

Guideline for 24 Hour Telephone Advice for Patients Receiving Anti- Cancer Treatment

Date Approved by Network Governance	June 2012
Date for Review	June 2015

Changes between versions 1 and 2

Telephone numbers have been updated (see appendix 1)
UK Oncology Nursing Society (UKONS) Oncology/Haematology 24 Hour Triage Protocol added (see appendix 2)

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1 Scope of the guideline

This guidance has been produced to set out the minimum specification for the 24 hour telephone advice service for patients undergoing chemotherapy across the Pan Birmingham Cancer Network.

2 Guideline background

- 2.1 Chemotherapy for the Pan Birmingham Cancer Network is provided at six separate hospitals. Treatment with chemotherapy can result in toxic side effects, some of which may be life threatening. It is essential that these side effects are diagnosed and managed quickly by appropriately trained staff. For this reason all patients receiving chemotherapy across the Pan Birmingham Cancer Network should be given a 24 hour telephone number to use if they experience severe side effects from chemotherapy – or have symptoms suggestive of neutropenia sepsis. This number will depend on the Trust at which their treatment has taken place.
- 2.2 The Manual of Cancer Services (2004) recognises this by stating that the Clinical Chemotherapy Service should agree the minimum service specification within the network chemotherapy group and should specify in particular:
 - o the contact number(s) they will use.
 - o the specified staff they will provide and for which parts of the 24-hour rota.
 - o their locally applicable policy for instructions to patients and carers.
 - o the level of training or professional qualifications necessary for those staff on the rota

Guideline statements

3 All patients

- 3.1 All chemotherapy services within the Pan Birmingham Cancer Network use the UK Oncology Nursing Society (UKONS) Oncology/Haematology 24 Hour Triage Protocol (see appendix 2).
- 3.2 Chemotherapy patients should have access to 24 hour support and advice.
- 3.3 It is the responsibility of the chemotherapy nurse to provide each chemotherapy patient/carer with:
 - a. Information about what signs and symptoms to look out for / report
 - b. the 24-hour contact number for advice should those signs occur
- 3.4 This information should be written and provided on their first contact with the chemotherapy nurse.
- 3.5 See appendix one for details of the 24hour service providers across the Network.
- 3.6 At all times patients will be able to speak to medical / nursing staff that are skilled and knowledgeable in the management of patients receiving

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chemotherapy and will be able to refer / liaise with senior oncology practitioner as necessary and appropriate.

4 Training

All staff on the rota should be familiar with and have access to neutropenia policies will be kept in accident & emergency departments/medical assessment units and/or individual Trust intranet sites.

5 Documentation

5.1 All calls taken should be documented and recorded in individual patient records or individual Trust telephone recording log sheet.

5.2 The following information should be recorded as a minimum:

- a. Patient details
- b. Staff member details
- c. Patient contact number
- d. Reason for call
- e. Advice given
- f. Follow up action

Monitoring of the Guideline

Adherence to the Network guidelines may from time to time be formally monitored.

References

Manual of Cancer Services. (2004) DH Publications, London.

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Approval Signatures

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Date: June 2012

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Date: June 2012

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Date: June 2012

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Appendix 1

24 Hour advice telephone numbers in current use

Pan Birmingham Cancer Network Policy for Instructions to Patients and Carers

University Hospital Birmingham NHS Trust		
	Monday – Friday 9.00 - 5.00	Out of Hours
Oncology / Haematology single point of contact	07789651543	07789651543
Heart of England NHS Trust		
	Monday – Friday 9.00 - 3.00	Out of Hours
Dr Thompson's patients	Ward 19 Chemotherapy Day Unit, Heartlands Hospital - 0121 424 3481	Ward 19 (Oncology Ward) Birmingham Heartlands Hospital- 0121 424 2219
Dr Geh /Dr Fernando/Dr Zarkar patients	Ward 19 Chemotherapy Day Unit, Heartlands Hospital - 0121 424 3481	University Hospital Birmingham - 0121 627 2000 on-call Oncology Registrar after 5pm
Haematology Patients	Ward 19 (Haematology Ward) Birmingham Heartlands Hospital - 0121 424 0219	
Good Hope Hospital		
	Monday – Friday 9.00 - 3.00	Out of Hours
Oncology Patients and Haematology patients	0121 378 6024	Telephone triage number 0121 424 2000 bleep 2877

Walsall Manor Hospital		
	Monday – Friday 9.00 - 5.00	Out of Hours
Oncology Patients	Direct lines: 01922 656540	University Hospital Birmingham 0121 627 2000 ask for Registrar on call for oncology
Haematology Patients	Direct line: 01922 656540	Ward 15 01922 721172 ext 6709 On call Haematologist contacted if advice required
Community Oncology Patients	Direct Line; 01922 604633 Nicola Robottom 07825780953 Jo-Ann Beech 07825780943 Rose Faulkner 07826917828	University Hospital Birmingham 0121 627 2000 ask for Registrar on call for oncology
City Hospital		
	Monday – Friday 9.00 - 5.00	Out of Hours
Oncology Patients	Birmingham Treatment Centre Oncology 0121 507 5130	University Hospital Birmingham 0121 627 2000 ask for Registrar on call for oncology
Haematology Patients	Walkden Unit Day Room 0121 607 3533 or directly	Walkden Unit / Newton 5 0121 607 3314
Sandwell Hospital		
	Monday – Friday 9.00 - 5.00	Out of Hours
Oncology Patients	07976499140 (24 hour nurse access)	07976499140 (24 hour nurse access)
Haematology Patients	07976499140 (24 hour nurse access)	07976499140 (24 hour nurse access)

TRIAGE LOG SHEET 1

Hospital Name / Dept:		Log Sheet No.																																																																					
Patient Details	Patient History	Enquiry Details																																																																					
Name:	Diagnosis:	Date..... Time.....																																																																					
Hospital no.....		Who is calling?																																																																					
DOB.....	Male <input type="checkbox"/> Female <input type="checkbox"/>																																																																					
Tel no.....	Consultant.....	Contact no.....																																																																					
Drop in Yes <input type="checkbox"/> No <input type="checkbox"/>																																																																							
Reason for call (in patients own words)																																																																							
Is the patient on active treatment? Chemotherapy <input type="checkbox"/> Radiotherapy <input type="checkbox"/> Other <input type="checkbox"/> Supportive <input type="checkbox"/> No <input type="checkbox"/> State regimen..... Are they part of a clinical trial Yes <input type="checkbox"/> No <input type="checkbox"/> When did the patient last receive treatment? 1-7 days <input type="checkbox"/> 8-14 days <input type="checkbox"/> 15-28 days <input type="checkbox"/> Over 4 weeks <input type="checkbox"/> WHAT IS THE PATIENT'S TEMPERATURE? <input type="text"/> °C (Please note that hypothermia is a significant indicator of sepsis) DOES THE PATIENT HAVE A CENTRAL LINE? Yes <input type="checkbox"/> No <input type="checkbox"/>																																																																							
<table border="1"> <thead> <tr> <th>Advise</th> <th>Follow up Review</th> <th>Assess</th> </tr> </thead> <tbody> <tr> <td colspan="3">Remember: two ambers equal red!</td> </tr> <tr><td>Fever (and receiving chemo)</td><td></td><td></td></tr> <tr><td>Chest Pain</td><td></td><td></td></tr> <tr><td>Performance Status</td><td></td><td></td></tr> <tr><td>Nausea</td><td></td><td></td></tr> <tr><td>Vomiting</td><td></td><td></td></tr> <tr><td>Oral/stomatitis</td><td></td><td></td></tr> <tr><td>Diarrhoea</td><td></td><td></td></tr> <tr><td>Constipation</td><td></td><td></td></tr> <tr><td>Fever (not receiving chemo)</td><td></td><td></td></tr> <tr><td>Infection</td><td></td><td></td></tr> <tr><td>Palmer - planter syndrome</td><td></td><td></td></tr> <tr><td>Fatigue</td><td></td><td></td></tr> <tr><td>Anorexia</td><td></td><td></td></tr> <tr><td>Dyspnoea/shortness of breath</td><td></td><td></td></tr> <tr><td>Rash</td><td></td><td></td></tr> <tr><td>Neurosensory/motor</td><td></td><td></td></tr> <tr><td>Bleeding</td><td></td><td></td></tr> <tr><td>Pain</td><td></td><td></td></tr> <tr><td>Bruising</td><td></td><td></td></tr> <tr><td>Extravasation</td><td></td><td></td></tr> <tr><td>Other (please state)</td><td></td><td></td></tr> </tbody> </table>	Advise	Follow up Review	Assess	Remember: two ambers equal red!			Fever (and receiving chemo)			Chest Pain			Performance Status			Nausea			Vomiting			Oral/stomatitis			Diarrhoea			Constipation			Fever (not receiving chemo)			Infection			Palmer - planter syndrome			Fatigue			Anorexia			Dyspnoea/shortness of breath			Rash			Neurosensory/motor			Bleeding			Pain			Bruising			Extravasation			Other (please state)			Please document significant medical history/medication Action Taken 	
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Triage practitioner																																																																							
Signature..... Print..... Designation..... Date / /																																																																							
Follow Up Action Taken:																																																																							
Consultants team contacted Yes <input type="checkbox"/> No <input type="checkbox"/> Date / /																																																																							
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ONCOLOGY/HAEMATOLOGY HELPLINE TRIAGE TOOL

↓ TOXICITY ↓	↓ GRADE ↓		↓ GRADE ↓		↓ GRADE ↓		↓ GRADE ↓		
	✓ 0	✓ 1	⚠ 2	⚠ 3	⚠ 3	⚠ 4	⚠ 4	⚠ 4	
Fever and receiving cytotoxic chemotherapy or immunocompromised	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)								
Chest pain Onset? What makes it worse? Radiation? Any cardiac history STOP CAPECITABINE or INFUSIONAL SFU	None	Advise URGENT A&E for medical assessment							
Performance Status Has there been a recent change in performance status?	Asymptomatic	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 patients 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? (See specific toxicity) Assess patients 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 patients 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 N.B. If taking CAPECITABINE chemotherapy, follow specific pathway	None	Increase to 2-3 bowel movements a day over pre-treatment movements Drink more fluids Obtain stool sample ? consider regimen specific anti diarrhoeal	Increase 4-6 episodes a day or nocturnal movement/moderate cramping Drink plenty of fluids Obtain stool sample ? consider regimen specific anti diarrhoeal	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 Laxatives with liquid 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 >6 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	>38-40°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 day 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 disabled 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/AEAMIA/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 12 units Urgent assessment to A&E	Gross 2-4 units per episode Urgent assessment to A&E	Massive >4 units per episode Urgent assessment to A&E				
Pain Is it a new? Where is it? How long have you had it? Have you taken any analgesia? Consider thrombosis. Tany 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					

