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APPHON/ROHPPA NEWSLETTER

Atlantic Provinces Pediatric Hematology/Oncology Network
Réseau d'Oncologie et Hématologie Pédiatrique des Provinces Atlantiques
Summer 2009/Issue 16

Congratulations.....

To me! I have been hired full-time as the APPHON/ROHPPA executive director. Thank you to the hiring committee for putting their faith in me.

Carol Digout

2009 Conference

Mark your calendars it is almost time for the 2009 APPHON/ROHPPA Conference and AGM. This year the conference is being held in November (as voted at the 2008 AGM) on Friday, November 13th and Saturday, November 14th.

If anyone would be interested in joining a committee to work on the conference please let Carol know at carol.digout@iwk.nshealth.ca.

Current plans include having patient as speakers and presentations on: research, ITP, Febrile Neutropenia, BMT, GVHD, and pediatric patient navigation in New Brunswick. A full agenda will be sent out in September.

Practice Change - Asparaginase

Routine monitoring of coagulation factors (PT, PTT, fibrinogen and ATIII) on **asymptomatic** patients being given asparaginase is no longer recommended by APPHON/ROHPPA. An amended guideline will be sent to all facilities within the next week. Please place the new guideline in your red binder and discard your old asparaginase guideline.

Practice Change - Febrile Neutropenia

APPHON/ROHPPA has amended the levels of care standard and the supportive care guideline regarding the treatment of Febrile Neutropenia. In the past it has been recommended that only advanced and sub-specialty centers admit and treat patients with Febrile Neutropenia.

APPHON/ROHPPA is now recommending that facilities rated as intermediate **may** be able to treat patients considered low risk at presentation for febrile neutropenia **after** consultation with a pediatric hematologist/oncologist at their tertiary centre.

An Intermediate centre should assess and initiate treatment of low & high risk febrile neutropenia patients within 1 hour of arrival at their emergency department. The Intermediate centre should then call the pediatric hematologist/ oncologist to discuss the appropriate centre to admit the patient. If the patient is low risk at presentation, the patient may be able to be admitted to the Intermediate level centre or possibly sent on to an Advanced level centre or the tertiary centre.

An Advanced centre should assess and treat low and high risk febrile neutropenia patients within 1 hour of arrival at their emergency department. Low risk patients may be admitted. All high risk patients should be transferred to a subspecialty centre.

All at risk patients when febrile should be in close proximity (1 hour) to a hospital for stabilization and administration of antibiotics.

Low risk patients include patients greater than 1 year of age with no other underlying comorbidities or known bone marrow infiltration, and for whom the anticipated duration of neutropenia is less than or equal to 7 days. Low risk at presentation of a febrile neutropenic occurrence must also include:

- clinically stable [normotensive, no chills or requirement for fluid resuscitation or intensive care]
- absence of clinical symptoms of sepsis [e.g. pneumonitis, enterocolitis, typhilitis, endocarditis, cellulitis, catheter associated infection, perirectal abscess]

And, after the initiation of antimicrobial therapy:

- negative blood cultures from peripheral and/or central lines
- prompt disappearance of fever within 48 hours of intravenous antibiotic therapy

Before discharge home from a centre a patient must have the following characteristics:

- afebrile for at least 24 hours
- culture negative
- evidence of bone marrow recovery (improving neutrophils [ANC $\geq 0.5 \times 10^9/L$], presence of relatively high numbers of monocytes, spontaneously rising platelet count)
- adequate oral intake (absence of factors impeding use of oral medications such as moderate to severe mucositis, malabsorption, diarrhea and/ or persistent nausea or vomiting)
- family support/ caregiver able to adhere to instructions for care

High risk patients include patients for whom the anticipated duration of neutropenia is greater than 7 - 10 days. **These patients should be transferred to a sub-specialty level care centre.** Patients having the following characteristics are always considered high risk:

- age less than 1 year
- post bone marrow/ stem cell transplantation
- AML on therapy (rarely out of the tertiary centre while on therapy)
- Known malignant bone marrow infiltration
- Underlying immunodeficiency, e.g. Down syndrome
- suspected typhilitis
- suspected clinical sepsis and/ or previous recent hospitalization for sepsis
- Prosthesis
- Cutaneous infection suspicious for Staphalococcus

Please contact Tamara MacDonald at 902-470-6474 with any questions or concerns regarding the changes to the guideline.

Practice Change - Febrile Neutropenia - Dosing

A dosage change of Timentin® will be issued within the next few weeks. An amended guideline with all changes will be sent to each center.

Web Site

APPHON/ROHPPA is looking at developing a new website. Bids have been submitted and a committee will look at which option best suits our needs. The new web site will not be password protected (except for working group areas), will have a section for patients and eventually be translated into French as well.

The website is expected to be up and running by the end of the year. Anyone who would like to work on the website please let me know at: carol.digout@iwk.nshealth.ca

Fall APHON Chemotherapy/Biotherapy Course

Because of the high demand, the IWK is once again opening up the APHON Chemotherapy/biotherapy course to all APPHON/ROHPPA members. The next course will be held on October 7th, 8th and 9th at the IWK. Space is limited and available on a first come first serve basis.

If you have questions regarding the content or in general about the course contact Mary Jean at maryjeanhowitt@iwk.nshealth.ca or Paula at paula.murphy@iwk.nshealth.ca.

Any APPHON/ROHPPA member wishing to participate please contact Carol at carol.digout@iwk.nshealth.ca by September 15th.

Levels of Care

APPHON/ROHPPA has completed 2 site visits this spring to Valley Regional Hospital in Kentville and to the Cape Breton Regional in Sydney. Many thanks to all those who helped organize the visits and to those who attended. Your hospitality was appreciated!!!

Site visits will continue in the fall and we will up-date you on which centers at a later date.

APPHON/ROHPPA Office

The APPHON/ROHPPA office has moved from the 7th floor at the IWK to the 6th floor, room L610.

Mickie Al-Molky's, (level of care coordinator), phone number is now 902-470-3842.

Practice Change - CVAD Heparinization

There are changes in the practice of Central Venous Access Device (CVAD) heparinization at the IWK Health Centre. The changes include a change in the strength and volume of the heparin solution as well as the product. These changes have been done to enhance patient safety and efficiency.

- 1) The strength of the heparin solution for routine locking has CHANGED to 10 units/mL.
- 2) The volume use for locking has CHANGED to 3 mL (from 2 mL) for all tunneled and implanted CVADs, both for locking after use and prior to deaccess.
- 3) The 10 unit/mL Heparin product NOW being used is preservative- free pre-filled syringes.

NOTE: there is no change in the strength of Heparin Lock solution used prior to de-accessing ports and monthly when not in use. Continue to use Heparin 100 units/mL, available in multi-dose vials. There is no change in the frequency of heparin locking. They will continue to be heparin locked after use and every 24-hour. The volume for heparin locking PICCs did not change it remains at 2 mL.

The revised pre-printed order sheet “Heparin Locking of Central Venous Access Devices (CVAD)” is being forwarded to centres and physicians in the upcoming Supportive Care Guidelines binder update mailout. Please call Ann Higgins (IWK CVA Nurse) with any questions (902-470-7210) about the changes.

Ann Higgins

IWK Inpatient Unit



L to R: Hematology Oncology personnel in a patient room on our new inpatient unit, 6 Link, at the IWK Health Centre – Dr. Tamara MacDonald (Clinical Pharmacist and APPHON/ ROHPPA guideline developer), Chantal Beaver (Child Life Specialist), and Kristina Chapman (Nurse Practitioner).

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