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Oncology Critical Pathways

by Joyce Stair, M.S., R.N.

Over the past several years, the topic of critical pathways for oncology care has been a popular one among members of the Association of Community Cancer Centers and at ACCC national meetings. Clearly, oncology clinicians, as well as those in other specialty areas, are at various stages in this process and are taking a variety of approaches to the development of practice parameters. To better understand and support the advancement of cancer care pathways, ACCC solicited its membership for paths currently in existence.

ACCC received close to 50 paths, representing a variety of approaches in an array of formats, including algorithms and management plans. Many are multidisciplinary, and some have also become the form on which care is documented. Others represent an expansion of what was formerly known as the nursing care plan. Some formats have incorporated the new standards of the Joint Commission on Accreditation of Hospitals and Healthcare Organizations (JCAHO) and provide a tool to document compliance with JCAHO standards, particularly in the area of patient education. Topics are also quite varied and range from pathways for a specific chemotherapy agent to a more comprehensive approach to a patient under a particular DRG.

This article highlights two critical paths, outpatient chemotherapy and oncology sepsis, and provides commentaries on their development and use. They are meant to serve as examples and resources for others challenged with the task of critical pathway and guideline development.

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ONCOLOGY SEPSIS

The oncology sepsis pathway used at Good Samaritan Community Healthcare in Puyallup, Wash., is multidisciplinary. A computer system that connects all departments sends out patient orders and referrals to the involved departments. The pathway itself is kept in the charting rack outside the patient's room. All the disciplines can refer to the pathway to check the patient's progress. Documentation is done directly on the pathway.

The physician initiates the pathway when the patient is admitted, and the R.N. is responsible for the planning and coordination of care for the patient. The R.N. consults with the other departments, and together they insert their findings into the plan of care. A patient locator board at the nursing station alerts staff and disciplines that the patient follows a designated pathway.

This pathway can be individualized to meet each patient's needs. If a patient's lab results require individualized adjustments in the pathway, e.g., the patient needs more potassium than what is called for in the standing I.V., the nurse will cross out the standard and insert the appropriate dosage the physician orders as necessary. This pathway is not specific to patients who are septic from neutropenia. This pathway addresses sepsis in general, but then allows for the patient with neutropenia to have specific intervention.

The daytime, evening, and nighttime nurses initial the columns at the bottom of this pathway, accepting accountability and responsibility that the pathway has been reviewed and noting that the needs and progress of the patient have been evaluated. If there is patient variance or if a patient has not met an outcome, the nurse records this information in the appropriate column as well as on a separate variance record. The nurse then formulates a plan with the appropriate discipline to assist the patient in meeting the desired outcome.

The standing orders sheet lists required patient needs by day and various disciplines. Standardized antibiotics are not included on the standing orders sheet. To ensure that patients receive the appropriate antibiotic, orders are still individualized by the physician and usually written before the patient comes to the hospital.

—Cynthia Marion, R.N., O.C.N.
Director, Oncology Services
Good Samaritan Community Healthcare
Puyallup, Wash.

GENERIC OUTPATIENT CHEMOTHERAPY

St. Francis Medical Center in Trenton, N.J., uses a generic outpatient chemotherapy pathway that covers any kind of medication that patients might receive.

Prior to scheduling an appointment for a patient's outpatient chemotherapy, an R.N. coordinator contacts that patient's physician to review past treatment and to receive orders for the patient's next course of treatment.

The pathway, which is included in the patient's chart, provides an overview of the responsibilities of the various departments—as well as those of the patient—in the delivery of outpatient chemotherapy. The R.N. team coordinator is responsible for steering the patient through treatment and coordinating the procedures of the departments.

A list of key indicators appears at the bottom of the pathway. These tasks should be completed prior to a patient's treatment to ensure the patient stays on the pathway.

—Kathy Gray-Siracusa
Director, Oncology Services
St. Francis Medical Center
Trenton, N.J.

CARE NEED	Day 1		Day 2		Teaching Plan
DATE					
LAB	CBC, SMA-18, Blood Culture x2 draw stat; run routine Obtain CBC - Chem 18 results within 4°, evaluate results and call appropriate labs to MD If platelet count < 100,000 draw PT, PTT Sputum culture if productive cough ____ UA - culture if dysuria or frequency ____ Notify MD if patient has diarrhea ____ Culture wounds if draining ____ Oral lesions - culture for herpes and candida ____ CXR		Daily CBC if on G-CSF or WBC < 1,000 Monitor for culture results and notify MD if indicated Repeat BC x 2 stat for temp spike > 101° (omit if obtained in last 24°)		____ Proper handwashing ____ Temperature monitoring ____ Personalized infection control Special Needs:
ASSESSMENT/ TREATMENTS	Routine Oncology orders on admission Start IV: 1,000cc D_5½NS with 20mEq KCl @ 100°/hr Obtain IV order to follow Obtain & initiate antibiotic after all appropriate cultures or within 2° of admission to unit VS q 4°; weigh daily Initiate G-CSF if ANC < 500 Check labs including clinic labs Infection Control: ________ Hx of herpes virus, sepsis, or candida ____		VS q 4° if febrile; q 8° if afebrile Continue to administer G-CSF if WBC < 10,000 and ANC < 500 Continue to administer antibiotics as ordered Daily weight Continue IV fluids		
NUTRITION	Regular Diet - high calorie; high protein		Dietary consult ____ Calorie count if po intake not adequate		
ELIMINATION	Document I&O		Document I&O		
PAIN	Normal saline rinses q 2-4° while awake Viscous xylocaine prn mouth ulcers - assess for other pain concerns		Normal saline rinses q 2-4° while awake Viscous xylocaine prn mouth ulcers - assess for other pain concerns		
SELF CARE	Patient to perform ½ bath, mouthcare, BRP's		Patient to perform ADL's, ½ bath, mouthcare, BRP's Walk in hall x 1		
EDUCATION	Assess current knowledge of signs/symptoms sepsis Document on teaching plan Assess if patient admitted on G-CSF ☐ yes ☐ no		Complete teaching plan to address identified knowledge deficits and infection control needs		
DISCHARGE PLANNING	____ RN to assess for home support ____ Assess for infection control needs; note special needs on teaching plan		____ Social Svcs consult to address identified needs		
	D ____ E ____ N ____		D ____ E ____ N ____		

	Day 1		Day 2	Initials	Teaching – Signature
D		D			
E		E			
N		N			

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Puyallup, Wash.

Oncology Sepsis Clinical Pathway

CARE NEED	Day 3	Day 4	Day 5	Teaching Plan
DATE				
LAB	Daily CBC if on G-CSF or WBC < 1,000 Monitor for culture results and notify MD if indicated Repeat BC x 2 stat for temp spike > 101° (omit if obtained in last 24°) Chem-7 obtain within 4°, evaluate results, and notify MD	Daily CBC if on G-CSF or WBC < 1,000 Monitor for culture results and notify MD if indicated Repeat BC x 2 stat for temp spike > 101° (omit if obtained in last 24°)	Daily CBC if on G-CSF or WBC < 1,000	OFF PATHWAY ☐ New diagnosis ☐ Medical Status ☐ Other ______ CODE STATUS ______ INDIVIDUALIZED CARE NEEDS
ASSESSMENT/ TREATMENTS	Heparin lock if: Weight stable I=O Lytes within normal limits Temperature < 100.5° VS q 4° if febrile; q 8° if afebrile DC G-CSF if WBC > 10,000 & ANC > 500; otherwise continue G-CSF if not met Daily weight Cont. to administer antibiotics as ordered If variance in pathway, consult CNS or Director ______	VS q 4° if febrile; q 8° if afebrile Continue to administer antibiotics as ordered Hep lock IV per criteria (day 3) if not done Daily weight DC G-CSF if WBC > 10,000 & ANC > 500; otherwise continue G-CSF if not met	Obtain order from MD to switch to oral antibiotic if: Afebrile x 24° - < 99 and off IV fluids Daily weight DC G-CSF if WBC > 10,000 & ANC > 500; otherwise continue G-CSF if not met	Presenting symptoms: ______ PMH: ______ Individual Care Needs: ______
NUTRITION				
ELIMINATION	Document I&O	Document I&O		
PAIN	Normal saline rinses q 2-4° while awake Viscous xylocaine prn mouth ulcers	Normal saline rinses q 2-4° while awake Viscous xylocaine prn mouth ulcers	NS rinses q 2-4° while awake Viscous xylocaine prn mouth ulcers	
SELF CARE	Pt. to perform ADL's, BRP; up in hall x 1	Patient to perform independent bath, BRP; up in hall x 2		
EDUCATION	Initiate teaching of s/s of infection to patient/significant other (handwashing, temp monitoring)	Continue teaching of s/s of infection.	Reinforce previous teaching. Verbalizes understanding of s/s of infection, prevention and meds.	
DISCHARGE PLANNING	Prevention appropriate to origin of infection site if known		Finalize home care needs If still on IV antibiotic, explore possible DC alternatives or arrange for OP antibiotic administration Discharge by 11:00 a.m. on Day 6	
	D ___ E ___ N ___	D ___ E ___ N ___	D ___ E ___ N ___	

	Day 3		Day 4		Day 5
D		D		D	
E		E		E	
N		N		N	

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Puyallup, Wash.

Oncology Sepsis Clinical Pathway

DATE	HOUR				
		HT.	WT.	ALLERGIES	

Oncology Sepsis Pathway Standing Orders

Lab:

[X] CBC, SMA-18, Blood Culture x 2 draw stat, run routine
[X] If platelet count < 100,000 draw PT, PTT sputum culture if productive cough
[X] UA - culture if dysuria or frequency
[X] Oral lesions - culture for herpes and candida
[X] CXR
[X] Daily CBC is on G-CSF or WBC < 1,000
[X] Chem 7 - day 3

Vital Signs:

[X] Vital signs Q 4°
[X] Daily weight
[X] Call physician with appropriate lab results
[X] Regular diet - high calorie, high protein
[X] 24° calorie count - start on admission
[X] Dietary consult - day 2
[X] Social Services consult - day 2

Meds:

[X] 1,000cc D_5½NS with 20meg KCl @ 100cc/hr IV on admit; obtain subsequent IV's to be ordered after labs available
[X] HL IV by hospital day 3 if fluid balance meets guidelines
[X] Routine Oncology Orders
[X] Obtain and initiate Antibiotic after all appropriate cultures or within 2° of admission
[X] Obtain order from MD to switch to oral antibiotic if guidelines met
[X] Viscous Xylocaine prn mouth ulcers
[X] Obtain order for G-CSF
[X] DC G-CSF when guidelines met. (See day 3, 4, 5)

Dr. Goldberg, MD

Dr. Ostenson, MD

Dr. McCroskey, MD

(P.S. # 12-562)
[WPSO4:Sepsis.SO]
(1/94)

Another brand of drug, identical in form and content, may be dispensed unless checked. ☐

Good Samaritan Hospital
A division of Good Samaritan Community Healthcare
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Oncology Sepsis Pathway
Standing Orders

12-562 (1/94)

St. Francis Medical Center
Trenton, New Jersey

OUTPATIENT CHEMOTHERAPY PATHWAY

	WITHIN 24 HOURS OF APPOINTMENT	ADMISSION	TREATMENT	DISCHARGE	POST DISCHARGE
PHYSICIAN/OFFICE	FAX: Diagnosis, treatment regimen, CBC blood results, drug-specific lab lists, treatment orders to include: Dilution and Length of Treatment. Distribute outpatient chemotherapy pamphlets. Reinforce importance of arrival at scheduled appointment time. Coordinate completion of tests at outside location with patient when indicated.	All orders provided via FAX.			
PATIENT	If your medical insurance requires testing at a location other than the physician's office: Coordinate your testing with the physician's office.	Your arrival to the outpatient chemotherapy unit should be no sooner than your scheduled appointment time whenever possible.	Report any ill-effects from your chemotherapy treatment.	Report any ill-effects from your chemotherapy treatment.	Notify your physician if you develop symptoms related to your illness.
NURSING	Deliver orders (evening prior to appt.) to Pharmacy. If appt. on Monday morning, deliver on Friday afternoon. Call patient to validate appointment. Check lab results. If not available: Check hospital lab system or physician's office.	Witness consent. Assess patient: Vital signs and symptom review. If abnormal, notify physician. Final check of labwork availability. If unavailable: Process as "stat" request.	Administer treatment as per physician's orders. Monitor patient.	Assure patient condition meets criteria for discharge. Give D/C instructions for follow-up labwork and office visits.	Follow-up phone call to new patients as indicated.
PHARMACY	Receive orders: Validate clarity of physician's orders. If unclear: Contact physician for clarification and notify Oncology outpatient staff of any changes.	Drug regimen available at time of scheduled patient visit.			
LAB	If labs drawn previous day: CBC results available in computer.	If labwork done day of admission: Process as "stat" request.			
REGISTRATION/ ADMISSION OFFICE	Validate completeness of patient admission information and complete when indicated.	Deliver charts to outpatient unit.			
PATIENT/FAMILY EDUCATION	Outpatient chemotherapy booklet distributed in physician's office.	If new patient: Provide chemotherapy teaching material. Continually assess teaching needs.		Review of discharge instructions.	Teaching as indicated based on follow-up interview or patient/family request.

Key Indicators:

	Y/N
1. Drug regimen available at time of appointment	____
2. Testing completed prior to visit	____
3. Orders available prior to appointment	____
4. Patient arrival at time of scheduled appointment time	____
5. Lab results available at time of visit if drawn by hospital	____