



ASSOCIATION *of* PEDIATRIC
HEMATOLOGY/ONCOLOGY NURSES

APHON Position Paper on Ambulatory Pediatric Hematology/Oncology Nursing Practice

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The evolution of ambulatory care with a major shift from inpatient to outpatient has been well documented for adult hematology/oncology patients. Ambulatory nurses report consistently that patient acuity has risen, more intense and lengthy services are provided, and the amount of paperwork and computer entry has increased dramatically. The Oncology Nursing Society (ONS) conducted a workforce survey in 2000 (Lamkin et al, 2002) and found that ambulatory care nurses were more likely than inpatient RN's to report caring for increased numbers of patients and performing increased numbers of tasks delegated by physicians. The unique challenge in the ambulatory practice setting resulted in the development of the ONS position paper on Oncology Services in the Ambulatory Practice Setting published in 2006.

The rapid changes in the health care environment have also impacted pediatric hematology/oncology patients and nursing practice. Three major influences of nursing workload in the outpatient setting have been identified as: patient census, patient care demands and the role of the nurse (Moore & Hastings, 2006; Swan & Griffin, 2005; Cusack, Jones-Wells & Chisholm, 2004). The unique challenges for ambulatory practice include lack of staffing resources for fluctuating patient volume and acuity, scheduling systems, patient flow and wait time, telephone triage volume and management, coding and billing documentation, sedation, chemotherapy preparation and handling, home care patient issues, and multi-institutional communication.

The expanded roles and responsibilities for ambulatory pediatric hematology/oncology nurses' present challenges that require specific guidelines and recommendations for caring for pediatric patients with cancer and hematological conditions. The Association of Pediatric Hematology Oncology Nurses (APHON) has published the Scope and Standards of Practice. These guidelines are applicable to the ambulatory practice setting however the new challenges require consideration for practice. A national ambulatory pediatric oncology nursing expert panel was assembled at the Annual Conference of APHON in September of 2008. This workgroup developed consensus statements about the practice of pediatric hematology/oncology nursing in ambulatory care. This work provided the background for these guidelines and recommendations.

It is the Position of APHON That

Patient Safety and Quality of Care

- Pediatric hematology/oncology nurses participate in activities that assure quality, safety and effective care for pediatric patients in the ambulatory setting (APHON, 2007).
- Current knowledge and scientifically based quality practice requires completion of the APHON Chemotherapy and Biotherapy Course and attaining CPHON certification when eligible.
- Ambulatory nursing roles should be structured to safely meet patient care needs.
- The complexity and intensity of pediatric hematology and cancer treatment increases the emotional and financial burden on pediatric patients and families. Pediatric hematology/oncology ambulatory care nurses provide education and support to encourage normalizing life for the patient and family (APHON, 2007)
- Professional licensed nursing staff activities must equate with their skill set and training.
- Provision of sedation in the ambulatory setting requires: written guidelines and policies; Joint Commission and local state accreditation; appropriate staff training and emergency procedures; ongoing patient assessment and monitoring by registered nurses competent in caring for the pediatric patient undergoing sedation.
- Pediatric patients are proactively assessed for an appropriate central access device and such a device is available for patients on continuous infusion therapy.
- An electronic medical record provides seamless continuity of care allowing immediate access to patient information in the inpatient and outpatient setting.
- Computerized order entry improves patient safety by eliminating illegible handwriting and incomplete or lost paper medical records.

Staffing Resources

- Staffing models need to consider indirect care needs, patient acuity, patient volume and availability of ancillary services and resources.
- Staffing models must be recalculated at least annually due to rapidly increasing volume and acuity of outpatient visits.
- The nursing care model chosen for use in the pediatric ambulatory setting should ensure continuity of care and maintain a family-centered approach

- A nursing role responsible for coordination and assessment of overall patient status and disposition to appropriate treatment areas such as emergency room, or inpatient areas is recommended.
- Constant communication regarding patient acuity and staffing must occur between clinic nurses and the individual with clinic oversight to safely allocate available resources.
- Patients should be rapidly assessed on arrival to clinic and if asymptomatic, fast tracked through the office visit process to ensure timely initiation of therapy.
- Pediatric hematology/oncology nurses are responsible for accurately documenting patient care and entering billing for services in the ambulatory practice setting.

Chemotherapy and Biotherapy Administration

- Registered nurses prepare, handle, administer and dispose of chemotherapeutic and biotherapeutic materials in accordance with National Institute for Occupational Health and Safety guidelines (NIOSH, 2004), the Joint Commission (2005) and the APHON Chemotherapy and Biotherapy Guidelines (2004).
- Registered nurses should administer chemotherapy and biotherapy and be required to successfully complete the APHON chemotherapy and Biotherapy course (APHON, 2004).
- Guidelines and resources for emergency medical response are available and certification in basic life support is required.
- According to institutional guidelines, procedures are available for management of cardiac and respiratory arrest, seizures, anaphylactic reactions and extravasations and other emergencies.
- A pediatric hematology/oncology nurse assesses the patient and family resources, ability and willingness to participate and adhere to the treatment.
- Pre-administration laboratory studies should be drawn and chemotherapy orders should be written and checked the day before the clinic visit.
- Computerized order entry improves patient safety and should be implemented whenever possible.
- Availability of a specialized pediatric hematology/oncology pharmacist to assist providers and nursing staff with dose modifications, symptom management, and administration issues is recommended.
- Assessment of home care support by an experienced pediatric hematology/oncology nurse should be completed prior to home infusion or continuous chemotherapy administration in the clinic setting.

Telephone Triage Guidelines

- A level of competency for all nurses who participate in the telephone triage role is required and certification as a certified pediatric hematology/oncology nurse recommended.
- In accordance with institutional guidelines, pediatric hematology/oncology nurses practicing telephone triage must assess and direct the management of care according to the practice as defined by their state board of nursing.

- A standardized evidence-based approach to patient assessment, follow up and documentation is utilized and documented when practicing telephone triage.

Patient Education

- Patient and family education is ongoing throughout the inpatient and ambulatory experience.
- A variety of educational materials in several formats appropriate to the age and learning abilities of individual patients and families should be readily available.
- Patient education materials should be available in multiple languages, depending on the surrounding demographics of the community.
- Pediatric hematology/oncology nurses advocate for the child in the school environment and promote school reentry, or hospital and clinic based tutorial programs (APHON, 2007).
- Documentation of patient education must be included for all ambulatory and telephone patient encounters in the medical record.

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