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# APPHON/ROHPPA NEWSLETTER

Atlantic Provinces Pediatric Hematology/Oncology Network
Réseau d'Oncologie et Hématologie Pédiatrique des Provinces Atlantiques

***Summer 2014***

## 2014 Conference

The 2014 ***APPHON/ROHPPA Conference and AGM*** will be held on November 13th, 14th and 15th this year. November 13th will be a hematology day with the focus on anemia's including: sickle cell anemia, iron deficiencies, new born sickle cell screening and common disorders related to anemias.

The theme for the 14th and 15th this year is around transition/AYA and long term follow-up. The plan is to give regional and national updates on what is occurring. Detailed agendas will be circulated when available.

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## Levels of Care Coordinator - Maritimes

Cathie Watson has retired as the Levels of Care Coordinator for the Maritime Provinces. A huge thank you for all of her hard work and her enthusiasm for APPHON/ROHPPA. We wish her happiness in retirement.

Mary Jean Howitt, Clinical Leader of Development at the IWK Health Centre is the successful applicant for the position of Levels of Care Coordinator. Mary Jean started her .6 FTE position on July Welcome aboard Mary Jean!

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## APPHON/ROHPPA Guidelines Update

The Febrile Neutropenia guideline is still under development. In the interim, we have put the latest version of the pre-printed orders and algorithms (combined) for the Maritimes on our website: www.apphon-rohppa.com. As soon as the guideline is finalized, we will update the pre-printed orders and algorithms and send out an announcement that the final versions are on the website. If anyone has any questions about the guideline, please contact Tamara MacDonald, APPHON/ROHPPA Guideline Coordinator: tamara.macdonald@iwk.nshealth.ca.

The Febrile Nuetropenia guideline for Newfoundland will be on the website shortly. If anyone has questions around that guideline, please contact Stephanie Eason, Levels of Care Coordinator for NL, at: stephanie.b.eason@easternhealth.ca.

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## APPHON/ROHPPA Red Binders

In previous years, APPHON/ROHPPA has distributed red binders containing guidelines and information for pediatricians, emergency departments and inpatient units. While on site visits, we have discovered that a lot of the binders have gone missing and are not being kept current.

We recommend that centres move to using our website for current information instead of the binders. APPHON/ROHPPA will no longer be updating them. If a centre would like to continue using the binders, you will still get notifications of new information when available.

We suggest that each centre put our website link on the desktops of computers in areas where a child with a hematologic/oncologic disease would be seen. This will help ensure that everyone is using the most current information.

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## New 'Treat Promptly' Cards

APPHON/ROHPPA has updated the Treat Promptly cards to incorporate changes to the new febrile neutropenia guideline (Version Date May 2014). The changes made include:

1. Instructions re immediate interventions
2. Inclusion of "Do NOT give NSAIDs"
3. Modification of definition of fever to include tympanic temperatures

Instructions now state to immediately access CVAD regardless of whether freezing cream has been applied and to send the CBC and differential stat. This is intended to decrease time from patient arrival to initiation of antibiotic therapy.

New Treat Promptly cards are being prepared for all oncology patients and have been or will be given to them at their next IWK visit. At that time the changes are being reviewed with the patients and families, including that the PAC (port-a cath) will be accessed regardless of whether freezing cream has been applied.

*Gloria Gallant, Clinical Leader, IWK Health Centre*

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## AYA Taskforce

The evolution and current status of the Canadian Task Force on Adolescents and Young Adults with Cancer
(2014_02_18)

The Canadian Task Force on Adolescents and Young Adults (AYA) with cancer began its work in 2008 with funding from the Canadian Partnership Against Cancer, based on a proposal from C17, the network of pediatric cancer centres in Canada. AYA with cancer have been recognized as a group whose unique needs related to their age and developmental status are not being adequately met by the conventional pediatric and adult healthcare systems. Deficiencies in the care systems currently available to AYA with cancer result in long-term adverse health and social consequences, an increased burden on the healthcare system and an overall loss of productivity. The economic burden to individuals, families, and society is considerable given the life expectancy of AYA. The need is urgent. Every year at least 2,000 Canadians between 15 and 29 years of age are diagnosed with cancer. In addition, every year there are 800 to 900 children 14 years of age or less who are diagnosed with cancer, of whom more than 80 per

cent will survive. These survivors, once they become young adults, face the same issues as those who are diagnosed as AYA.

In its first 4 years, 2008-2012, the Task Force:

1. Conducted a survey of Canadian facilities regarding AYA-specific services; (*Journal of Adolescent and Young Adult Oncology. September 2011, Vol. 1, No. 3)*
2. Held 2 stakeholder workshops, in 2010 and 2012; (See *Cancer* Supplement http://onlinelibrary.wiley.com/doi/10.1002/cncr.v117.10s/issuetoc and *Journal of Adolescent and Young Adult Oncology. June 2013, Vol. 2, No. 2: 72-76)*
3. Published six recommendations addressing all areas where change is needed to improve care for AYA, based on discussions at the 2010 workshop; http://online.liebertpub.com/doi/pdfplus/10.1089/jayao.2010.0008
4. Published a Framework for Action on AYA issues, based on discussions at the 2012 workshop;
5. Launched the Regional Action Partnerships, or RAP's, tasked with implementing the Framework for Action;
6. Developed a RCPSC diploma in AYA oncology, with plans to extend specialty training to other health care disciplines.

By 2015 the AYA Task Force will have:

1. Developed guidance for active care of AYA diagnosed with cancer;
2. Adapted the first of new harmonized guidelines for follow-up care of children and young persons being prepared by an international group of experts;
3. Assessed the level of participation in clinical trials by AYA with cancer, and developed plans for increasing accrual;
4. Validated a new AYA-specific distress screening tool as part of an international collaboration;
5. Advanced awareness of AYA cancer issues and taken the first steps in implementing system change at the provincial and territorial level through support of the RAPs.

*Melanie Keats, Chair, Atlantic RAP*

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## IWK Practice Change

In accordance with the recommendations of the American Academy of Pediatric Dentistry and after review by the IWK pediatric dentistry team, we have made the following changes in the oral care management of IWK pediatric oncology patients. We are now recommending that all patients brush their teeth with a soft toothbrush twice daily using gel toothpaste. Chlorhexidine 0.12% mouthwash administration has now been changed to twice daily from four times daily.

For those patients who cannot swish and spit the chlorhexidine mouthwash, we are advising families to not use toothettes, but instead to use a soft toothbrush or gauze wrapped around a finger to swab the teeth, gums and cheeks. If anyone has any questions please contact Kristina Chapman, Nurse Practitioner, at the IWK: Kristina. chapman@iwk.nshealth.ca

*Kristina Chapman, Nurse Practitioner, IWK Health Centre*

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## IWK Clinical Leader of Development

Christa McGuirk is the new Clinical Leader of Development taking over from Mary Jean Howitt effective July 2nd, 2014. Christa recently was the

Hematology Family Care Coordinator and prior to this has extensive hematology/oncology/nephrology inpatient experience. We wish Christa success in her new role.
Her email is:
Christa.mcguirk@iwk.nshealth.ca

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## New Brunswick Patient Navigator

Marjorie McGibbon is currently on leave from her role as Pediatric Patient Navigator for Horizon Health Authority in New Brunswick. Anna Long (Dipaolo) will be filling in for Marjorie for the next year.

If anyone wants to contact Anna her email is: Anna.dipaolo@horizonnb.ca, phone number: (506) 432-3262.

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## Chemotherapy Survey Comments for Newsletter

In April/May of 2014, there was a survey distributed to APPHON partners to gather information regarding Chemotherapy Administration safety practices. There were 37-47 respondents (depending on the question) from 16 centers. The survey raised more questions, which could likely be due to clarity of wording. In response, the following key points may help to answer some of those questions.

**Survey question # 4-"Is the double check an independent check?"**
What does an ***independent double check*** really mean? *An Independent double check is a process in which two qualified practitioners conduct verification and then compare results. Such verification can be performed in the presence or absence of each other. In either case, the most critical aspect is to maximize the independence of the double check by ensuring that the first practitioner does not communicate what he or she expects the second practitioner to see, which would create bias and reduce the visibility of an error. (ISMP – USA) Independent double checks intercept potential errors thus preventing harm to patients. (i.e. calculations need to be conducted separately by the 2 practitioners and then results compared).*

**Survey question #3 - "Do both practitioners sign the Medication Administration Record?"**
Both practitioners must sign the MAR to **document the double verification.**

**Survey question #5 - "Is there separate label verification?"**
**Labels** on chemotherapy/biotherapies **must be independently double checked by pharmacy** before being dispensed for administration. The RN must check the label to verify that the correct drug is in the correct bag for the correct patient.

**Survey question #6 - Does the physician assess the patient prior to administration of parenteral chemotherapy?"**
Patients must be **assessed by a physician** as per the roadmap requirements and /or changes in patient status, prior to administration of chemotherapy. This assessment could be done the day before depending on scheduling restrictions if in compliance with the study requirements, however, changes in patient status would require additional assessment.

**Survey question #7 - "Does the physician remain available (onsite) during the infusion?"**
A **physician responsible for monitoring** and caring for pediatric oncology patients must be in the building when chemotherapy is being administered and infusing.

**Survey question #11 - How do you prepare to handle an allergic reaction when administering a chemo-therapeutic agent that is known to cause a reaction?"**
When a reaction is a possibility with chemotherapy/biotherapy administration, it is best practice to have hypersensitivity reaction orders filled out in advance and have equipment readily available, to minimize intervention response time. For agents known to cause hypersensitivity reactions, at least 1 hour (and as specified for each agent) should elapse before another drug is given, to ascertain that if a reaction were to occur the agent is identifiable.

**Survey question #20 and #21 - If a neutropenic child develops a fever while receiving a blood transfusion, is the child treated by following the febrile neutropenia guidelines? Treated for a transfusion reaction?**
If a neutropenic patient becomes **febrile during a blood transfusion**, in addition to considering a transfusion febrile reaction, febrile neutropenic orders should be carried out and a sample sent to microbiology.

**Survey question #12-17 - How do nurses maintain their Pediatric Chemotherapy competencies?**
In accordance with the **APPHON/ROHPPA Chemotherapy Administration* Standards for Practice and Education**, nurses must demonstrate knowledge competency and clinical competency in order to administer and monitor chemotherapy/biotherapy given to children/adolescents with cancer. There must be at least one APHON prepared Pediatric Chemotherapy and Biotherapy Provider, with current status on site and available while pediatric chemotherapy is being administered.

Maintaining competency has three components: biannual knowledge updates, annual clinical supervision and number of administrations (20 times in 2 years which includes chemotherapy administration to adults). These competency recertifications must be documented. For further detail on what this competency entails, see our website: www.apphon-rohppa.com under Levels of Care:

http://www.apphon-rohppa.com/en/levels-care and then click on the link to Appendix III: (***Appendix III of the Levels of Care Approach Document:*** *Pediatric Chemotherapy Administration Standards and Competencies for Practice and Education (Atlantic Provinces Pediatric Hematology Oncology Network [APPHON]/ Réseau d'Oncologie Hématologie Pédiatriques des Provinces Atlantiques [ROHPPA]) - Link to Appendix III*

Please contact:
maryjean.howitt@iwk.nshealth.ca or
stephanie.b.eason@easternhealth.ca with any questions.

*Institute for Safe Medication Practices (ISMP). Medication Safety Alert, The virtues of independent double checks – They really are worth your time! 2003 March 6;8(5):1 http://www.ismp.org/newsletters/acutecare/articles/20030306.asp?ptr=y*

## Our Vision

***To facilitate access for Atlantic province children and youth to comprehensive, current, effective, evidence-based hematologic/oncologic treatment delivered as close to home as safely feasible.***