
THE 12th INTERNATIONAL SCIENTIFIC CONFERENCE
THE SOCIETY FOR ACUTE MEDICINE

**Bournemouth International Centre**
**20 – 21 September 2018**

# The UKONS Tool & Triage in Acute Oncology



Philippa Jones

Macmillan Acute Oncology Nurse Advisor

UKONS Acute Oncology Lead

# Advice Line Services and Triage

- We know that patients receiving systemic treatment are at risk of experiencing problems/side effects. They are given an emergency contact number :  24 hour advice line
- Numbers are usually local but sometimes regional
- Usually manned by nursing staff – different skills and knowledge and sometimes non registered staff

# National Concerns about quality of advice

(NCEPOD (2008)  For better, for worse?  NPSA reports)

- Patient 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 recorded a temperature of $38^0$c he followed CNS advice and contacted the Advice-line number/Ward.
- The person who took the call told him to take some paracetamol.

- 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 $38.0^0$c whilst on paracetamol.
- Patient presented at chemotherapy clinic, unwell, pyrexia $38.0^0$c and neutrophils 0.1x10x9/L. Immediate admission for treatment of neutropaenic sepsis.

(NPSA reports)

Patient on chemotherapy :

- Temperature of 39.1$^{0}$c
- Shaking, feeling very unwell
- Vomiting and diarrhoea
- Patients 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.

Incidents like this confirmed our concerns about the safe provision of telephone assessment and advice for patients receiving treatment: and prompted us to develop the UKONS 24 Hour Advice Line Triage Tool

# What is The UKONS Telephone Triage Tool Kit?

A clear **symptom** based, RAG rated ( **RED**, **AMBER**, **GREEN**), risk assessment process.

For telephone triage of patients who:

- Have received or are receiving systemic anticancer therapy
- Have received any other type of anticancer treatment, including radiotherapy and bone marrow graft/transplant
- May be suffering from disease-/treatment-related immunosuppression

It is:-

- Evidence based and has been piloted and evaluated positively
- It can be used by almost all  regardless of skill level or experience
- It identifies patients at risk and advises action according to the level of risk

sam THE SOCIETY FOR ACUTE MEDICINE BOURNEMOUTH

# Aim of the Tool Kit

The Tool Kit has been developed to provide:

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

# Assessment Actions

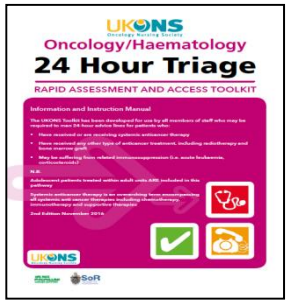
- **RED** – any toxicities graded here take priority and assessment should follow immediately
- **2 AMBER = RED** two or more amber toxicities should be escalated to red action and assessment should follow immediately

- **1 AMBER** – one toxicity in amber should be reviewed/ followed up within 24 hours and the caller should be instructed to call back if they continue to have concerns, or their condition deteriorates

- **All GREEN** – callers should be instructed to call back if they continue to have concerns or their condition deteriorates.

## The Tool Kit Manual

•Brief background and development history
•Instructions for use
•Training and competency requirements and assessment proforma
•**Essential reading**




## The Assessment Tool

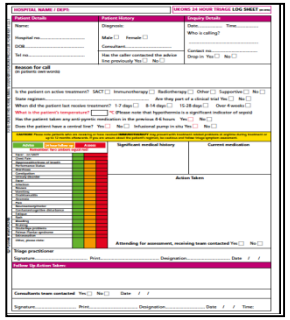
- Assessment tool used to grade the patient's symptoms and establish the level of risk to the patient.
- It is a cautious tool and will advise assessment at a point that will enable early intervention for those at risk.

Based on the NCRI-CTCAE common toxicity criteria

http://evs.nci.nih.gov/ftp1/CTCAE/CTCAE_4.03_2010-06-14_QuickReference_8.5x11.pdf


## The Log Sheet

- A guide and check list for the practitioner, reminding them about the important information they should collect and reassuring them that they have completed the process
- A communication tool relaying an accurate picture of the problem, and action taken, to the other members of the healthcare team
- A record of the process for quality, safety and governance purposes - **evidence**



**The Assessment Process Step By Step**

## Step 1.

Perform a rapid initial assessment of the situation: “Is this an emergency?”
Do you need to contact the emergency services.

- Do you have any doubt about the patient / carer’s ability to provide information accurately or understand questions or instructions provided? If so then a face-to-face consultation must be arranged.
- Record Name and current contact details in case the call is interrupted and you need to get back to the caller

## Step 2.

What is the patient/carers initial concern, why are they calling?
You should assess and grade this problem first, ensuring that you record this on the log sheet. If this score is **RED** then you may decide to stop at this point and proceed to organising urgent face-to-face assessment.
If the patient is stable you may decide to complete the assessment process in order to gather further information for the face-to-face assessment.

## Step 3.

- If the patient / carer’s initial concern scores **Amber**, record this on the log sheet and proceed with further assessment.
- Move methodically down the triage assessment tool, asking appropriate questions. e.g. Do you have any nausea? If **NO** tick the green box on the log sheet and move on.
- If **YES** use the questions provided to help you grade the problem and note either amber or red and initiate action (tick the log sheet). If the patients symptoms score red or another amber at any time they should be asked to attend for assessment.

## Step 4.

- **Look back at your log sheet: -**
- Have you arranged assessment for patients who have scored **RED**?
- Have you arranged assessment for patients who have scored more than one **AMBER**?
- Have you fully assessed all the patients who have scored one **AMBER**, is there a tick in all the other green boxes of the log sheet?
- Have you fully assessed all the patients who have scored one **GREEN**, is there a tick in all the other green boxes of the log sheet?
- Have you recorded the action taken and advice given?
- Have you documented any decision you have taken or advice you have given that falls outside this guideline, and recorded the rationale for your actions ?
- Have you fully completed the triage process?

# Activity

- Probably huge numbers: but very little data available
- Advice line related : estimated at 251,413 calls in 12 months in the UK = 20,951 per month
- 34% (7,123) would go on to attend for assessment

- (data from Shropdoc based on 2.1million population)

# Known potential for harm

- Deterioration may be rapid and the consequences of delay life-threatening, as demonstrated by NCEPOD (2008) when a number of deaths within 30 days were found to be related to complications and toxicities caused by the treatment they had received.

- Amongst this group were patients who either delayed contacting the oncology team for advice or who had not been identified as an emergency by a member of the primary care team.

- The recognition and recording of toxicities/complications is also vital in the on-going management of the patient, they may require a dose modification or delay in treatment to minimise the risk of an adverse event on a subsequent treatment cycle


- NCEPOD For better, for worse? A review of the care of patients who died within 30 days of receiving systemic anti-cancer therapy (2008) http://www.ncepod.org.uk/2008sact.html

This group of patients should be managed with caution and it should be assumed that they are at **high risk of developing potentially life threatening complications** until proven otherwise

# Clinical incidents!

UKONS have been asked to comment on two coroners cases

1. A large trust that took it upon themselves to change the Alert temperature to 38.0$^{o}$ C. A patient rang twice with a temperature above 37.5 the second time it was 37.9$^{o}$C – they were left at home and shortly after admitted with neutropenic sepsis.

2. A patient rang with chest pain the nurse taking the call decided not to follow the unequivocal red alert and referred the patient to the GP. The GP left the patient at home. Patient died shortly after following cardiac arrest. The patient was also on a 5FU pump.

Both of these cases have left families and staff devastated.

Now being used in:

- Ireland
- New Zealand
- Australia – national role out

Translation into:

- Chinese as part of a PhD study in Taiwan
- Portuguese

Patient apps being developed:

- Colorectal Patients
- Oncology Patients (Acute Medical Lead)

sam THE SOCIETY FOR ACUTE MEDICINE BOURNEMOUTH

# Case study

Mrs Cooper calls the advice line.

She has developed diarrhoea. Yesterday she had 3 bowel movements and today 4.  Her children were off school last week with diarrhoea and vomiting .She denies vomiting herself.

She says her symptoms are mild but have been worsening over the past week and she has occasional moderate  abdominal pain .  She has taken loperamide without effect.

The following information is collected:

- She is 32 years old
- Melanoma diagnosed 6 years ago
- She completed a course of ipulimumab 10 weeks ago
- Her temperature is 36.9 $^{0}$C

# Triage Outcome

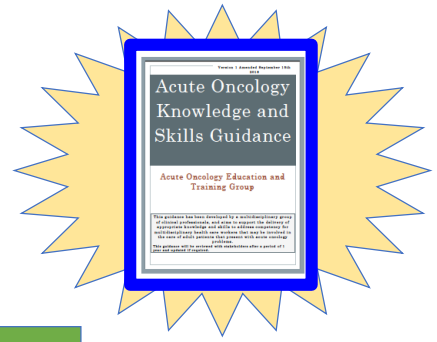
- RED – Diarrhoea  if 7 episodes in 24 hours
- AMBER escalate to RED if 4 episodes and on immunotherapy
- AMBER – abdominal pain

Attend for assessment

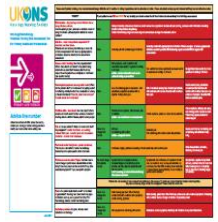
# Diagnosis and Outcome

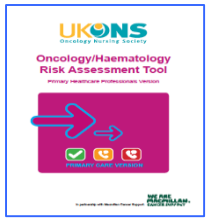
- Immune related colitis
- Hospitalised for 12 weeks
- Total colectomy

# The Patient Pathway – *we are all involved*




## Key points

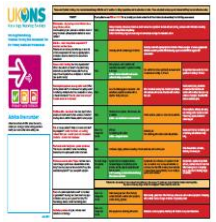


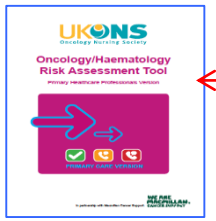



Primary and Community Care

Patient/Carer


Macmillan Sepsis Information Leaflet



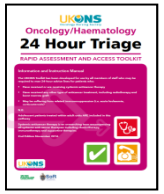


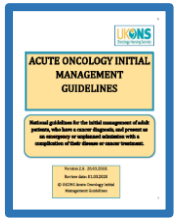

111 and 999 Services

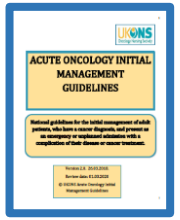
24 Hour Advice Lines

Urgent Care ED/AMU

Acute Oncology Services



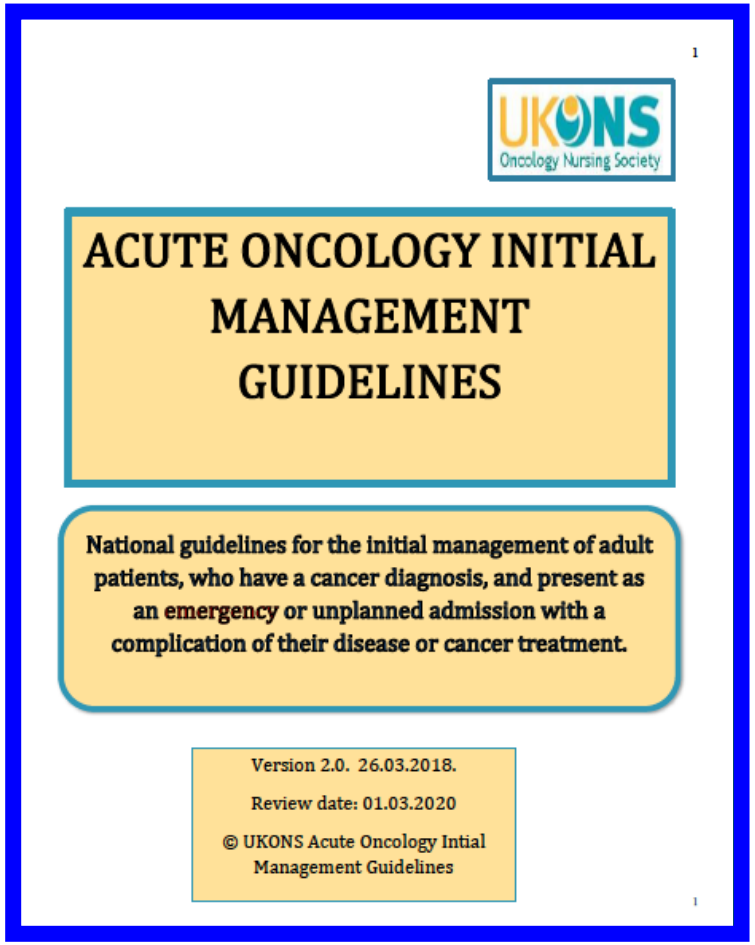




sam THE SOCIETY FOR ACUTE MEDICINE BOURNEMOUTH

# UKONS Acute Oncology Initial Management Guidelines

- 40 algorithms in 3 sections
- 17 - Initial presentation e.g. vomiting, mucositis, dyspnoea
- 10 - Immune-Related Adverse Event Management e.g. gastrointestinal, renal, thyroid
- 13 – Condition Management e.g. SVCO, Hyponatraemia, Hypercalcaemia of malignancy
- Multidisciplinary team development (78 members)
- UKONS,ACP and BOPA endorsement




These guidelines relate to the initial assessment and immediate management of oncology patients presenting with an acute problem, that may have been caused by:

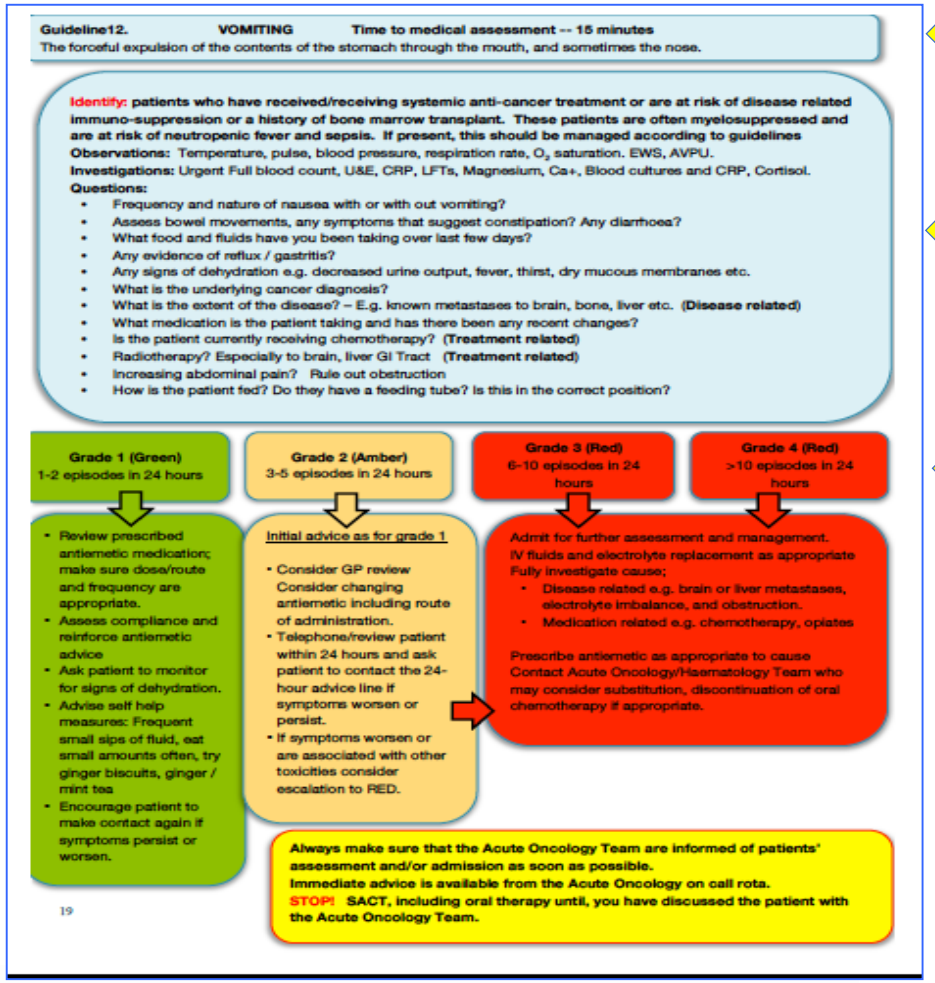
- Systemic Anti-Cancer Therapy (**SACT**)
- Radiotherapy
- Malignant disease
- A previously undiagnosed cancer where an urgent oncology/haematology assessment is required.

To aid in this urgent initial assessment, each protocol follows a RAG (red, amber, green) format and quick reference assessment, which is in line with the UKONS Oncology/Haematology 24-Hour Triage Tool (V2, 2016).

sam THE SOCIETY FOR ACUTE MEDICINE BOURNEMOUTH

**App in development**

# Initial Presentation Assessment - Vomiting



**Guideline12. VOMITING Time to medical assessment -- 15 minutes**

The forceful expulsion of the contents of the stomach through the mouth, and sometimes the nose.

**Identify: patients who have received/receiving systemic anti-cancer treatment or are at risk of disease related immuno-suppression or a history of bone marrow transplant. These patients are often myelosuppressed and are at risk of neutropenic fever and sepsis. If present, this should be managed according to guidelines**

**Observations:** Temperature, pulse, blood pressure, respiration rate, $O_2$ saturation. EWS, AVPU.

**Investigations:** Urgent Full blood count, U&E, CRP, LFTs, Magnesium, Ca+, Blood cultures and CRP, Cortisol.

**Questions:**

- Frequency and nature of nausea with or with out vomiting?
- Assess bowel movements, any symptoms that suggest constipation? Any diarrhoea?
- What food and fluids have you been taking over last few days?
- Any evidence of reflux / gastritis?
- Any signs of dehydration e.g. decreased urine output, fever, thirst, dry mucous membranes etc.
- What is the underlying cancer diagnosis?
- What is the extent of the disease? – E.g. known metastases to brain, bone, liver etc. **(Disease related)**
- What medication is the patient taking and has there been any recent changes?
- Is the patient currently receiving chemotherapy? **(Treatment related)**
- Radiotherapy? Especially to brain, liver GI Tract **(Treatment related)**
- Increasing abdominal pain? Rule out obstruction
- How is the patient fed? Do they have a feeding tube? Is this in the correct position?

**Grade 1 (Green)**
1-2 episodes in 24 hours

- Review prescribed antiemetic medication; make sure dose/route and frequency are appropriate.
- Assess compliance and reinforce antiemetic advice
- Ask patient to monitor for signs of dehydration.
- Advise self help measures: Frequent small sips of fluid, eat small amounts often, try ginger biscuits, ginger / mint tea
- Encourage patient to make contact again if symptoms persist or worsen.

**Grade 2 (Amber)**
3-5 episodes in 24 hours

Initial advice as for grade 1

- Consider GP review Consider changing antiemetic including route of administration.
- Telephone/review patient within 24 hours and ask patient to contact the 24-hour advice line if symptoms worsen or persist.
- If symptoms worsen or are associated with other toxicities consider escalation to RED.

**Grade 3 (Red)**
6-10 episodes in 24 hours

**Grade 4 (Red)**
>10 episodes in 24 hours

Admit for further assessment and management.
IV fluids and electrolyte replacement as appropriate
Fully investigate cause;

- Disease related e.g. brain or liver metastases, electrolyte imbalance, and obstruction.
- Medication related e.g. chemotherapy, opiates

Prescribe antiemetic as appropriate to cause
Contact Acute Oncology/Haematology Team who may consider substitution, discontinuation of oral chemotherapy if appropriate.

**Always make sure that the Acute Oncology Team are informed of patients' assessment and/or admission as soon as possible.**
**Immediate advice is available from the Acute Oncology on call rota.**
**STOP! SACT, including oral therapy until, you have discussed the patient with the Acute Oncology Team.**

19

Symptom definition

Assessment guide:
investigations examination
warnings

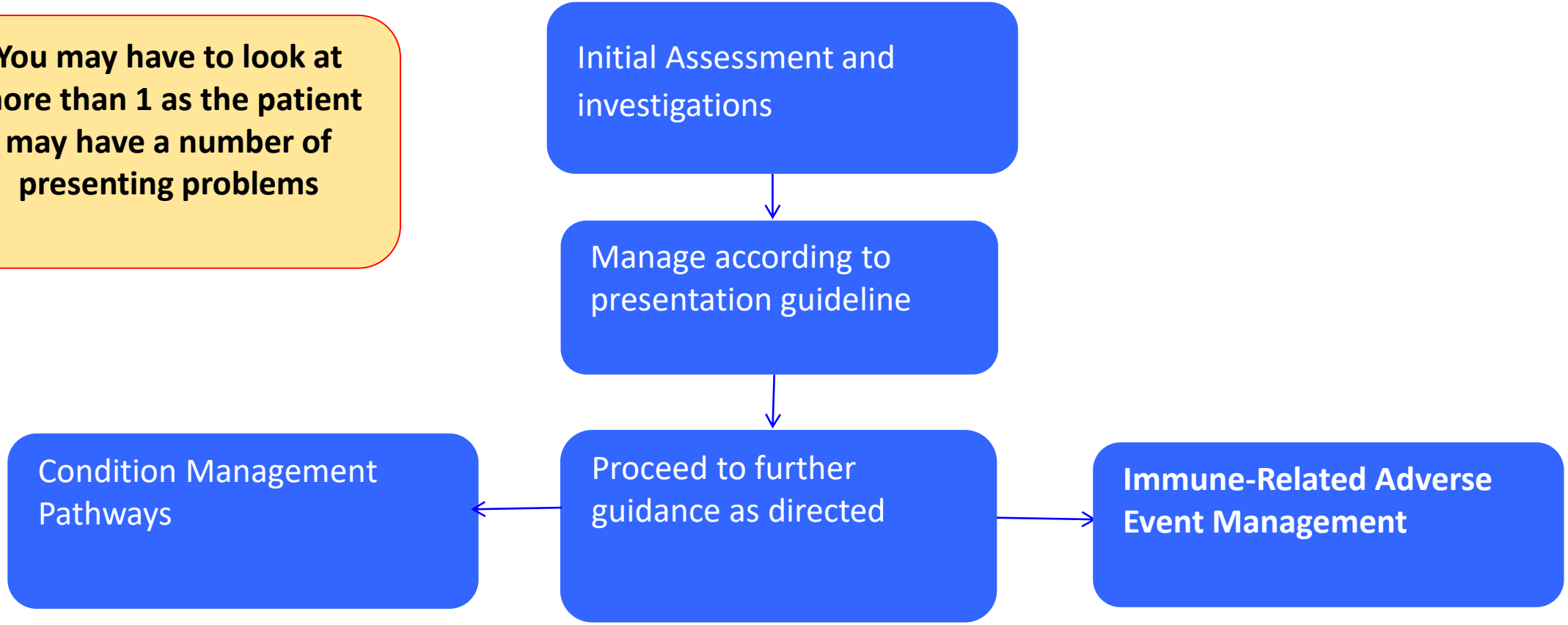
Grading

Action

Communication
Advice and on-going support

sam
THE SOCIETY FOR ACUTE MEDICINE
BOURNEMOUTH

**You may have to look at more than 1 as the patient may have a number of presenting problems**



## *My take home message –*

Unplanned cancer admissions may happen several times for a patient who is going through prolonged cancer treatment and for a patient with progressing and symptomatic disease.
We should:

- Prepare and educate the patient that this may happen and help them plan
- Ensure that all professionals involved in the care pathway can recognise acute oncology presentations and take appropriate action
- Ensure that specialist support and advice is available 24/7
- Develop functional acute care pathways for ambulatory and inpatient care
- Support our urgent care colleagues by sharing our knowledge and skills
- Support joined up working that increases the opportunities for patients/professionals to get urgent cancer advice/signposting and that we need more options for none-ED review (community, urgent care centres, ambulatory care)
- When designing new urgent care pathways please remember cancer patients and the value of local AO/Pall care leadership in finding solutions i.e. get these folk on your local urgent care strategy Boards

## *Thank you*