

Cancer & Haematology Day Treatment Unit, Churchill Hospital and Brodey Centre, Horton Hospital

Standard Operating Procedure (SOP) for

Nurse Led Pre-chemotherapy Assessment by DTU / Brodey Centre Nurse Staff.**Indication**

Pre-chemotherapy assessment at pre Designated time-points of a Cycle, for specified Regimens

Background - Introduction:

To date nurses within the Day Treatment Unit (DTU) and Brodey Centre have been responsible for assessing a patient's fitness to proceed with chemotherapy in limited circumstances.

The number of patients requiring systemic anti-cancer treatment is rising every year, as patients live longer and when new treatments are introduced, they rarely replace an already existing regimen but are added in as an extra treatment option, resulting in a huge impact on capacity and demand for the day unit services.

Initiatives such as nurses assessing patients before a predetermined cycle of chemotherapy are increasing; the aim of this document is to outline the process of DTU/Brodey nurse assessment before chemotherapy. This standard operating procedure (SOP) identifies which patient groups will be included in nurse led assessment and sets out the procedure to be followed.

Following a nurse assessment, if no concerns are identified and the parameters of the protocol are fulfilled, the patient can proceed with that day / cycle of chemotherapy. If a concern is identified, it would be discussed with a senior/experienced chemotherapy nurse and a decision made jointly to escalate for a medical review or not, to delay treatment, etc.

This SOP does not apply to patients on clinical trials.

Table 1 - Regimens and Time-points:

Regimen	Requires doctor review	Nurse led assessment	Standard nursing assessment	Comments
Haematology Regimes				
CHOP or CHOP-R (not mini CHOP or mini R-CHOP)	Pre cycle 1 including consent (ideally in outpatients) Pre cycle 2. Pre cycle 5 post scan (in outpatients).	Day 1 cycles 3, 4, 6.		Ensure post cycle 4 scan and outpatients review has been completed when patient attends for cycle 5.
A(B)Vd	Pre cycle 1 day 1 including consent (ideally in outpatients) Pre cycle 2 day 1 Pre cycle 3 day 1 post scan (in outpatients)	Day 1 cycles 4, 5 6 day 1.	All cycles day 15.	Ensure post cycle 2 scan and outpatients review has been completed when patient attends for cycle 3.
Bortezomib regimes: VCD, BorDex 21, BorDex 35, VTD, VRD. NOT BVD.	All planned medical reviews take place in outpatients. Ensure consented pre cycle 1.	Day 1 of all cycles	All remaining visits	Initial monthly medical review. Note: remember there are other drugs included in regime, not just velcade.

Cancer & Haematology Day Treatment Unit, Churchill Hospital and Brodey Centre, Horton Hospital

Azacitadine	All planned medical reviews take place in outpatients. Ensure consented pre cycle 1.	Day 1 of all cycles	All remaining visits.	Initial monthly medical review.
Maintenance Rituximab	All planned medical reviews take place in outpatients.		Each DTU/Brodey visit	
All other regimes (not specified above)	Pre day 1 of each cycle		All remaining visits e.g. day 2 R-Bendamustine, day 8 Gem-P.	

Oncology regimes will be added following a pilot period.

Part 1: Referral

The patient must be within the inclusion criteria and out of the exclusion criteria

Inclusion criteria: Patient to receive a regimen as detailed in Table 1.

Exclusion criteria: Consultant decision
Patients with baseline performance status 3 or above require discussion on an individual basis.
Medical team will state on referral form if patient is not suitable for nurse led assessment.

Part 2: Nurse Led Assessment – Parameters to be met to proceed with chemotherapy

When nursing assessment replaces a review by a doctor, advanced nurse practitioner or non-medical prescriber this is referred to as a nurse led assessment. This will be the case when the assessment is taking place pre day 1 of a new cycle. Nurse led assessments on these days are distinguished from nursing assessments which take place on subsequent days of the cycle.

In nurse led assessment the nurse must take responsibility for determining that the patient is fit to proceed with the current cycle of chemotherapy.

The following parameters must be met before proceeding with chemotherapy.

- Ensure patients are fully informed of nurse led process.
- Blood tests as per protocol are within 24-48hours of date chemotherapy due
- Carry out patient assessment using assessment form appendix Document assessment clearly
- Performance status unchanged from baseline.
- Weight not changed by more than 10%
- No change in general health, eg worsening neuropathy, admissions to hospital between treatments
- Continue with treatment only if all parameters are met.

If above parameters are not met, or if concerns are identified during patient assessment, seek medical review before proceeding.

This list is not exhaustive. If nursing staff have any concerns about patient fitness for treatment, a medical review can be requested at any point.

Part 3. Standard Nursing Assessment

When patients attend for chemotherapy on days other than day 1 of a new cycle a standard nursing assessment will be carried out to ensure there have not been any changes since the start of the cycle.

Cancer & Haematology Day Treatment Unit, Churchill Hospital and Brodey Centre, Horton Hospital

- Blood tests as per protocol are within 24-48hours of date chemotherapy due.
- Carry out patient assessment using assessment form appendix Document assessment clearly.
- No change in general health, eg worsening neuropathy, admissions to hospital between treatments
- Continue with treatment only if all parameters are met.

If above parameters are not met, or if concerns are identified during patient assessment, seek medical review before proceeding.

Part 4: Nursing competency to carry out nurse led assessment

Nursing staff who can carry out nurse led assessment pre day 1 of a new cycle of chemotherapy:

- Must be chemotherapy trained.
- Nurses currently undertaking the chemotherapy course Care of the Patient Receiving Chemotherapy will not carry out nurse led assessments independently. They may participate in nurse led assessment with the support of their practice supervisor or other chemotherapy trained nurses.
- Nurses who are within 6 months of receiving their chemotherapy qualification may carry out nurse led assessment but must discuss their assessment with a senior nurse before proceeding with chemotherapy administration. This will be recorded on the nursing assessment form.
- Temporary members of staff will be assessed as part of their orientation.

Nursing staff who can carry out standard nursing assessments **on days other than day 1 of a new cycle** e.g. days 2,8,15 etc.

- All nurses who are chemotherapy trained or who are currently undertaking the chemotherapy course Care of the Patient Receiving Chemotherapy.
- Nurses who have not yet received their chemotherapy qualification will receive support from their practice supervisor or other chemotherapy trained nurses as required.

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Review

Name	Revision	Date	Version	Review date
New document		Sept 2015	1.0	Sept 2017