patients from haemato-oncology who need assessment following emergency admission.

The unit is designated as an assessment unit only and has no inpatient beds. Patients will undergo timely medical and nursing assessment and a decision will be made whether to admit, transfer or discharge the patient. Treatment will be initiated and altered as appropriate. If there is a decision to admit then the patient will be transferred to the first appropriate bed.

All patients will have been assessed and transferred with a SBAR handover sheet (Appendix 11.2), enabling their admission via the oncology/haemato-oncology outpatients or day case department.

Definitions of the terms and abbreviations used within this document can be found in Appendix 11.1.

1.2 Aims and Objectives

The aims and objectives of the AOAU are:

- To ensure timely and effective management of oncological/haemato-oncological emergencies.
- To avoid admission through timely intervention for patients with anti-cancer treatment related toxicities.
- To improve the patient care pathway and access to an expert multi-professional team.
- Avoid admission to non-specialist areas for oncology patients undergoing anti-cancer treatment.
- To improve patient outcomes associated with management of oncology/haemato-oncology emergencies.
- Ensure adherence to emergency care and treatment guidelines and protocols to reduce risk.

- To provide a dedicated area for unscheduled admissions and reduce delays in outpatient areas for unplanned patients requiring assessment.
- Provide an auditable service that demonstrates and evaluates impact, efficiency and cost effectiveness of the service.
- Aim to fulfil government and organisational targets and act in accordance with national directives to provide urgent specialist treatment to patients receiving systemic anti-cancer therapy and radiotherapy.

2. Facilities

The main staff base for AOAU is situated at the entrance to the Unit on level 3 at the BWoSCC. There is a small seated patient waiting area in the corridor within AOAU. Facilities include eight single rooms with toilet facilities. All rooms are fully equipped with oxygen, suction and emergency call system.

3. Operational Management

3.1. Operating Times

The unit operates:

- 8am to 8pm Monday to Friday.
- Includes public holidays except 25th and 26th of December and 1st and 2nd of January.
- 7pm cut off for attendance at AOAU.
- Main reception contact number 0141 301 7647.

3.2. Referral Routes

The AOAU will be used for assessment of unscheduled admissions only. Patient will be received via:

- BWoSCC Bed Manager for emergency admission
- Oncology outpatient department following the *Pathway from Outpatient Department for unwell patients* (Appendix 11.3)
- Radiotherapy outpatient department following the *Pathway from Radiotherapy Department for patients unwell or requiring intervention* (Appendix 11.4)
- Haemato-oncology following the *Haemato-oncology pathway* (Appendix 11.5)

3.3. Admission Criteria for AOAU with Exclusion Criteria

Admission criteria to AOAU:

- All patients must have been assessed (includes via phone) prior to admission to AOAU by a Health Care Professional.
- All patients must already be under the care of, or accepted by a BWoSCC consultant oncologist.

- Patients with acute complications of their cancer treatment and/or disease, for whom the BWoSCC is the most appropriate hospital for management.
- Haemato-oncology patients requiring intervention.

Exclusion criteria for admission to AOAU:

- Unconfirmed cancer diagnosis.
- Physiologically unstable patients, including those with deteriorating conscious levels, must attend the accident and emergency departments of their local hospital.
- Acute organ failure or other medical emergencies, such as suspected myocardial infarction or pulmonary embolus, would be managed by acute medical services at their local hospital.
- Severe haemorrhage – these patients should be admitted to local hospital.
- Mechanical falls and suspected fractures should attend the accident and emergency department of their local hospital.
- Suspected spinal cord compression in patients – these patients should have urgent MRI scan and admission to their local hospital, unless already at the BWoSCC.
- Cancer patients with disease related complications where existing pathways with other specialties are well established.

It is important to note that the AOAU does not replace the current arrangements for emergency transfer of patients to the BWoSCC, which are in accordance with *BWoSCC Bed Management Policy*.

3.4. Transfers/Discharges from AOAU

Patients requiring continuing care should be transferred from AOAU, once stabilised, at the earliest opportunity.

For internal BWoSCC transfers all documentation should accompany the patient on transfer. A robust verbal handover should be given to both nursing and medical staff on the transfer ward including details of assessment, investigations and interventions.

For external transfers to other hospitals AOAU documentation should be copied and accompany the patient. A verbal handover should be given to medical staff in the transfer area by the ANP, staff grade or SpR on shift.

Attendance at AOAU shall be communicated to Consultant, CNS and consultants' secretary via e-mail by the ANP/NP.

An immediate discharge letter should be completed on TrakCare for all patients discharging from AOAU. A copy should be given to the patients for their own records and a further copy sent to their GP. The immediate discharge letter should be completed by the ANP, staff grade or SpR on shift.

The immediate discharge letter should be discussed with the patient and/or carer to ensure understanding of the admission diagnosis, ongoing medication and management plan, including outpatient follow up.

3.5. Medical Model/Escalation Policy

For patients seen in AOAU requiring medical review, the Nurse Practitioner will escalate as below:

Medical Oncology patient

1. Speciality Doctor
2. Oncology On-call Registrar (medical or clinical oncology combined rota as currently)
3. Own Consultant/delegated consultant
4. On-call Medical Oncology Consultant

Clinical Oncology patient

1. Speciality Doctor
2. Oncology On-call Registrar (medical or clinical oncology combined rota as currently)
3. On-call Clinical Oncology Consultant (taking telephone advice from the patient's own Consultant/team as necessary).

The on-call Consultant has responsibility for consultant to consultant contact regarding admitted patients requiring review.

3.6. HDU/ITU/Anaesthetics Review

Acutely unwell patients requiring input from the ITU team would be managed in accordance with the SOS ITU Admissions Policy.

3.7. Palliative Care

Palliative care information and support is available from the palliative care resource folder, the GG&C Palliative Care Guidelines booklet or from www.palliativecareggc.org.uk. Please refer to these resources before contacting the Hospital Specialist Palliative Care Team (HSPCT). Referrals to HSPCT should be made according to the existing palliative care access & referral criteria (Appendix 11.6).

The team offers advice to staff, single assessment visits or a period of ongoing specialist palliative care input as needed. All referrals to the team should be discussed with the referring consultant if possible, and will be prioritised depending on the level of urgency.

Contact Palliative Care secretaries on 57041 or 57042 (8.30-17.00hrs) or on call via switchboard.

3.8. Guidelines

Medical management of patients attending AOAU will be in accordance with the relevant local and national protocols and guidelines (see Appendix 11.7). Copies of guidelines and protocols are available in hard copy format in AOAU with online versions available via the Intranet or in the AOAU folder on Beatson Share.

4. Staffing

4.1. Medical

Patients will be admitted as they are at present, under their own consultant and remain so. Medical staff will provide clinical support for the Advanced Nurse Practitioners (ANPs) as required. Medical staff providing cover to the AOAU will, in conjunction with the ANP, coordinate all aspects of patient assessment and management.

Medical Staff cover:

8am -9am	Oncology/Haematology on-call SHO (#5112)
9am – 5pm	Speciality doctor (#5359)
5pm – 7pm	On-call SpR (#5355)
7pm - 8pm	Oncology/Haematology on-call SHO (#5112)

Escalation to consultant medical staff will be as described in section 3.5.

4.2. Nursing

The day to day management of the unit will be the responsibility of the Advanced Nurse Practitioners (ANPs).

The AOAU is staffed by a dedicated team of ANPs and Triage Practitioners with support from the medical team, pharmacists and other health care professionals.

The nursing establishment for the AOAU comprises of:

2.0	WTE Advanced Nurse Practitioner
4.0	WTE Triage Practitioner
1.33	WTE HCSW cover shared with B6MDCU

4.3. Administration

There will be ward clerk cover provided for the unit from 0830 – 1700 Monday to Friday including absence and break cover.

Patients attending out of hours shall have their information entered onto hospital systems (TrakCare) by nursing staff.

Out of hours patients' records can be obtained by contacting clerical staff based in the filing library on extension 57392.

In addition a part time Acute Oncology Audit Coordinator will work as part of the Acute Oncology Team, and closely with multidisciplinary clinical staff and associated clerical and administrative staff.

1.0 WTE Ward Clerk shared with B6MDCU

0.5 WTE Acute Oncology Audit Coordinator

5. Pharmacy

The Clinical Pharmacist is available 9am – 5pm, Monday to Friday for advice and support. They can be contacted via pharmacy workstations in ward B4/B5 on tel. 57640 or #5404.

5.1. Oncology Supportive Medicines Policy (OSMP)

The *BWoSCC Oncology Supportive Medicines Policy (June 2013)* allows nurses, pharmacists and radiographers to issue medicines to adult patients for the relief of chemotherapy and radiotherapy induced symptoms for a short period of time (as a one-off administration) without the need for them to be prescribed by a qualified prescriber. This shall be utilised by non-prescribing members of the nursing team as appropriate.

5.2. Medication Dispensing

- In hours - medications will be dispensed via MMyMeds located in B6MDCU.
- Out of hours - discharge medications will be provided in the form of pre-packed take home medications.
- Pre-packs will be stored in AOAU/B6MDCU with MMyMeds restocking and monitoring supply.
- Controlled medications for discharges will be dispensed via the main BWoSCC pharmacy dispensary.
- There is no provision for storage of controlled medications in AOAU.
- If controlled medications are required urgently these will be obtained from Ward B5 in accordance with *AOAU Controlled Drug SOP* (Appendix 11.8).

6. Bed Management

Beds for admission to AOAU will be managed by:

0800 to 1700 BWoSCC Non Clinical Bed Manager (# 5149)
1700 to 1900 AOAU Nurse Practitioners (tel. 57647)

Patients for admission to AOAU must arrive before 7pm.

Beds for admissions from AOAU will be managed by:

0800 to 1700 BWoSCC Non Clinical Bed Manager (# 5149)
1700 to 2000 BWoSCC Nurse Page Holder (#5113) in conjunction with the on-call SpR.

Haemato-oncology bed management occurs at local ward level in close cooperation with the Clinical Bed Manager.

Admissions from AOAU will be managed in accordance with the *Beatson West of Scotland Cancer Centre Policy for Bed Management and advice for Emergency enquires (March 2013)*.

In the event where there are no BWoSCC beds available, the bed management policy for 'downstream boarding' will be activated i.e. 'boarding out those patients who are clinically fit to be boarded in GGH thus releasing beds for oncological emergencies'. This decision will be made in discussion with the on-call SpR, Clinical Bed Manager and GGH Bed Manager. The on-call SpR shall discuss with the parent consultant or on-call consultant before finalising the transfer.

7. Investigations

7.1. Bloods

Bloods will be taken by nursing staff where clinically indicated. Results must be reviewed, recorded in the AOAU assessment documentation and acted upon by an appropriately qualified member of the nursing/medical team.

Samples will be sent via the POD system labelled and forwarded in accordance with *AOAU Policy for Laboratory Samples (Appendix 11.9)*.

7.2. ECG

ECGs shall be performed where clinically indicated by AOAU staff and reviewed by an appropriately qualified member of the nursing/medical team.

7.3. Radiology

Where AXR and/or CXR are indicated these shall be requested by a qualified member of nursing/medical staff in accordance with *AOAU Policy for Radiology Investigations* (Appendix 11.10).

CT scans require to be requested by medical staff. Urgent out of hours CT scans should only be requested after discussion with the on call radiologist.

MRI scans require to be requested by medical staff. Requests before 2.30pm weekdays will be performed the same day wherever possible. Requests submitted after 2.30pm will most likely not be performed until the following day.

Paper copy reports of radiology investigations shall be returned to the Consultant for review and sign off.

8. Transport

Unless clinically contraindicated patients shall be encouraged to provide their own transport.

Ambulances to and from AOAU/A&E shall be booked directly with the Scottish Ambulance Service (SAS) by nursing staff (or SHO if overnight or weekend to A&E).

Unscheduled admissions to AOAU and transfers from AOAU follow the *SAS Accident and Emergency/Acute Oncology flowchart* (see Appendix 11.11).

Discharge transport shall be arranged for patients requiring assistance from skilled ambulance staff. This shall be arranged following the *SAS patient transport service booking flowchart* (see Appendix 11.12).

Out of hours patients awaiting transport from AOAU will be transferred to ward B4.

9. Measuring, Monitoring and Evaluating Service Provision

As with any new service it is imperative that performance is monitored and evaluated. An evaluation framework has been developed looking at different aspects of the service in order to provide a comprehensive overview.

The Audit Coordinator in conjunction with the nursing staff, will be responsible for ensuring the timely collection of data for the acute oncology service including the Acute Oncology Assessment Unit and the 24 hour Cancer Treatment Helpline. In addition he/she will provide pivotal role in providing administration support for the Acute Oncology Team in order to deliver the outcomes and targets of implementing the Acute Oncology Service. In addition he/she will facilitate the collection, analysis and presentation of audit data for West of Scotland cancer patients using the service.

Patient experience

AOAU staff will carry out a patient experience review in the form of a questionnaire to obtain feedback on patients' experience of seeking advice during cancer treatment. Data from questionnaires completed prior to AOAU opening will be used as a baseline against which to measure performance. This includes a focus on:

- Accessibility to, and helpfulness of advice
- Access to services
- Toxicities experienced
- Patients' experience of hospital attendance in emergencies

The aim is to improve patient experience and accessibility to expert care and advice. The patient experience review will be repeated once the AOAU is fully operational and established.

SPSP Sepsis 6

Ongoing measurement against SPSP sepsis 6 performance indicators will be performed on all patients with suspected sepsis meeting NEWS or SIRS criteria. Performance will be benchmarked against SPSP sepsis 6 criteria. Criteria included:

- Completion of the one hour Care Bundle including one hour door to needle time.
- Compliance with management of neutropenic sepsis, *GGC Initial Management of Neutropenic Sepsis in Cancer Patients (April 2012)* and infection management guidelines.
- Mortality at 30 days.

The aim is to comply with a one hour door to needle time/care bundle targets. Ensure compliance with local anti-microbial guidelines, *GGC Infection Management Guideline: Empirical Antibiotic Therapy (Aug 2012)* and improve outcomes through timely intervention. Data will be collated monthly.

Accident and emergency/Acute oncology audit

The Accident and Emergency/Acute Oncology Audit will be repeated within six to nine months of the Acute Oncology Assessment Unit and the 24 hour Cancer Treatment Helpline becoming operational and compared with the measures in the baseline audit.

Mandatory corporate quality improvement and HEI audits

These will be shared with B6MDCU and include hand washing, health & safety (*NHS GG&C Health & Safety Policy, May 2012*) and infection control (*NHS GG&C Prevention & Control of Infection Manual, 2013*).

Datix

The Datix reporting system shall be used to monitor and investigate system failures. Access via GGC Staffnet

Complaints

All complaints shall be fully investigated in accordance with *GGC Complaints Policy, v2.0, (Oct 2012)*.

10. References and Links

1. Beatson, West of Scotland Cancer Centre, Oncology Supportive Medicines Policy, June 2013
2. Beatson, West of Scotland Cancer Centre, Policy for Bed Management and advice for Emergency enquires, March 2013
3. [NHS GG&C Complaints Policy](#), v2.0, Oct 2012
4. [NHS GG&C Health & Safety](#) Policy, , May 2012
5. [NHS GG&C Infection Management Guideline: Empirical Antibiotic Therapy](#), Aug 2012
6. [NHS GG&C Initial Management of Neutropenic Sepsis in Cancer Patients](#), March 2013
7. [NHS GG&C Palliative Care Guidelines](#), 3rd Ed., v2, 2010
8. [NHSGGC Prevention & Control of Infection Manual](#), 2013

11. Appendices

Appendix 11.1. Definition of Terms

AOAU	Acute Oncology Assessment Unit
B6MDCU	Ward B6 Macmillan Day Case Unit
BWoSCC	Beatson West of Scotland Cancer Centre
CTH	Cancer Treatment Helpline
ECG	Electrocardiograph
HCP	Health Care Professional
NEWS	National Early Warning System
OSMP	Oncology Supportive Medicines Policy
PGD	Patient group directive. A written instruction from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient.
SBAR	(Situation, background, assessment, recommendation). A tool designed to be used between members of the Health Care Team when communicating about a patient's condition.
SACT	Systemic anti cancer therapy – radiotherapy, chemotherapy and targeted biological therapies
SAS	Scottish Ambulance Service
SPSP	Scottish Patient Safety Programme
UKONS	UK Oncology Nursing Society – devised the Rapid Assessment and Access Toolkit

Appendix 11.2. SBAR Handover Sheet

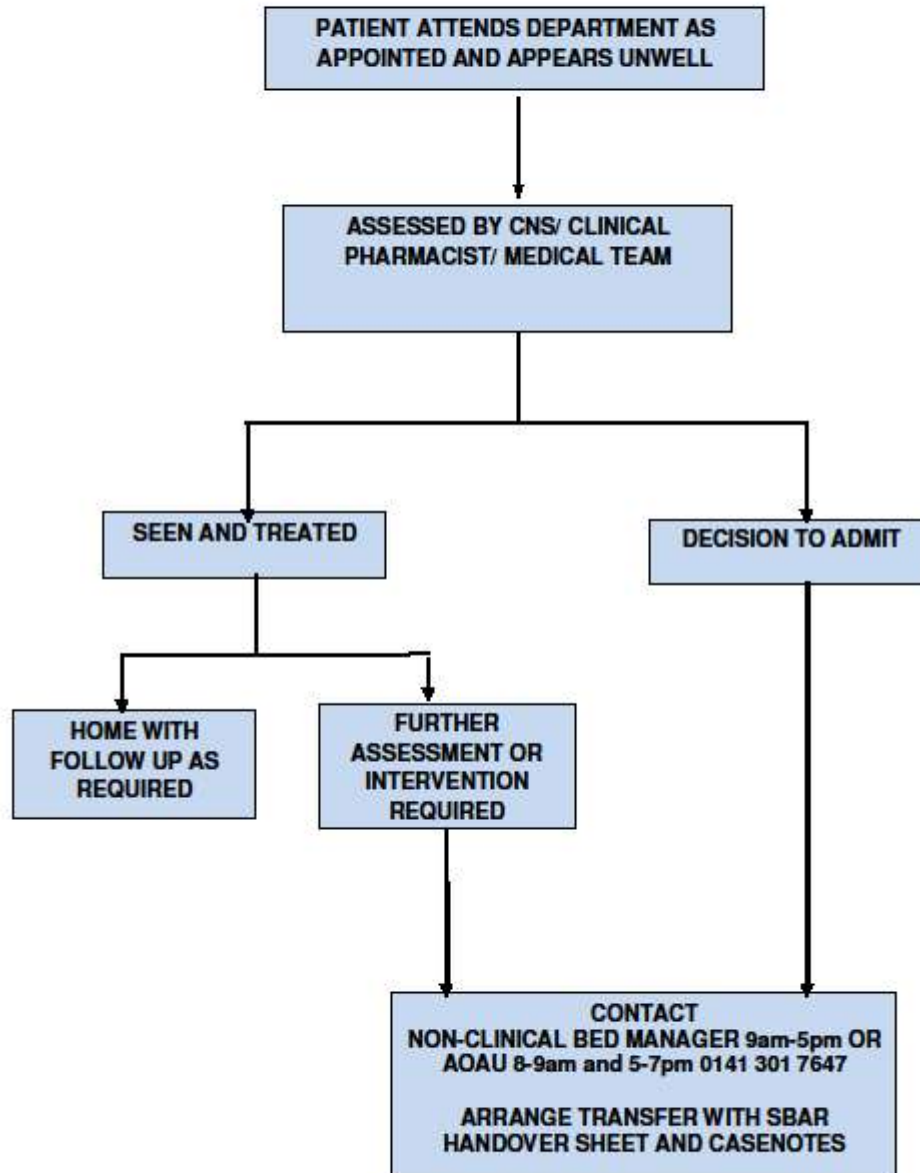
Name: _____ Address: _____ DOB: _____ CHI No: _____	NHS Greater Glasgow and Clyde Beatson WoSCC AOAU SBAR Handover Sheet  beatson UNIT OF PROSTATE-CANCER SERVICES
Date: ____/____/____ Time: ____:____ Transfer Ward: ____	

Situation - What is the issue/concern? - What is happening that has changed?	Diagnosis: _____ Consultant: _____ Reason for Admission/Transfer: _____ _____
Background Provide pertinent background information related to the situation. For example: - Significant PMH - Treatment Modality & Status - Relevant medication details	Chemotherapy: Chemo regimen: _____ Cycle No: ____ Day: ____ Of: ____ PICC/Hickman Line Insitu Yes ☐ No ☐ Comment: _____ PVC Insitu Yes ☐ No ☐ Comment: _____ Radiotherapy: Yes ☐ No ☐ No. of Radiotherapy Fractions Received ____Tx Rm No: ____ Relevant PMH: _____ What action has been taken already? O₂ Therapy: ____ l/min IV Fluids Yes ☐ No ☐ Running ____ hrly IV Meds/Antibiotics Yes ☐ No ☐ Comment: _____ Blood Products Yes ☐ No ☐ Comment: _____ Other Symptom Control/Clinical Issues Requiring Intervention: Yes ☐ No ☐ 1. _____ 2. _____
Assessment	Vital Signs: Temp: _____ Pulse: _____ BP: _____ SaO₂: _____ Resp: _____ AVPU: _____ BM: _____ News: _____ Investigations Actioned: ☐ FBC ☐ Coag ☐ U+E ☐ LFT ☐ CRP ☐ Lactate ☐ Bone ☐ Cross Match ☐ Blood Cultures ☐ ECG ☐ CXR ☐ Allergies ☐ Infection Control Issues
Recommendation What is the plan:	Any other outstanding orders needing completion and/or follow-up? _____ _____ _____ _____ Own Transport: Yes ☐ No ☐ Reviewed by Consultant: ☐ Reviewed by Registrar: ☐ Relatives Informed of Transfer/Admission: Yes ☐ No ☐

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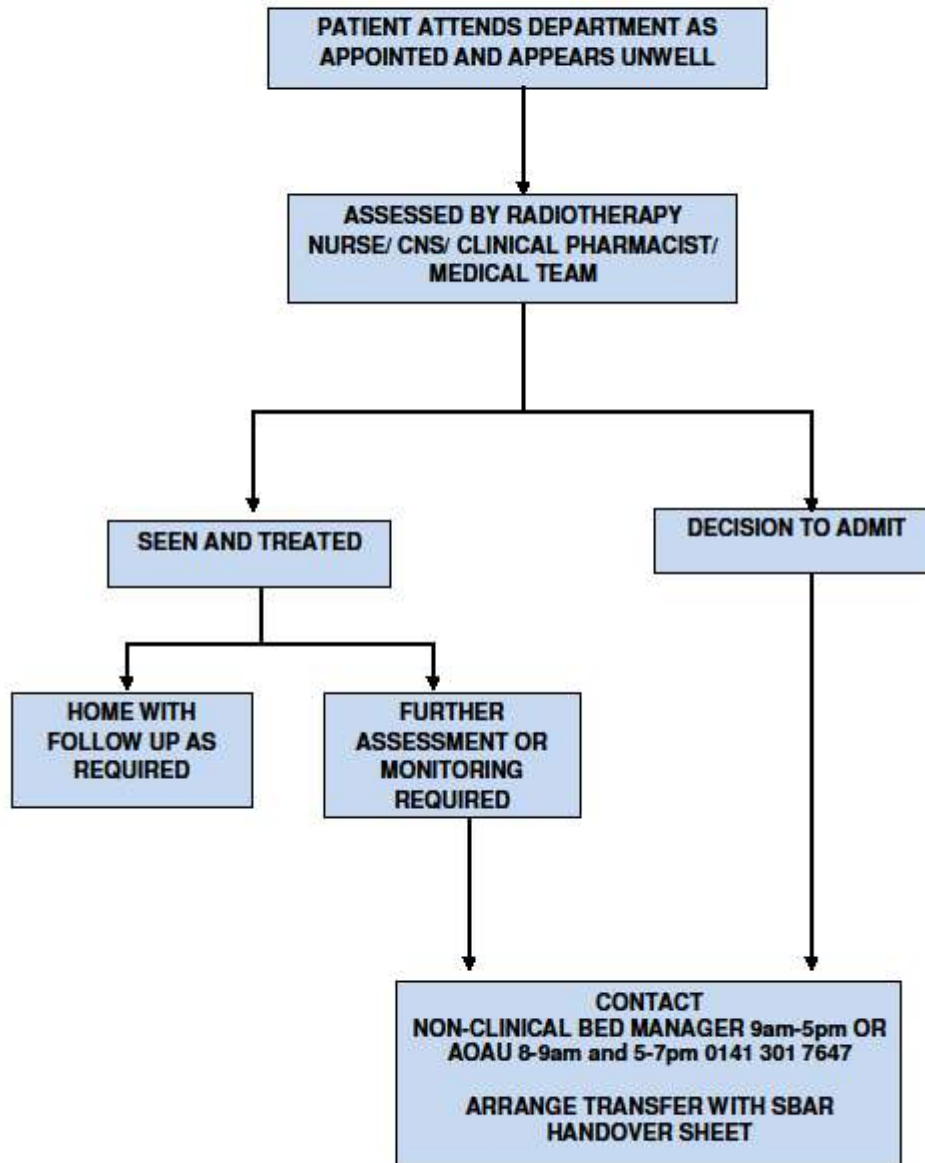
Appendix 11.3

Pathway from Outpatient Department and Macmillan Day Case Unit for unwell patients



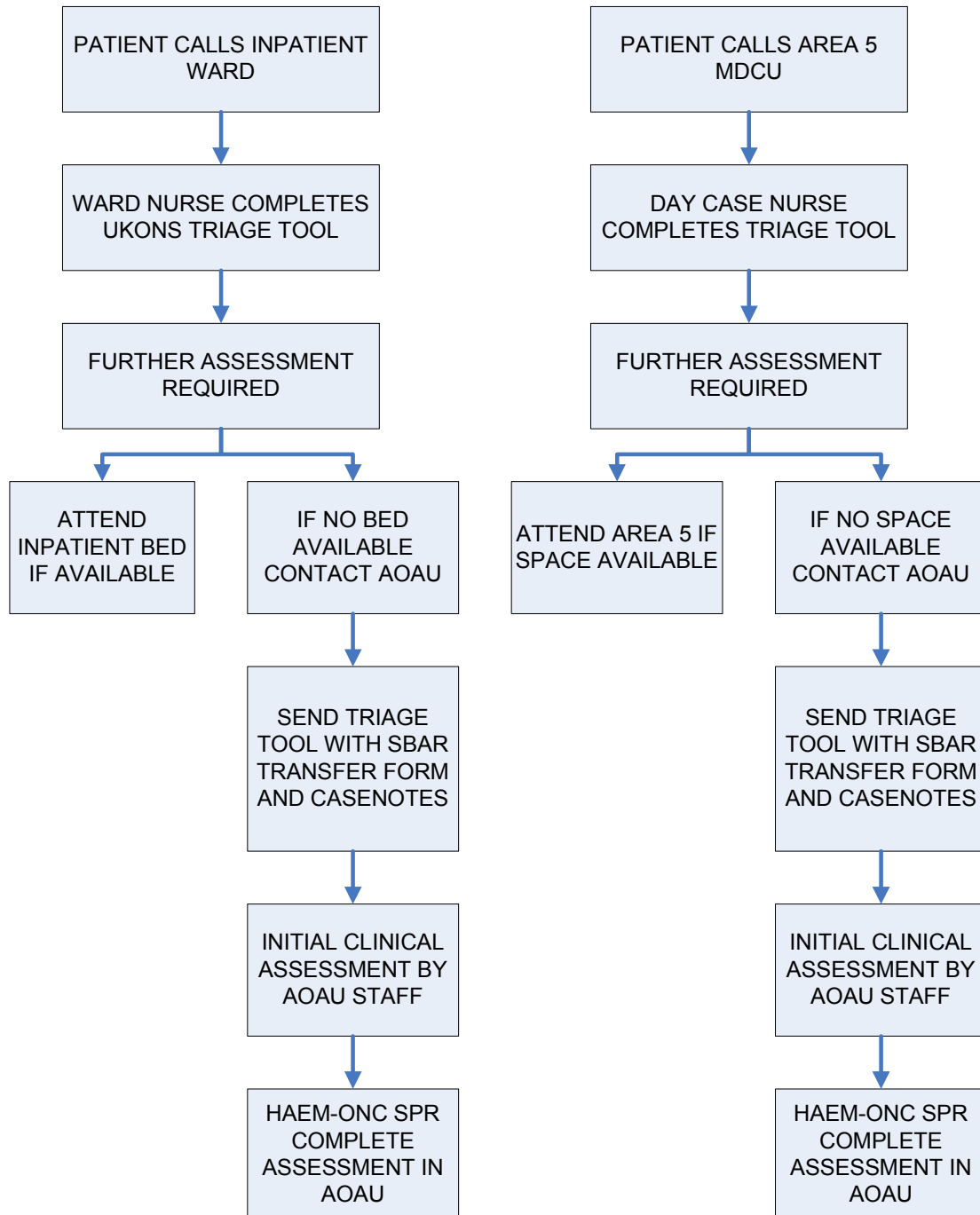
Appendix 11.4

Pathway from Radiotherapy Department for patients unwell or requiring intervention



Appendix 11.5. Haemato-oncology Pathway

HAEMATO-ONCOLOGY PATHWAY



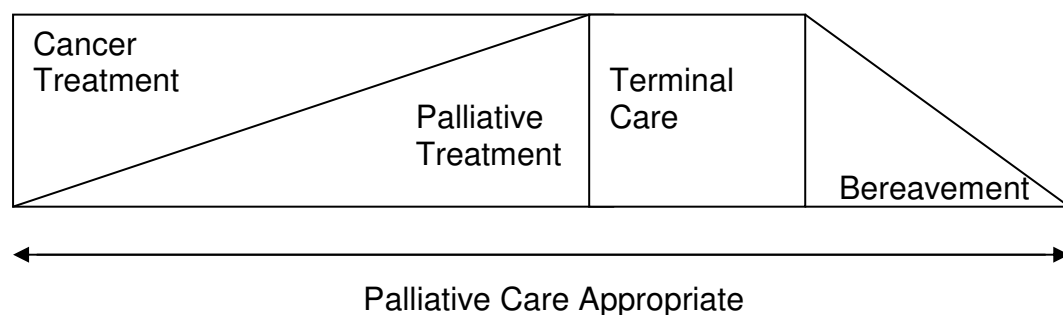
Appendix 11.6. Palliative Care Access and Referral Guidelines

Access Guidelines for the Beatson Oncology Centre for the Hospital Specialist Palliative Care Team

Hospital Specialist Palliative Care Team:

- Supports the integration and delivery of palliative care through education, development of clinical guidelines and direct clinical practice.
- Provides direct clinical contact for patients/families who have specialist palliative care needs, which have not responded to the principles of integrated palliative care delivery.
- Provides a 24 hour telephone advice service for patients known to the service and all health care professionals.

The Hospital Specialist Palliative Care Team offer an integrated, comprehensive service, tailored to the cultural and social needs of the population. Previous WHO definitions of palliative care were disease specific and showed the relevance of palliative care services for patients not responsive to curative treatment. There is now recognition that it is beneficial for palliative care principles to be initiated earlier in a person's disease trajectory. In addition there is emphasis on applying the principles of palliative care, as early as possible in the course of any chronic, ultimately fatal illness. Furthermore Palliative care is an approach that improves the quality of life of patients and their families. In essence it extends beyond the period of care for the patient and includes a consideration of the need to support and counsel those who have been bereaved.



The hospital specialist palliative care team supports the ethos that palliative care:

- Will enhance the quality of life and may also positively influence the course of illness.
- Is applicable early in the course of illness in conjunction with other therapies that are indeed intended to prolong life, such as chemotherapy or radiotherapy and includes those investigations needed to better understand and manage distressing clinical complications.

Levels of intervention

The Hospital Specialist Palliative Care Team will provide the following levels of intervention for patients referred to our service.

Level 1 advice only to the referring healthcare professional.

Level 2 Patient is assessed by a member of the HSPCT usually a (Clinical Nurse Specialist). The outcome of this referral will be communicated to the referrer and the patient will not be reviewed again by the team unless re-referred.

Level 3 Patient has a short term series of interventions from a member of the HSPCT (CNS or Medical). The outcome of each visit will be documented in the patient's notes and a discharge summary will be created when the patient is discharged from the HSPCT.

Level 4 Patient has regular input from the HSPCT (CNS or Medical) because of ongoing, significant, specialist palliative care needs. The outcome of each visit will be documented in the patients' notes and a discharge summary will be created when the patient is discharged from the HSPCT.

Referral to Hospital Specialist Palliative Care Team

Referrals to the Hospital Specialist Palliative Care Team can be made by any Health Care Professional; all referrals must have Specialist Registrar or Consultant approval.

The Hospital Specialist Palliative Care Team is an integral component of the team structure at the Beatson Oncology Centre. Specialist palliative care is applicable throughout the course of illness with or without concomitant anticancer treatment. The hospital specialist palliative care team will support the delivery of both generalist and specialist palliative care.

Reasons for Referral

- Pain.
- Other uncontrolled symptoms e.g. breathlessness, nausea and vomiting, constipation.
- Emotional/psychological support.
- Assessment for hospice admission.
- Family support.
- Discharge planning (if complex issues).
- Bereavement.
- Follow up.

Method of Referral and Advice

Office hours contact the Palliative Medicine secretary-

Palliative Medicine Secretary 301 7041 or 301 7042 internal ext 57041 or 57042
For pharmacy issues/syringe driver compatibility radio-page 07659532241

For advice out of hours contact Palliative Medicine Consultant on-call via switchboard.

Response time

Patients will be assessed by a member of the palliative care team within:

- one day for urgent referrals
- two working days for non-urgent referrals.

Appendix 11.7. Acute Oncology Initial Management Guidelines

HARMONISE GUIDANCE TO SUPPORT 'ACUTE ONCOLOGY INITIAL MANAGEMENT GUIDELINES'.

GUIDELINE	ONCOLOGICAL EMERGENCY	POLICY
1	Neutropenic Sepsis	'GGC Initial Management of Neutropenic Sepsis in Cancer Patients'. March 2013 Review date April 2014
2	Vomiting	- Follow 'UKONS Acute Oncology Initial Management Guidelines' Guideline 16 page 27 with support from 'NHS WOS Cancer Network – Guideline for Managing Chemotherapy Induced Nausea and Vomiting (CINV) in Adults' July 2012. Review July 2014 - For management of vomiting in palliative care follow 'GGC Palliative Care Guideline' page 43, Version 2. Aug 2010 Review date Aug 2013
3	Nausea	- Follow 'UKONS Acute Oncology Initial Management Guidelines' Guideline 12 page 21 with support from 'NHS WOS Cancer Network – Guideline for Managing Chemotherapy Induced Nausea and Vomiting (CINV) in Adults' July 2012. Review July 2014 - For management of nausea in palliative care follow 'GGC Palliative Care Guideline' Version 2. Aug 2010 Review date Aug 2013
4	Constipation	- Follow 'UKONS Acute Oncology Initial Management Guidelines' Guideline 5 page 12 with support from 'GGC Therapeutics – A Handbook for Prescribing in Adults' page 45. Aug 2013. Review Aug 2014 - For management of constipation in palliative care follow 'GGC Palliative Care Guidelines' page 11 Version 2. Aug 2010 Review date Aug 2013
5	Diarrhoea	Follow 'UKONS Acute Oncology Initial Management Guidelines' Guideline 6 page 13-14.
6	Fatigue	Follow 'UKONS Acute Oncology Initial Management Guidelines' Guideline 8 page 16.
7	Dyspnoea	Follow 'UKONS Acute Oncology Initial Management Guidelines' Guideline 7 page 15 until confirmation of differential diagnosis.
8	Chest Pain	GGC Therapeutics – A Handbook for Prescribing in Adults' page 92. Aug 2013. Review Aug 2014
9	Metastatic Spinal Cord Compression (MSCC)	'WOS Cancer Network – Guidelines for Malignant Spinal Cord Compression' October 2013 Review October 2018

10	Mucositis/Stomatitis	Follow 'UKONS Acute Oncology Initial Management Guidelines' Guideline 11 page 19-20 with support from UKOMiC Mouth care guidance and support in cancer and palliative care 2013 review date not specified
11	Arthralgia/Myalgia	Follow 'UKONS Acute Oncology Initial Management Guidelines' Guideline 2 page 9 with support from 'GGC Palliative Care Guidelines' – Pain Management page 55, Version 2. Aug 2010 Review date Aug 2013
12	Skin Rash	Follow 'UKONS Acute Oncology Initial Management Guidelines' guideline 12 page 24. Jan 2013
	Radiation Skin Reactions	NHS QIS 'Skincare of patients receiving radiotherapy – Best Practice Statement' March 2010 review date not specified
13	Bleeding and/or Bruising	Follow 'UKONS Acute Oncology Initial Management Guidelines' Guideline 3, page 10 with support from 'NHS GGC Major Haemorrhage policy' Active date July 2010 version 2 review date not specified
	Blood Transfusion Policy	Follow 'NHS GGC Clinical Transfusion Policy' version 1, April 2013, Review date May 2015
14	Palmer Plantar	Follow 'UKONS Acute Oncology Initial Management Guidelines' Guideline 14 page 24. Jan 2013
15	Extravasation	'WOSCAN – Chemotherapy Extravasation Guideline' Sept 2009 Review date Sep 2012
16	Hypersensitivity/Anaphylaxis	'BWOSCC – Adult Chemotherapy Induced Anaphylaxis Policy' April 2010 Review date April 2012
17	Radiation Pneumonitis	Follow 'UKONS Acute Oncology Initial Management Guidelines' Guideline 27 page 40. Jan 2013
18	Superior Vena Cava Obstruction	Follow 'UKONS Acute Oncology Initial Management Guidelines' Guideline 28 page 41. Jan 2013 with support from 'GGC Therapeutics – A Handbook for Prescribing in Adults' page 153. Aug 2013. Review Aug 2014
19	Malignant Pericardial Effusion	Follow 'UKONS Acute Oncology Initial Management Guidelines' Guideline 25 page 37. Jan 2013
20	Hypomagnesaemia	Follow 'UKONS Acute Oncology Initial Management Guidelines' Guideline 24 page 36. Jan 2013 'GGC Therapeutics – A Handbook for Prescribing in Adults' page 290. Aug 2013. Review Aug 2014
21	Carcinomatous Lymphangitis	Follow 'UKONS Acute Oncology Initial Management Guidelines' Guideline 19 page 30. Jan 2013
22	Hypercalcaemia	Follow 'UKONS Acute Oncology Initial Management Guidelines' Guideline 23, page 35 with support from 'WOSCAN Guideline on the use of bisphosphonates in cancer patients' Nov 2011 Review date Nov 2013
23	Ascites	Follow 'UKONS Acute Oncology Initial Management Guidelines' Guideline 17, page 28 with support from 'GGC Therapeutics – A Handbook for Prescribing in Adults' page 326. Aug 2013. Review Aug 2014

24	Pleural Effusion	Follow 'UKONS Acute Oncology Initial Management Guidelines' Guideline 26, page 39 with support from 'GGC Therapeutics – A Handbook for Prescribing in Adults' page 146. Aug 2013. Review Aug 2014
25	Central Line Management	Follow 'NHS BWoSCC – Guideline for Interdisciplinary Care and Maintenance of Long-Term Central Venous Catheters, in Patients with Cancer' May 2013, Review May 2015
Additional Guidelines	Pulmonary Embolism/DVT	• 'GGC Therapeutics – A Handbook for Prescribing in Adults' page 71. Aug 2013. Review Aug 2014 • 'GGC Heparin dose adjustment in patients with very high or low body weight' Sept 2012 Review date July 2015 • 'GGC Heparin dose adjustment in the presence of renal impairment' Sept 2012 Review date July 2015
	Bowel Obstruction	'GGC Palliative Care Guidelines' – Bowel Obstruction, page 7, Version 2. Aug 2010 Review date Aug 2013
	Tumour Lysis	GGC Therapeutics – A Handbook for Prescribing in Adults' Management of, page 324. Aug 2013. Review Aug 2014
	Resuscitation (DNACPR)	'NHS Scotland – Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)' May 2010 review date not specified
	Resuscitation	'Resuscitation Council (UK) – Resuscitation Guidelines' Oct 2010 review date not specified
	GCSF	'WOS Cancer Network – Guidelines for the use of GCSF in Adult Patients Receiving Chemotherapy' April 2010 review date April 2012 (most up to date copy)
	Pain	• 'GGC Therapeutics – A Handbook for Prescribing in Adults' page 156. Aug 2013. Review Aug 2014 • For pain control in palliative care follow 'GGC Palliative Care Guidelines' – Pain Management page 51, Version 2. Aug 2010 Review date Aug 2013
	McKinley T34	'GGC McKinley T34 Syringe Pump Guidelines for use in Adult Palliative Care Patients' 2009 Review date Jan 2011 (most up to date copy)
	CEL 30	Guidance for the safe delivery of systemic anti-cancer therapy July 2012 review date not specified
	Xeloda (capecitabine)	Follow 'Xeloda (capecitabine): Dose modification Guidance' Dec 2012 review date not specified

Standard Operating Procedure

Acute Oncology Assessment Unit (AOAU)

Management of Controlled Drugs for Patient Administration

Scope

The SOP covers all aspects of obtaining and recording of controlled drugs (CDs) for the administration to individual patients in the AOAU. It includes the following:

1. Acquiring CDs
2. Documentation
3. Safe disposal

Purpose

This SOP is intended to provide advice and guidance on the minimum standards and practice for suitably qualified nurses involved in the administration of CDs within the AOAU at the West of Scotland Cancer Centre (WoSCC). It ensures that all legal and professional requirements relating to the borrowing of CDs from other wards within the WoSCC are satisfied.

Procedure

When a Controlled Drug is required by a patient attending the AOAU, it must be prescribed on the patient's Medicine Kardex, correctly completed by a suitably qualified prescriber (medical or non-medical).

The Kardex is taken by one AOAU nurse to the nearest appropriate ward (B4 or B5), and along with a ward B4/B5 nurse, the prescribed CD is identified, dispensed and signed out of the appropriate ward CD register by both nurses.

On returning to AOAU, the CD is signed into the AOAU CD register by two AOAU nurses (as a record of the transfer and for audit purposes)

The patient's identity is confirmed by both AOAU nurses, then the CD is administered to the patient by one nurse and witnessed by the second nurse.

Both nurses sign the patient's Medicine Kardex as proof of administration.

If the CD is not administered, it must be returned to the appropriate ward's CD cupboard and both registers amended accordingly.

Acute Oncology Assessment Unit (AOAU)

Policy for Laboratory Samples (Haematology & Biochemistry)

9-4.30pm

All samples will be sent via pneumatic tube, identified as AOAU PRIORITY

4.30-5pm

The pneumatic tube diverts to the porters at 4.30pm, urgent samples can be delivered to lab in person after discussion with lab staff

4.30-8pm

Samples will be sent in pneumatic tube to porters at GGH and delivered to WIG via courier service on the hour every hour

- If sample requires urgent delivery out with courier timetable, call Network Taxi on 0141 557 1110
- Please specify – to be collected from AOAU Level 3 Beatson to be delivered to porter's bothy at WIG
- Authorisation code agreed

Public Holidays

Samples will go via pneumatic tube to GGH porters

- 9am-12md to GGH lab (if open)
- After 12md (or if GGH lab closed) to WIG lab via courier on the hour every hour
- Book Network Taxi if urgent sample required out with courier timetable

Notes

- All samples will be labelled with customised AOAU priority stickers
- Labs will prioritise samples
- Results will be accessed via NGLABS
- Numbers/Tests/Turnaround times will be audited
- Any delays with lab processes will be reported through DATIX

Date: 28th May 2013

Version: Final

Acute Oncology Assessment Unit (AOAU)

Policy for Radiology Investigations

9-5pm

Via current / service route

Patient request cards sent to Department with ambulant patient or if patient requiring transport via Portering service then card requires to be given to X-ray reception staff to allow patient to be entered onto electronic porter request system.

4.30pm cut off for attending radiology department to allow transport to return patient to AOAU.

5-8pm

Via on-call service.

On-call radiographer can be contacted via switchboard and request card sent with patient to allow examination to proceed. Note: patients may require nurse escort on route to and from department.

Plain film requests – eg chest X-Ray, Abdominal X-Rays.

CT only for emergencies- contact On Call Radiologist via switchboard

MRI will not be available until following morning

Public Holidays

9am-9am (24 hours)

General Radiographer on-call for plain filming to be contacted via switchboard.

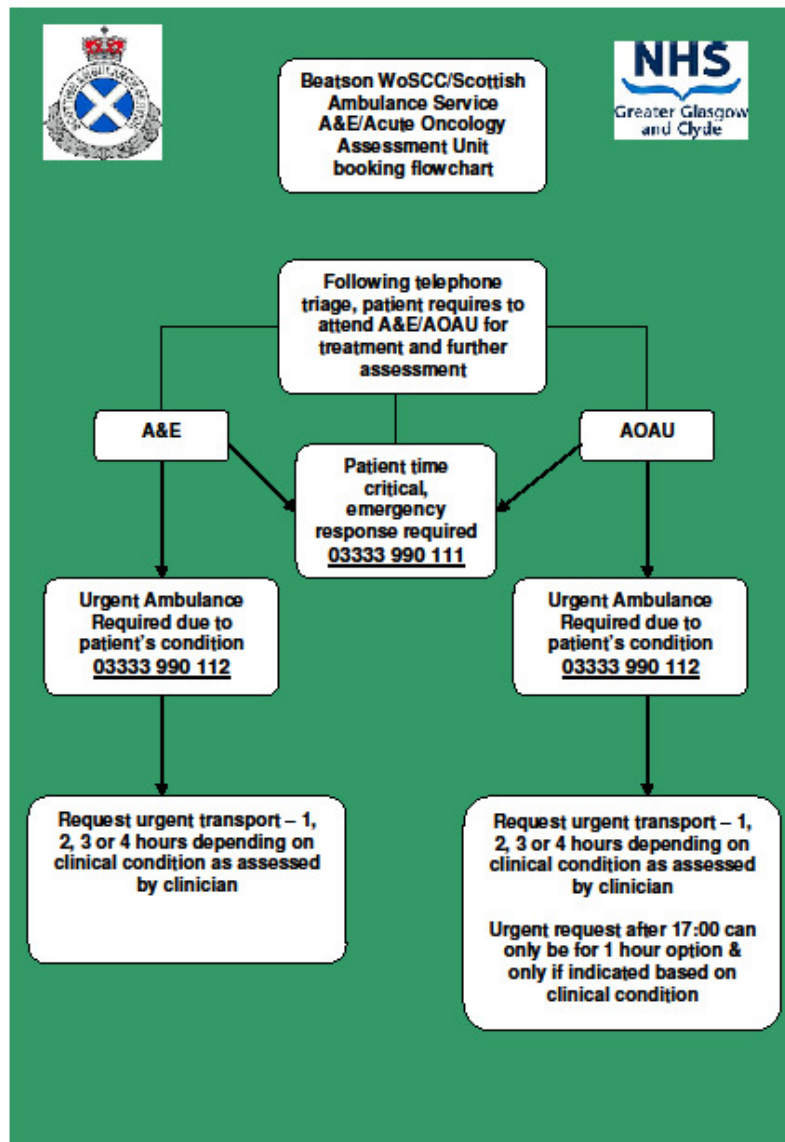
CT Contact On Call Radiologist via switchboard Radiographer on-call for emergencies and request authorised by Radiologist.

Notes

- ANPs can order plain films when authorised by IRMER approval panel
- CT/MRI requests must be signed by a doctor
- Numbers/investigations/times will be audited
- Results will be available via PACS
- If a potential MSCC patient is seen in AOAU during the day, radiology will endeavour to do requests received before 2.30pm on the same day, and all requests within 24 hours of receiving the request.

Appendix 11.11. Beatson WoSCC/Scottish Ambulance Service, A+E/AOAU booking flowchart

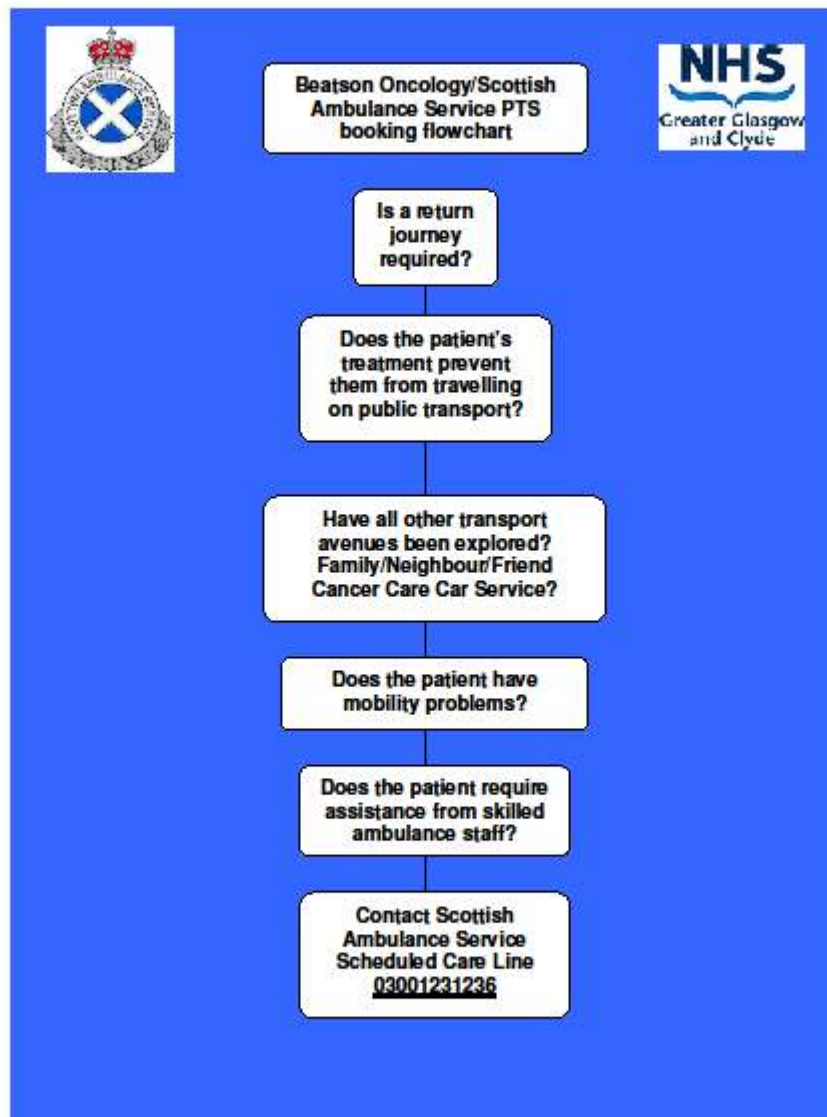
Beatson WoSCC Scottish Ambulance Service Accident & Emergency/Acute Oncology flowchart



Date: 14/05/13, Version: 1

Appendix 11.12. Beatson WoSCC/Scottish Ambulance Service Patient Transport Service booking flowchart

Beatson WoSCC Scottish Ambulance Service Patient Transport Service booking flowchart



Date: 14/05/13, Version: 1