

Levels of Care “Cheat Sheet”

Each level must meet the criteria of the previous level

	Basic Level Centre	Intermediate Level Centre	Advanced Level Centre	Subspecialty Level
Type of facility	Community hospital – However, not all community hospitals will attain basic level.	Regional Hospital – probable However, not all regional hospitals are intermediate level.	Regional Hospital– however, not all regional hospitals are advanced level	Tertiary Hospitals only – IWK and Janeway COG Designated Institution
Physical facility	Safe, child-friendly area to isolate child to protect from nosocomial infections	Pediatric inpatient unit with isolation rooms (unit may be shared with adult services)	Pediatric inpatient unit with isolation rooms(dedicated unit preferred)	In-patient and ambulatory care areas with appropriate isolation and reverse isolation capabilities
Physician managing child’s care in home area	Family Physician (or pediatrician if available)	Pediatrician preferred, but could be a family physician in certain circumstances. Provides supervision of IV chemo admin as well monitoring of immediate side effects/complications	Pediatrician on call 24/7 and able to administer IT chemotherapy	Primary Hematologist/ Oncologist available 24/7
Nurses	Supportive care, e.g. vital signs monitoring, immunizations, reinsertion of ng tubes, G-CSF sc injections No RN’s with APHON Chemotherapy & Biotherapy Provider Course.	Able to access CVAD 24/7. All RN’s giving chemo <i>must</i> have APHON Chemotherapy & Biotherapy Provider Course. APPHON/ROHPPA RN competencies <i>recommended</i> for supportive care. APHON provider available as a resource.	APPHON/ROHPPA competencies <i>required</i> for treatment and supportive care.	Nurses with APPHON/ ROHPPA established competencies to care for this patient population at the Sub- specialty level (treatment and supportive care)

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Pharmacy	Ready access to pharmacy with appropriate antibiotics, anti-emetics, pain medications and other drugs required for provision of basic level care.	Pharmacist on site to work with tertiary center in facilitating treatment roadmaps/ protocols, handling, preparation, dispensing and disposing of chemo agents;& expertise in supportive care guidelines <ul style="list-style-type: none"> • access to pediatric specific resuscitation drugs • level appropriate antineoplastic and supportive agents [including IV Phosphate and Magnesium] • Class II biological hood externally vented 	Designated pharmacist contact	Expertise in anti-neoplastic agents and therapies for serious hematologic disorders.
ER/ICU	ER services 24/7 with physician and nurse on site. Basic pediatric resuscitation equipment and medications to stabilize and transfer	Same as Basic	ER services 24/7 with on call pediatrician - ICU capable of stabilizing a critically ill child & transporting to subspecialty centre	Tertiary level ER & PICU
Chemotherapy [See Levels of Care and Chemotherapy Administration to Children and Youth in Atlantic Canada for detailed information and drugs.]	No parenteral chemotherapy; physician may be involved in oral dose modifications in collaboration with sub specialty team	<ul style="list-style-type: none"> • ambulatory intermediate level chemo < 6 hours administration including hydration • vesicants & irritants by CVAL only • e.g. VCR, L'asp, Carbo, Bleo, CPM, Dauno, Doxo; • physician on site during administration of agents at risk for hypersensitivity, vesicant extravasation • chemotherapy policies 	<ul style="list-style-type: none"> • some overnight admissions • IT with anesthetic services • vesicants & irritants by peripheral vein [CVAL preferred] • Advanced level chemotherapy e.g. Irinotecan, Ifosfamide • Biotherapy determined on a case by case basis 	<ul style="list-style-type: none"> • complex protocols - usually those < 1 yo,; relapsed reinduction, ALL inductions [see specifics]; post BMT; comorbidities, severely myelosuppressive protocols • e.g. Ifos, HD AraC, HD Mtx, MABs

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Other services		<ul style="list-style-type: none"> Ambulatory and low risk inpatient treatment & supportive care – e.g. rehydration, WinRhoSDF™ & IVIG admin, insulflon care & insertion 	<ul style="list-style-type: none"> Pediatric unit that can provide advanced level chemo, treatment of low risk FN, varicella zoster & other higher risk supportive care 	<ul style="list-style-type: none"> complex treatment & supportive care dialysis pediatric dental deep and conscious sedate access to HSCT radiation membership in international clinical trials group
Other Personnel	health and/or psychosocial professionals able to provide family support and assist with arrangements for transfer at diagnosis or other pertinent times	<ul style="list-style-type: none"> access to a social worker or psychologist access to PT and OT 	<ul style="list-style-type: none"> access to child life specialist social worker, and/or psychologist <i>on site</i> & able to provide required support access to RT, PT & OT with <i>peds expertise</i> 	<ul style="list-style-type: none"> Pediatric hematologists/ oncologists Pediatric psychologists & social workers RT, PT, OT on site
Nutrition		<ul style="list-style-type: none"> dietician on site tube feed management 	TPN	Dietitians with expertise in the nutritional requirements of children and adolescents with cancer or serious hematologic disorder
Diagnostic Imaging		<ul style="list-style-type: none"> pediatric CXR, abd films ultrasounds, ECGs ability to transmit images 	Nuclear Medicine [GFR, WMEF] or ECHO; CT (Required - ability to do pediatric dosing)	MRI, interventional radiology, angiography, etc.

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Lab	able to obtain appropriate blood samples, including micro samples and peripheral venous blood from children and transport blood samples as appropriate, urine glucose (dipstick)	<ul style="list-style-type: none"> • CBC with automated differential (stat if needed) • Na, K, BUN, creatinine, glucose (stat [within 1 hr] if needed), • Ca, Phos, Mg, AST, ALT, bilirubin (total and direct), amylase [within 24 hr], • PT, PTT, fibrinogen (within 2 -3 days if needed) creatinine clearance measurements; • bacterial cultures on site 	<ul style="list-style-type: none"> • Ca, Phos, Mg, AST, ALT, bilirubin (total and direct), amylase on site • fungal cultures on site, or collection & reportable in timely process 	<ul style="list-style-type: none"> • access to cell flow cytometry, cytogenetics analysis, marrow processing and analysis, hemoglobinopathy w/u, specialized coagulation testing, specialized immune function testing, virology services • anatomic pathology services on site
Blood bank	Pediatric blood products administered for emergent purposes. Non urgent administration negotiated on an individual basis.	<ul style="list-style-type: none"> • able to obtain CMV negative, irradiated platelets within 24 hours • FFP & CMV negative, irradiated PRBC, on site • access to factor concentrates, IVIG, VZIG • access to cryo & on site if caring for at risk patient 	access to CMV negative, irradiated platelets and PRBC for transfusion within 12 hours	access to CMV negative, irradiated platelets and PRBC for transfusion within 12 hours
FN and other emergencies	Initiate assessment and treatment within 1 hour of arrival at ER. <i>Must call hematologist/ oncologist immediately to discuss transfer of patient to appropriate advanced or tertiary centre (Preferred to initiate antibiotic treatment at basic site).</i>	Initiate assessment and treatment within 1 hour of arrival at ER; <i>must call hematologist/oncologist ASAP</i> to discuss appropriate centre to admit. Patients requiring monotherapy may be admitted to intermediate levels [or sent on to advanced or tertiary centre.] Discuss a plan to transfer patients requiring dual or triple	Initiate assessment and treatment within 1 hour of arrival at ER. <i>Must call hematologist/oncologist within 24 hours of presentation to discuss the most appropriate center for treatment.</i>	Initiate assessment and treatment within 1 hour of arrival at ER; admit as required.

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		therapy to an advanced or tertiary center.		
Monitoring/supportive care	Manage complications/side effects of oral chemotherapy in consultation with sub specialty team	Manage low risk complications/supportive care in consultation with sub specialty team	-treating varicella zoster -preventing and treating common complications and oncological emergencies in consultation with sub specialty team	management of complex side effects/side effects under direction of Hematologist/Oncologists and COG
Palliative Care	Physicians willing to collaborate in care Consider adult palliative care services	Same as basic level	Same as basic level	Pediatric Palliative care services
Supports required	access to applicable supportive care guidelines/ pre-printed orders and patient specific information			
	Institutional policies for chemotherapy ordering, preparation, administration, disposal, management of spills			
Contact info required	<ul style="list-style-type: none"> • Family Physician/ designated physician managing care • ER contact • Lab contact 	<ul style="list-style-type: none"> • Family Physician and/or Pediatrician • nurse contact • pharmacist • others as required – dietitian, social worker and/or psychologist 	<ul style="list-style-type: none"> • Family Physician and/or Pediatrician • nurse contact • others as appropriate – dietitian, social worker and/or psychologist, child life specialist 	<ul style="list-style-type: none"> • Primary hematologist/ oncologist • FCC • social worker, dietitian, psychologist, CL specialist, etc. as appropriate

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