

Oncology/Haematology 24 Hour Triage

Rapid Assessment & Access Toolkit - Australia

The UKONS Toolkit has been developed for use by all members of staff who may be required to man 24-hour advice lines for patients who:

- Have received or are receiving systemic anticancer therapy
- Have received any other type of anticancer treatment, including radiotherapy and bone marrow graft
- May be suffering from related immunosuppression (i.e. acute leukaemia, corticosteroids)

N.B.

Adolescent patients treated within adult units ARE included in this pathway

Systemic anticancer therapy is an overarching term encompassing all systemic anti cancer therapies including chemotherapy, immunotherapy and supportive therapies

V1.0 2018 - adapted from UKONS -UK V.2.0 with permission



Contents

1.0	Introduction	1
1.1	Quality of assessment and advice	2
1.2	National guidelines, recommendations and reports	2
2.0	Aims and objectives	3
3.0	The UKONS Toolkit - content, application and implementation	4
3.1	Instructions for use	4
3.2	The Alert Card	4
3.3	The Triage Pathway Algorithm and Clinical Governance	5
3.4	The Triage Assessment Process and Tool	6
3.4.1	Key points	6
3.4.2	Risk assessment	6
4.0	The Triage Log Sheet	12
5.0	Training and competency	13
5.1	The competency assessment	13
5.2	Competency assessment record	15
	References	18
	Review Group	20
	Consultation Group	21
	Appendix 1 - Table of Changes	23
	Appendix 2 - Skills for Health information	24

This publication contains information, advice and guidance; This version of the toolkit for Australia was agreed through a national collaborative working group of both medical and senior nursing representation across Australia.

The information in this manual has been compiled from professional sources. It provides a guideline for practice and is dependent on the clinical expertise and professional judgement of the registered practitioner who uses it. Whilst every effort has been made to ensure the provision of accurate and expert information and guidance, it is not possible to predict all the circumstances in which it may be used. Accordingly, the authors shall not be liable to any person or entity with respect to any loss or damage caused or alleged to be caused directly or indirectly by what is contained in or left out of this information and guidance.

1.0 Introduction

This version of the toolkit for Australia was agreed through a national collaborative working group of both medical and senior nursing representation across Australia.

The UK Oncology Nurses Society (UKONS) 24-Hour Triage Tool is a risk assessment tool that uses a Red, Amber and Green (RAG) scoring system to identify and prioritise the presenting problems of patients contacting 24-hour advice lines for assessment and advice.

It is a tool for use by all members of staff who may be required to man a 24-hour advice lines for patients who:

- Have received or are receiving systemic anticancer therapy
- Have received any other type of anticancer treatment, including radiotherapy and bone marrow graft
- May be suffering from disease/treatment related immunosuppression (e.g. acute leukaemia, corticosteroids)

This guideline provides recommendations for best practice for the appropriate treatment and management of patients who contact the 24-hour advice line; it should be used in conjunction with the triage practitioner's clinical judgment.

The original UKONS Toolkit was developed by the Central West Chemotherapy Nurses Group, a sub-group of UKONS, and was reviewed and endorsed by:

- UKONS
- The National Patient Safety Agency (NPSA)
- Macmillan Cancer Support
- The Society and College of Radiographers have participated in the review and update of the tool and have added their endorsement.

The UKONS Toolkit was subject to a multi-centre pilot, which resulted in an extremely positive evaluation.¹

The original version of the tool for the triage of adults was successfully launched

in 2010; it is now widely used across the UK and internationally for the telephone assessment and triage of patients who may be suffering from side effects associated with systemic anticancer therapy, radiotherapy or immunosuppression.¹

Version 2 of the UKONS Toolkit was released for use in 2016, following a multi-disciplinary review and update. This review was prompted by the use of new systemic anticancer therapies including immunotherapies, and a wish by the authors and users to ensure that it remains fit for purpose in light of these recent advances in treatment.

The triage and assessment process remains unchanged. A small number of amendments and additions have been made to the assessment tool and log sheet. These additions cover some of the new toxicities/problems that may occur with immunotherapies and also take into account the lengthened side-effect profile of these drugs. The review group also took this opportunity to add some additional questions and prompts to both the assessment tool and log sheet to aid the triage practitioner in his/her decision making (appendix 1, p23).

This Information and Instruction Manual provides:

- Rationale for use
- A brief description of the development and review history
- Examples of The Toolkit contents
- Instructions for use
- Governance and user responsibilities
- Competency framework

This information and instruction manual is essential reading for anyone wishing to use or implement the UKONS Toolkit in practice.

For the purposes of this document, oncology and haemato-oncology services will be referred to as ONCOLOGY.

The original development group recognised that there was commonly a lack of relevant guidelines and training to support members of the clinical team who were undertaking telephone assessment of patients, and often no consistent approach to triage either across or within organisations.

The group found that the advice and support provided was reliant on the experience and knowledge of the nurse or doctor answering the call, and that although there were local models of good practice they had not generally been validated. There were no tested assessments or decision-making tools in use. Furthermore, documentation and record keeping differed from trust to trust.

There was little published evidence regarding oncology/haematology triage.

1.1 Quality of assessment and advice

The assessment and advice given regarding a potentially ill patient is crucial in ensuring the best possible outcome. Patient safety is an essential part of quality care with each and every situation being managed appropriately.

The function of telephone triage is to determine the severity of the caller's symptoms and direct the caller if appropriate to an emergency assessment or initiate clinical follow up.² Telephone triage is an important and growing component of current oncology practice; we must ensure that patients receive timely and appropriate responses to their calls.³

Successful triage will consistently recognise emergencies and potential emergencies, ensuring that immediate assessment and required interventions are arranged. Sujan⁴ found that the most frequent recommendation for improving communication was standardisation through procedure checklists and appropriate training in their use. All of the above are used within the UKONS Toolkit.

1.2 National guidelines, recommendations and reports

There are no national guidelines in place to support training, standardisation and consistency of oncology/haematology triage. However, there are national recommendations regarding the provision of telephone triage service: The Manual for Cancer Services recommends that all cancer patients receiving systemic anticancer therapy should have access to a 24-hour telephone advice service.⁵ The World Health Organisation (WHO) recommends that organisations use a standardised approach to handover and implement the use of the Identify, Situation, Background, Assessment and Recommendation process (ISBAR).^{6,7} This recommendation stresses in particular consideration of the out-of-hours handover process, and emphasises the need to monitor compliance. Standardisation may simplify and structure the communication, and create shared expectations about the content of communication between information provider and receiver.⁴ The Cancer Reform Strategy⁸ identified winning principles that should be applied in the care of cancer patients:

- Unscheduled (emergency) patients should be assessed prior to the decision to admit. Emergency admission should be the exception, not the norm
- Patients and carers need to know about their condition and symptoms to encourage self-management and to know who to contact when needed

Patients have the right to be treated with a professional standard of care, by appropriately qualified and experienced staff, in an approved or registered organisation that meets required levels of safety and quality.

The UKONS Toolkit uses the ISBAR principles, which offer a structured method for communicating critical information that requires immediate attention and action contributing to effective escalation and increased patient safety⁷.

2.0 Aims and objectives

The aim of the UKONS Toolkit is to provide guidelines that can be adopted as a standard; it will deliver:

- Guidance and support to the practitioner at all stages of the triage and assessment process
- A simple but reliable assessment process
- Safe and understandable advice for the practitioner and the caller
- High quality communication and record keeping
- Competency-based training
- An audit tool

The UKONS tool has been developed for use by all members of staff who may be required to take 24-hour advice line calls from patients who:

- Have received or are receiving systemic anticancer therapy
- Have received any other type of anticancer treatment, including radiotherapy and bone marrow graft
- May be suffering from disease/treatment - related immunosuppression (e.g. acute leukaemia, corticosteroids)

Adolescents and Young Adults (AYA) with cancer should be cared for within a dedicated AYA unit, which may be associated with a either service for children, or for adults. If they are treated in a AYA unit associated with a children's service, the Children and Young Peoples (CYP) version of the triage tool should be used. Where they are treated within an associated adult service this version of the tool should be used.

The UKONS Toolkit is an educational tool and includes a competency assessment framework that all disciplines of staff would need to complete prior to undertaking advice line triage.

The UKONS Toolkit does not address patient management post admission, nor does it contain admission pathways. It does, however, support recommendation for acute assessment by the practitioner who has carried out the triage.

Males⁹ guidelines for the provision of telephone advice in primary care stressed the importance of risk management/mitigation and clinical governance in the provision of safe and high quality telephone care.

Key factors to consider when developing such a service are:

- Training
- Triage
- Documentation
- Appropriateness and safety
- Confidentiality
- Communication

The UKONS Toolkit addresses all key factors above. If correctly used, the Toolkit will contribute to the governance process, providing an accurate record of triage and assessment. Regular review of triage records is recommended for assessment of quality and competency.

Along with quality and safety data, regular audit of the tool provides data regarding:

- Capacity and demand
- Common concerns and problems that patients present with

3.0 The UKONS Toolkit - content, application and implementation

The triage process can be broken down into three steps:

- Contact and data collection
- Assessment/definition of problem
- Appropriate intervention/action

The UKONS Toolkit supports and guides the practitioner through each of the three steps, leading to the early recognition of potential emergencies and side effects of treatment, and provision of appropriate and consistent advice.

The UKONS Toolkit consists of:

- The Toolkit information and instruction manual with competency assessment
- Alert Card recommendations
- The Triage Pathway Algorithm and Clinical Governance recommendations
- The Triage Log Sheet
- The Assessment Tool based on the NCI-CTCAE common toxicity criteria V4.03 with individual guidelines¹⁰

3.1 Instructions for use

This section of the manual explains: how it should be used; who should use it; what training they require; and the competency assessment framework that should be completed. It also contains the Triage Assessment Tool and the Log Sheet, which should be used to carry out the assessment and to document the outcome following assessment.

It is clinically focused and covers the triage and assessment process in detail and the clinical governance pathway.

It is applicable to support communication with individuals in a variety of settings.

3.2 The Alert Card

The group supports the recommendations of the National Institute for Health and Care Excellence (NICE) neutropenic sepsis clinical guideline,¹¹ the National Chemotherapy Advisory Group (NCAG) report¹² and the NHS England Chemotherapy Peer Review Measures.¹³ All patients and/or carers who are receiving or have received systemic anticancer therapy should be given a 24-hour contact number for specialist advice along with information about how and when to use the contact number. This information should also include the at-risk timeframe for the treatment received, as this can vary. The group suggests that a card containing key information about the treatment they are receiving and the advice line contact details should be provided for each patient/carer. These cards act as an aide memoire for the patient and carer and as an alert for other healthcare teams that may be involved in the patient's care. Such cards are now widely used in the adult setting in the UK.

The card should include at least the following:

- Patient identification details
- Regimen details
- Information about symptom recognition/warning signs
- Emergency contact numbers
- Information about treatment delivery area

Services may consider collaborating to produce a standard Alert Card and provide education regarding its significance.

3.3 The Triage Pathway Algorithm and Clinical Governance

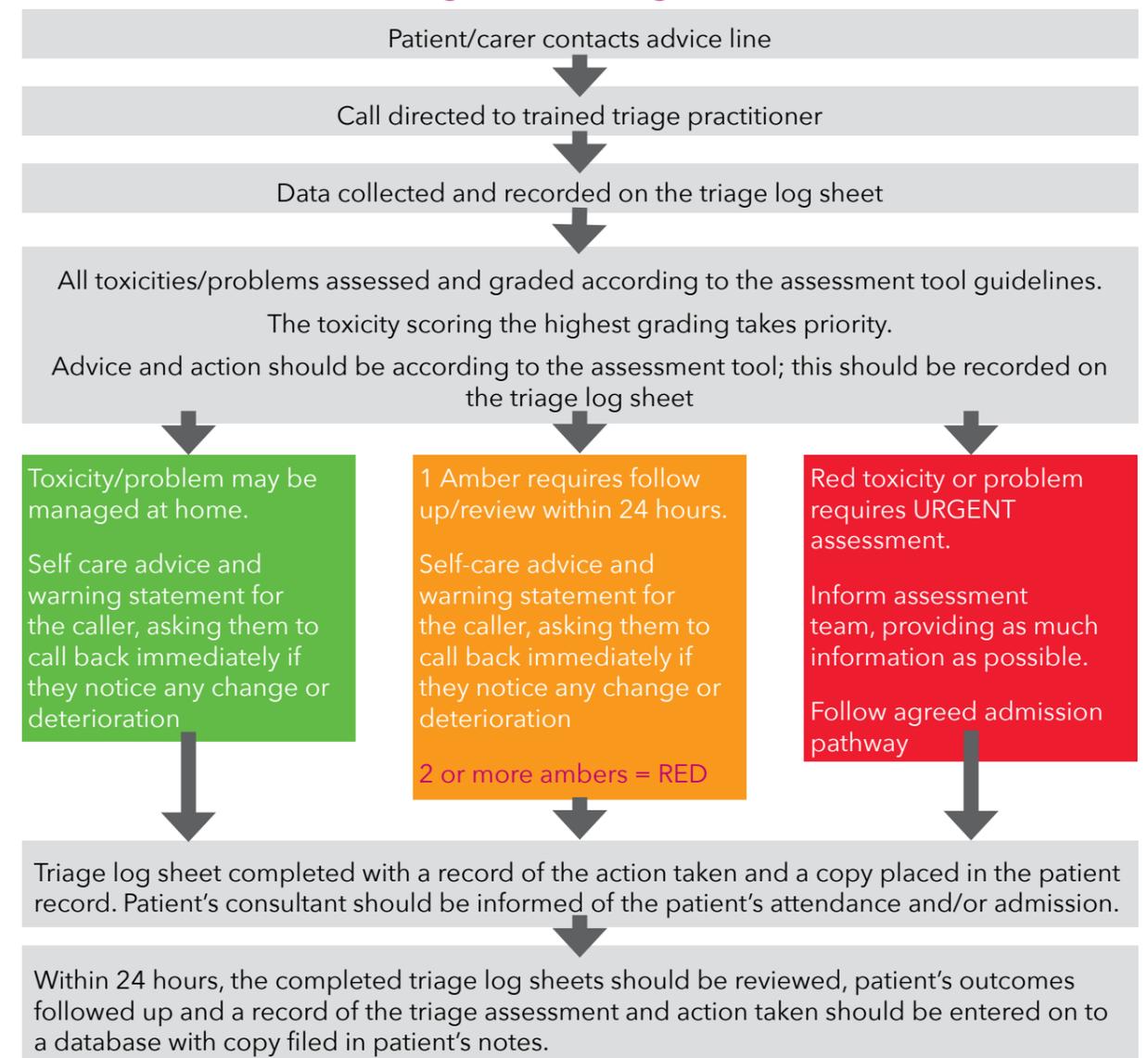
Written protocols and agreed standards can be useful to describe and standardise the process of data collection, planning, intervention and evaluation. They can also help reduce risk of liability.⁹

The group has developed an algorithm that details each step of the pathway and describes the roles and responsibilities of the triage practitioner, which should be agreed and approved locally. Advice line service providers should have agreed assessment, communication and admission pathways. Assessment areas and routes of entry should be clearly defined.

There should be a clearly identified triage practitioner for each span of duty. The process should allow for allocation of responsibility to a nominated triage practitioner for a period of duty. On completion of this period the responsibility for advice line management and follow up of patients is clearly passed to the next member of suitably qualified staff. This should provide a consistent, high quality service.

The UKONS Toolkit is a guideline and should be approved for use for each service provider by the appropriate organisational governance group prior to implementation. The governance responsibility for the provision of the advice line service and the use of the UKONS Toolkit triage guidelines rests wholly with the service provider.

Triage Process Algorithm



3.4 The Triage Assessment Process and Tool

The triage practitioner's assessment of the presenting symptoms is key to the process.

3.4.1 Key points

Dedicated time in a suitable area for the consultation will enable the clinician to pay appropriate attention to the caller, without being interrupted.

The triage practitioner should assess if telephone management is appropriate in the present situation. If the patient's presenting problem is an acute emergency, such as collapse, airway compromise, haemorrhage or severe chest pain, then the following action should be taken:

- The assessment process should be shortened, and contact details and essential information collected
- Emergency services should be contacted and immediate care facilitated

The practitioner needs to be aware of the caller's ability to communicate the current situation accurately, and should use appropriate questioning and prompts until all necessary information has been gathered.

If there is any doubt about the patient's or the carer's ability to provide information accurately or understand questions or instructions provided then a face-to-face consultation assessment should be arranged.

Ideally the telephone practitioner should speak directly to the patient; a lot can be gained from this in relation to how unwell the patient may be – e.g. likely to be an unwell patient if they cannot come to the phone.

The practitioner should ensure that the patient/carer understands the questions asked and instructions provided, and that they should feel free to ask questions, clarifying information as required.

The triage practitioner should consider the

data collected along with the patient/carer level of concern in order to perform a clinical assessment using the assessment tool and decide on the appropriate action to initiate.

If, in the triage practitioner's clinical judgment, the guideline is not appropriate to that individual situation, for example previous knowledge about the patient's personal circumstances or disease that would either encourage the practitioner to expedite face-to-face assessment, or conversely leave the patient at home despite the recommendation in the UKONS Toolkit, then the rationale for that decision should be clearly documented.

There are advice line calls/queries that will not be addressed by the assessment tool; for example, a medication query or central line problems. Advice in these circumstances should be given according to local policy. A log sheet should still be completed in these circumstances so that there is a record of the call and of the advice given.

3.4.2 Risk assessment

The assessment tool is based on the NCI-CTCAE common toxicity criteria.¹⁰ It should be used as a guideline, highlighting the questions to ask and leading the practitioner through the decision-making process. This leads to appropriate action by giving structure, consistency and reassurance to the practitioner.

It is a risk assessment tool used to grade the patient's symptoms and establish the level of risk to the patient, and will enable practitioners to provide a consistent robust triage. It is a cautious tool and will advise assessment at a point that will allow early intervention for those at risk.

The presenting symptoms have been Red, Amber and Green (RAG) rated, according to their significance. The tool not only recognises high-grade symptoms, such as fever, but also recognises that a significant number of patients and carers who contact triage advice lines may not report a single overwhelming problem, but will have a number of low grade problems. The

cumulative significance of these problems was demonstrated during the pilot, with 67% (70 of 101) of those asked to attend requiring either intervention or admission.

Action selection is based upon the triage practitioner's grading of the presenting symptoms/toxicity following interview, data collection and triage:

Red - any toxicity graded red takes priority and action should follow immediately. Patient should be advised to attend for urgent assessment as soon as possible

Amber + - if a patient has two or more toxicities graded amber they should be escalated to red action and advised to attend for urgent assessment

Amber - one toxicity in the amber area should be followed up within 24 hours and the caller should be instructed to call back if they continue to have concerns or their condition deteriorates

Green - callers should be instructed to call back if they continue to have concerns or their condition deteriorates

If a patient is required to attend for assessment, transport should be arranged for them if indicated either due to a deteriorating or potentially dangerous condition or lack of personal transport.

If the patient is deemed safe to remain at home, the patient/carer should receive sufficient information to allow them to manage the situation and understand when further advice needs to be sought.⁹

Please Note patients may present with problems other than those listed on the assessment tool and log sheet, these would be captured as "other" on the log sheet checklist. Practitioners are advised to refer to the NCI-CTCAE common toxicity criteria V4.03 to assess the severity of the problem and/or seek further clinical advice regarding management.

All Green = self care advice 1 Amber = review within 24 hours 2 or more amber = escalate to red 3 Red = attend for assessment as soon as possible 4

Patients may present with problems other than those listed below, these would be captured as "other" on the log sheet checklist. Practitioners are advised to refer to the NCI-CTCAE common toxicity criteria VA.03 to assess the severity of the problem and/or seek further clinical advice regarding management.

CAUTION! Please note patients who are receiving **IMMUNOTHERAPY** may present with treatment related problems at anytime during treatment or up to 12 months afterwards. If you are unsure about the patient's regimen, be cautious and follow triage symptom assessment.

Toxicity/Symptom		0	1	2	3	4
Fever - receiving or has received Systemic Anti Cancer Treatment (SACT) within the last 6-8 weeks or immunocompromised.		None.	IF TEMPERATURE 37.5 °C or ABOVE or BELOW 36.0 °C or GENERALLY UNWELL - URGENT assessment and medical review - Follow neutropenia pathway. ALERT - patients who have taken analgesia or steroids or who may be dehydrated may not present with an abnormal temperature but may still have an infection and be at risk of sepsis - if in doubt do a count.			

Advise URGENT ED for medical assessment-000 NB if intrasnal SACT in place arrange for disconnection.						
	New onset shortness of breath with minimal exertion.	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, such as light housework or office work.	Increase of up to 3 bowel movements a day over pre-treatment normal or mild increase in ostomy output. Drink more fluids Obtain stool sample. Commence regimen specific anti-diarrhoeal.	Mild - no bowel movement for 24 hours over pre-treatment normal. Dietary advice, increase fluid intake, review supportive medications.	Mild symptoms. Minimal increase in frequency, urgency, dysuria nocturia. Slight reduction in output. Drink more fluids. Obtain urine sample for analysis.	Normal.
Chest pain STOP oral and intravenous Systemic Anti Cancer Treatment until reviewed by oncology or haematology team.	None.	None.	None or no change from normal.	None or no change from normal.	None or no change from normal.	None.
Dyspnoea/shortness of breath Is this a new symptom? How long for? Is it getting worse? Do you have a cough? How long for? Is it productive? If yes, what colour? Is your phlegm/sputum? Is there any chest pain or tightness? - if yes refer to chest pain Consider: SVCO / Anaemia / Pulmonary embolism / Pneumonitis / Infection.	None or no change from normal.	No change to pre-treatment normal - or fully active able to carry on all pre-disease performance without restriction.	None or no change from normal.	None or no change from normal.	None or no change from normal.	None.
Performance Status Has there been a recent change in performance status?	None or no change from normal.	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, such as light housework or office work.	Increase of up to 3 bowel movements a day over pre-treatment normal or mild increase in ostomy output. Drink more fluids Obtain stool sample. Commence regimen specific anti-diarrhoeal.	Mild - no bowel movement for 24 hours over pre-treatment normal. Dietary advice, increase fluid intake, review supportive medications.	Mild symptoms. Minimal increase in frequency, urgency, dysuria nocturia. Slight reduction in output. Drink more fluids. Obtain urine sample for analysis.	Normal.
Diarrhoea How many days has this occurred for? How many times in a 24 hour period? Is there any abdominal pain or discomfort? Is there any blood or mucus in the stool? Has the patient taken any anti-diarrhoeal medication? Is there any change in urine output? Is the patient drinking and eating normally? Consider: Infection / Colitis / Constipation. N.B. Patients receiving immunotherapy or Capecitabine should be managed according to the drug specific pathway and assessment arranged as required.	None or no change from normal.	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, such as light housework or office work.	Increase of up to 3 bowel movements a day over pre-treatment normal or mild increase in ostomy output. Drink more fluids Obtain stool sample. Commence regimen specific anti-diarrhoeal.	Mild - no bowel movement for 24 hours over pre-treatment normal. Dietary advice, increase fluid intake, review supportive medications.	Mild symptoms. Minimal increase in frequency, urgency, dysuria nocturia. Slight reduction in output. Drink more fluids. Obtain urine sample for analysis.	Normal.
Constipation How long since bowels opened? What is normal? Is there any abdominal pain and/or vomiting? Has the patient taken any medication? Assess the patient's urinary output and colour.	None or no change from normal.	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, such as light housework or office work.	Increase of up to 3 bowel movements a day over pre-treatment normal or mild increase in ostomy output. Drink more fluids Obtain stool sample. Commence regimen specific anti-diarrhoeal.	Mild - no bowel movement for 24 hours over pre-treatment normal. Dietary advice, increase fluid intake, review supportive medications.	Mild symptoms. Minimal increase in frequency, urgency, dysuria nocturia. Slight reduction in output. Drink more fluids. Obtain urine sample for analysis.	Normal.
Urinary Disorder Are you passing urine normally? Is this a new problem or is this normal for you? Is there any change in the urine colour? Is there any blood in the urine? Is there any incontinence, frequency or urgency? Are you passing your normal amount? Are you drinking normally, are you thirsty? Consider: Infection	None or no change from normal.	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, such as light housework or office work.	Increase of up to 3 bowel movements a day over pre-treatment normal or mild increase in ostomy output. Drink more fluids Obtain stool sample. Commence regimen specific anti-diarrhoeal.	Mild - no bowel movement for 24 hours over pre-treatment normal. Dietary advice, increase fluid intake, review supportive medications.	Mild symptoms. Minimal increase in frequency, urgency, dysuria nocturia. Slight reduction in output. Drink more fluids. Obtain urine sample for analysis.	Normal.
Fever NOT receiving Systemic Anti Cancer Treatment (SACT) and NOT at risk of immunosuppression.	None.	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, such as light housework or office work.	Increase of up to 3 bowel movements a day over pre-treatment normal or mild increase in ostomy output. Drink more fluids Obtain stool sample. Commence regimen specific anti-diarrhoeal.	Mild - no bowel movement for 24 hours over pre-treatment normal. Dietary advice, increase fluid intake, review supportive medications.	Mild symptoms. Minimal increase in frequency, urgency, dysuria nocturia. Slight reduction in output. Drink more fluids. Obtain urine sample for analysis.	Normal.
Infection Has the patient taken their temperature? If so when? What is the patient's temperature? Are there any specific symptoms such as: • pain, burning / stinging or difficulty passing urine? • cough, any sputum, if so what colour? • any shivering, chills or shaking episodes?	None.	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, such as light housework or office work.	Increase of up to 3 bowel movements a day over pre-treatment normal or mild increase in ostomy output. Drink more fluids Obtain stool sample. Commence regimen specific anti-diarrhoeal.	Mild - no bowel movement for 24 hours over pre-treatment normal. Dietary advice, increase fluid intake, review supportive medications.	Mild symptoms. Minimal increase in frequency, urgency, dysuria nocturia. Slight reduction in output. Drink more fluids. Obtain urine sample for analysis.	Normal.
Nausea How many days? What is the patient's oral intake? Is the patient taking antiemetics as prescribed? Assess patient's urinary output and colour.	None.	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, such as light housework or office work.	Increase of up to 3 bowel movements a day over pre-treatment normal or mild increase in ostomy output. Drink more fluids Obtain stool sample. Commence regimen specific anti-diarrhoeal.	Mild - no bowel movement for 24 hours over pre-treatment normal. Dietary advice, increase fluid intake, review supportive medications.	Mild symptoms. Minimal increase in frequency, urgency, dysuria nocturia. Slight reduction in output. Drink more fluids. Obtain urine sample for analysis.	Normal.
Vomiting How many days? How many episodes? What is the patient's oral intake? Is there any constipation or diarrhoea? - if yes see specific toxicity. Assess patient's urinary output and colour.	None.	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, such as light housework or office work.	Increase of up to 3 bowel movements a day over pre-treatment normal or mild increase in ostomy output. Drink more fluids Obtain stool sample. Commence regimen specific anti-diarrhoeal.	Mild - no bowel movement for 24 hours over pre-treatment normal. Dietary advice, increase fluid intake, review supportive medications.	Mild symptoms. Minimal increase in frequency, urgency, dysuria nocturia. Slight reduction in output. Drink more fluids. Obtain urine sample for analysis.	Normal.
Oral / stomatitis How many days? Are there any mouth ulcers? Is there evidence of mucositis? Are they able to eat and drink? Assess patient's urinary output and colour.	None.	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, such as light housework or office work.	Increase of up to 3 bowel movements a day over pre-treatment normal or mild increase in ostomy output. Drink more fluids Obtain stool sample. Commence regimen specific anti-diarrhoeal.	Mild - no bowel movement for 24 hours over pre-treatment normal. Dietary advice, increase fluid intake, review supportive medications.	Mild symptoms. Minimal increase in frequency, urgency, dysuria nocturia. Slight reduction in output. Drink more fluids. Obtain urine sample for analysis.	Normal.
Anorexia What is appetite like? Has this recently changed? Any recent weight loss? Any contributory factors, such as dehydration, nausea, vomiting, mucositis, diarrhoea or constipation - if yes refer to specific problem/symptom.	None or no change from normal.	Loss of appetite without alteration in eating habits. Dietary advice.	Loss of appetite without alteration in eating habits. Dietary advice.	Loss of appetite without alteration in eating habits. Dietary advice.	Loss of appetite without alteration in eating habits. Dietary advice.	Loss of appetite without alteration in eating habits. Dietary advice.
Pain Is it a new problem? Where is it? How long have you had it? Have you taken any pain killers? Is there any swelling or redness? If pain associated with swelling or redness consider thrombosis or cellulitis. Back pain consider metastatic spinal cord compression (MSCC).	None or no change from normal.	Mild pain not interfering with daily activities. Advise appropriate analgesia.	Mild pain not interfering with daily activities. Advise appropriate analgesia.	Mild pain not interfering with daily activities. Advise appropriate analgesia.	Mild pain not interfering with daily activities. Advise appropriate analgesia.	Mild pain not interfering with daily activities. Advise appropriate analgesia.
Neurosensory / motor When did the problem start? Is it continuous? Is it getting worse? Is it affecting mobility/function? Any perineal or buttock numbness (Saddle paresthesia)? Any constipation? Any urinary or faecal incontinence? Any visual disturbances? Is there any pain? If yes refer to specific problem / symptom. Consider - Metastatic spinal cord compression, cerebral metastases or cerebral event.	None or no change from normal.	Mild or moderate sensory loss, moderate paresthesia, mild weakness with no loss of function. Contact the advice line immediately if deterioration.	Mild or moderate sensory loss, moderate paresthesia, mild weakness with no loss of function. Contact the advice line immediately if deterioration.	Mild or moderate sensory loss, moderate paresthesia, mild weakness with no loss of function. Contact the advice line immediately if deterioration.	Mild or moderate sensory loss, moderate paresthesia, mild weakness with no loss of function. Contact the advice line immediately if deterioration.	Mild or moderate sensory loss, moderate paresthesia, mild weakness with no loss of function. Contact the advice line immediately if deterioration.
Confusion/cognitive disturbance Is this a new symptom? How long have you had this symptom? Is it getting worse? Is it constant? Any recent change in medication?	None or no change from normal.	Mild disorientation not interfering with activities of daily living. Slight decrease in level of alertness.	Mild disorientation not interfering with activities of daily living. Slight decrease in level of alertness.	Mild disorientation not interfering with activities of daily living. Slight decrease in level of alertness.	Mild disorientation not interfering with activities of daily living. Slight decrease in level of alertness.	Mild disorientation not interfering with activities of daily living. Slight decrease in level of alertness.
Fatigue Is this a new problem? Is it getting worse? How many days? Any other associated symptoms? Do you feel exhausted?	None or no change from normal.	Increased fatigue but not affecting normal level of activity. Rest accompanied with intermittent mild activity / exercise.	Increased fatigue but not affecting normal level of activity. Rest accompanied with intermittent mild activity / exercise.	Increased fatigue but not affecting normal level of activity. Rest accompanied with intermittent mild activity / exercise.	Increased fatigue but not affecting normal level of activity. Rest accompanied with intermittent mild activity / exercise.	Increased fatigue but not affecting normal level of activity. Rest accompanied with intermittent mild activity / exercise.
Rash Where is it? Is it localised or generalised? How long have you had it? Is it getting worse? Is it itchy? Are you feeling generally unwell? Any signs of infection, such as pus, pyrexia Moderate = 10-30% of the body surface area (BSA) Severe = greater than 30% of the body surface area (BSA) NB Haematology, follow local guidelines.	None or no change from normal.	Rash covering 10 - 30% BSA that is limiting normal activities of daily living with or without symptoms, such as pruritus, burning, tightness.	Rash covering 10 - 30% BSA that is limiting normal activities of daily living with or without symptoms, such as pruritus, burning, tightness.	Rash covering 10 - 30% BSA that is limiting normal activities of daily living with or without symptoms, such as pruritus, burning, tightness.	Rash covering 10 - 30% BSA that is limiting normal activities of daily living with or without symptoms, such as pruritus, burning, tightness.	Rash covering 10 - 30% BSA that is limiting normal activities of daily living with or without symptoms, such as pruritus, burning, tightness.
Bleeding Is it a new problem? Is it continuous? What amount? Where from? Are you taking anticoagulants? NB Haematology, follow local guidelines.	None or no change from normal.	Mild, self limited controlled by conservative measures. Consider arranging a full blood count.	Mild, self limited controlled by conservative measures. Consider arranging a full blood count.	Mild, self limited controlled by conservative measures. Consider arranging a full blood count.	Mild, self limited controlled by conservative measures. Consider arranging a full blood count.	Mild, self limited controlled by conservative measures. Consider arranging a full blood count.
Bruising Is it a new problem? Is it localised or generalised? Is there any trauma involved?	None or no change from normal.	Localised - single bruise in only one area.	Localised - single bruise in only one area.	Localised - single bruise in only one area.	Localised - single bruise in only one area.	Localised - single bruise in only one area.
Ocular/eye problems Is this a new problem? Any associated pain? Any visual disturbance? Any discharge/sticky eyes?	None or no change from normal.	Mild symptoms not interfering with function.	Mild symptoms not interfering with function.	Mild symptoms not interfering with function.	Mild symptoms not interfering with function.	Mild symptoms not interfering with function.
Palmar Plantar syndrome If on active oral SACT therapies follow drug specific pathways. Drug may need to be suspended and medical review arranged.	None.	Mild numbness, tingling, swelling of hands and/or feet with or without pain or redness. Rest hands and feet, use emollient cream.	Mild numbness, tingling, swelling of hands and/or feet with or without pain or redness. Rest hands and feet, use emollient cream.	Mild numbness, tingling, swelling of hands and/or feet with or without pain or redness. Rest hands and feet, use emollient cream.	Mild numbness, tingling, swelling of hands and/or feet with or without pain or redness. Rest hands and feet, use emollient cream.	Mild numbness, tingling, swelling of hands and/or feet with or without pain or redness. Rest hands and feet, use emollient cream.
Extravasation Any problems after administration of treatment? When did the problem start? Is the problem around or along the injection site? Has the patient got a central line in place? Describe the problem.	None.	Non Vesicant. Review the next day.	Non Vesicant. Review the next day.	Non Vesicant. Review the next day.	Non Vesicant. Review the next day.	Non Vesicant. Review the next day.

This tool kit cannot be reproduced. All rights reserved.
The authors and owners of this tool kit make no representations or guarantees as to the accuracy, completeness or adequacy of any of the content of this tool kit and make no warranties express implied or otherwise and cannot be held responsible for any liability, loss or damage whatsoever caused by the use of the tool. Those using the tool should be advised to do so by a qualified patient, recognised trainer.
© P.Jones et al UKONS

TO RE-ORDER THIS POSTER, EMAIL STUDIO@TELFORDPREPRO.CO.UK FORM REF: T.P.1

The Assessment Process Step By Step

Step 1. Perform a rapid initial assessment of the situation: Is this an emergency? Do you need to contact the emergency services?

Do you have any doubt about the patient/carer ability to provide information accurately or understand questions or instructions provided? If so then a face-to-face consultation should be arranged.

Record name and current contact details in case the call is interrupted and you need to get back to the caller.

Step 2. What is the patient/carer initial concern? Why are they calling?

You should assess and grade this problem first, ensuring that you record this on the log sheet. If this score is RED then you may decide to stop at this point and organise urgent face-to-face assessment.

If the patient is stable you may decide to complete the assessment process in order to gather further information for the face-to-face assessment.

Step 3. If the patient/carer initial concern scores amber, record this on the log sheet and proceed with further assessment.

Move methodically down the triage assessment tool, asking appropriate questions, e.g. do you have any nausea? If NO tick the green box on the log sheet and move on. If YES use the questions provided to help you grade the problem and note either amber or red and initiate action (tick the log sheet).

If the patient's symptoms score red or another amber at any time they should be asked to attend for assessment.

Step 4. Look back at your log sheet:

Have you arranged assessment for patients who have scored RED?

Have you arranged assessment for patients who have scored more than one AMBER?

Have you fully assessed the patient who has scored one AMBER? Is there a tick in all the other green boxes of the log sheet?

Have you fully assessed the patient who has scored one GREEN? Is there a tick in all the other green boxes of the log sheet?

Have you recorded the action taken and advice given?

Have you documented any decision you have taken or advice you have given that falls outside this guideline, and recorded the rationale for your actions?

Have you fully completed the triage process?

4.0 The Triage Log Sheet

It is vitally important that the data collection process is methodical and thorough in order for it to be useful and provide an accurate record of the triage assessment. A standardised format for recording telephone consultations will support the triage process in the following ways:

- A guide and check list for the practitioner, to remind them about the important information they should collect and reassure them that they have completed the process
- A communication tool that will relay an accurate picture of the problem, and action taken at the time of assessment, to the other members of the healthcare team
- A record of the process for quality, safety and governance purposes

We recommend that all triage practitioners record verbatim what the patient/carer says.⁹ This information may be important if the call should require review at any time. Assessment and advice can only be based on the information provided at the time of interview, and an accurate record of what the practitioner was told and what they asked is vital.

A log sheet should be completed for all calls and unscheduled patient visits. This provides an accurate record of triage and decision-making and will support audit of the advice line service.

The data collected should be:

- **C**omplete
- **A**ccurate
- **L**egible
- **C**oncise
- **U**seful
- **T**raceable
- **A**uditable

There should be a robust local system of record keeping, with log sheets available for audit purposes. This may be in an electronic format, linking with organisational systems and/or data bases, or as hard copies. An electronic or hard copy of the log sheet should be filed in the patient record.

Robust data capture processes will assist with the recommended regular audit and review of the advice line service. Information gained can be used to:

- Assess quality of advice and record keeping
- Monitor activity level
- Identify actual or potential problems
- Support service improvement and innovation
- Analyse certain disease or treatment specific groups
- Support research
- Contribute to national data collection and analysis

Patient Details	Patient History	Enquiry Details
Name:	Diagnosis:	Date..... Time.....
Hospital no.....	Male <input type="checkbox"/> Female <input type="checkbox"/>	Who is calling?
DOB.....	Consultant.....	Contact no.....
Tel no.....	Has the caller contacted the advice line previously Yes <input type="checkbox"/> No <input type="checkbox"/>	Drop in Yes <input type="checkbox"/> No <input type="checkbox"/>

Reason for call
(in patients own words)

Is the patient on active treatment? SACT Immunotherapy Radiotherapy Other Supportive No

State regimen..... Are they part of a clinical trial Yes No

When did the patient last receive treatment? 1-7 days 8-14 days 15-28 days Over 4 weeks

What is the patient's temperature? °C (Please note that hypothermia is a significant indicator of sepsis)

Has the patient taken any anti-pyretic medication in the previous 4-6 hours Yes No

Does the patient have a central line? Yes No Infusional pump in situ Yes No

CAUTION! Please note patients who are receiving or have received **IMMUNOTHERAPY** may present with treatment related problems at anytime during treatment or up to 12 months afterwards. If you are unsure about the patient's regimen, be cautious and follow triage symptom assessment.

	Advise	24 hour follow up	Assess	Significant medical history	Current medication
Remember: two ambers equal red!					
Fever - on SACT					
Chest Pain					
Dyspnoea/shortness of breath					
Performance Status					
Diarrhoea					
Constipation					
Urinary disorder					
Fever					
Infection					
Nausea					
Vomiting					
Mucositis					
Anorexia					
Pain					
Neurosensory/motor					
Confusion/cognitive disturbance					
Fatigue					
Rash					
Bleeding					
Bruising					
Ocular/eye problems					
Palmar Plantar syndrome					
Extravasation					
Other, please state:					
Action Taken					
Attending for assessment, receiving team contacted Yes <input type="checkbox"/> No <input type="checkbox"/>					

© P.Jones et al/UKONS

Triage practitioner
Signature..... Print..... Designation..... Date / /

Follow Up Action Taken:

Consultants team contacted Yes No Date / /

Signature..... Print..... Designation..... Date / / Time:

5.0 Training and competency

It is vital when introducing any defined process such as this that the team involved receives training and support and is assessed as proficient prior to participating.⁹

The UKONS Toolkit Information and Instruction Manual should be read in detail at the start of training, followed by a process of formal classroom based training with scenario practice, and then observed clinical practice and competency assessment. This approach was used in the pilot process.

The manual contains a competency assessment document linked to the national key skills framework that should be completed for all those who undertake UKONS triage and assessment. It is recommended that this assessment be repeated annually to ensure that competency is maintained; assessment could be linked to the chemotherapy annual competency assessment.

The training slides are available at <http://www.ukons.org> and can be adapted to include local detail, such as advice line numbers and service leads.

The training slides cover the following key points of the process:

- Development of the tool and rationale for use
- The triage process, pathway and decision making
- Clinical governance and professional responsibility
- The importance of accurate documentation, data recording and audit
- Telephone consultation skills, including active listening and detailed history taking

It is important that the wider healthcare team is made fully aware of the plan and implementation of the triage process and the strict requirements for specific training and competency assessment before providing this service. It should be made clear that if they

have not received training and competency assessment they should NOT be triaging calls to the advice line.

All staff managing oncology advice lines should successfully complete the 24-hour triage training and competency assessment.

5.1. The competency assessment

This competency framework is clinically focused and covers:

- Referring a patient for further assessment
- Giving interim clinical advice and information to patients/carers or others who might be with them regarding further action, treatment and care
It may involve talking via the telephone to an individual in a variety of locations or talking face to face in a healthcare environment.

The aim of the triage process is to assess the patient's condition and:

- Identify patients who require urgent/rapid clinical review
- Give advice to limit deterioration until appropriate treatment is available
- Provide homecare advice and support

Users of this competency will need to ensure that practice reflects up-to-date information and policies.

Conduct and responsibility

This workforce competence has indicative links with the following dimensions within the NHS Knowledge and Skills Framework.¹⁴

- Core dimension 1: Communication
- Core dimension 5: Quality
- HWB6 – Assessment and treatment planning
- HWB7 – Interventions and treatments

and

- Australian Health Practitioner Regulation Agency guidance.
- UK Nursing and Midwifery Council Code of Conduct¹⁵
- UK Health and Care Professions Council (HCPC) Standards Of Conduct, Performance and Ethics¹⁶

Further detail can be found at appendix 2 p.26

Maintaining Triage competency

- Named assessors will assess triage practitioners on a 12 monthly basis.
- Assessment will include observed practice, scenario assessment and discussion.
- Assessment sheet will be signed by a nominated assessor and also by practitioner to confirm competence.

Scope of the competency assessment

This framework covers the following guidance:

- Giving clinical advice, which will include:
 - Managing emergency situations
 - Monitoring for and reporting changes in the patient’s condition
- Calming and reassuring the patient/carer
- The importance of identifying the capacity of the patient/carer to take forward advice, treatment or care
- The importance of ensuring the caller contacts the advice line again if condition worsens or persists
- The importance of completing the assessment pathway and ensuring that decisions are documented and reviewed
- The importance of documenting any decisions taken or advice given that falls outside of this guideline, and of recording the rationale for the advice given and action taken

ML_4284314_05.12.18_V.1

5.2 Competency assessment record

Following completion of training and assessment process, the assessor and the practitioner must agree on and confirm competency.

This is to deem that has been assessed as competent in the use and application of the “24-Hour Rapid Assessment and Access Toolkit”

Practitioner name:..... Practitioner Signature:.....

Assessor name Assessor Signature

Date Organisation

1. Knowledge and Understanding		To be signed and dated by the practitioner and assessor to confirm competency	
You need to be able to explain your understanding of the following to your assessor:		Date	Signature
Date			
1a	Your own role and its scope, responsibilities and accountability in relation to the provision of clinical advice.		
1b	The types of information that need to be gathered and passed on and why each is necessary.		
1c	How communication styles may be modified to ensure it is appropriate to the individual and their level of understanding, culture and background, preferred ways of communicating and needs.		
1d	Barriers to communication and responses needed to manage them in a constructive manner.		
1e	The application of the triage Toolkit guidelines available for use as tools for decision making in relation to different types of request and symptoms, illnesses, conditions and injuries.		
1f	The importance of recording all information obtained in relation to requests for assistance, treatment, care or other services on the Toolkit log sheet.		
1g	The process to be followed in directing requests for onward action to different care pathways and related organisations.		
1h	Why it is important that you advise the individual making the request of the course of action you will take and what will happen next.		
1i	The circumstances in which a request for assistance, treatment, care or other services may be inappropriate/ beyond your remit, and the actions you should take to inform the person making the request of alternatives open to them.		

ML_4284314_05.12.18_V.1

2.	Performance Criteria You need to demonstrate that you can:		
2a	Explain to the individual what your role is and the process you will go through in order to provide the correct advice/instruction.		
2b	Select and apply the Toolkit triage process appropriate to the individual, and the context and circumstances in which the request is being made.		
2c	Adhere to the sequence of questions within the protocols and guidelines. Phrase questions in line with the requirements of the protocols and guidelines, adjusting your phrasing within permitted limits to enable the individual to understand and answer you better.		
2d	Demonstrate competent use of the assessment tool and completion of the Toolkit log sheet.		
2e	Explain clearly: Any clinical advice to be followed and its intended outcome Anything they should be monitoring and how to react to any changes Any expected side effects of the advice Any actions to be taken if these occur		
2f	Clarify and confirm that the individual understands the advice being given and has the capacity to follow required actions.		
2g	Provide information that: Is current best practice Can be safely put into practice by people who have no clinical knowledge or experience Acknowledges the complexity of any decisions that the individual has to make Is in accordance with patient consent and rights		
2h	Communicate with the individual, in a manner that is appropriate to their level of understanding, culture and background, preferred ways of communicating and which meets their needs. The ability to communicate in a caring and compassionate manner.		

2i	Communicate with the individual in a manner that is mindful of: How well they know the patient The accuracy and detail that they can give you regarding the situation and the patient's medical history, medication etc. Patient confidentiality, rights and consent		
2j	Manage any obstacles to effective communication and check that your advice has been understood.		
2k	Provide reassurance and support to the individual or third party who will be implementing your advice, pending further assistance.		
2l	Ensure that you are kept up to date regarding the patient's condition so that you can modify the advice you give if required.		
2m	Ensure that full details of the situation and the actions already taken are provided to the person or team who take over the responsibility for the patient's care.		
2n	Recognise the boundary of your role and responsibility and the situations that are beyond your competence and authority.		
2o	Seek advice and support from an appropriate source when the needs of the patient and the complexity of the case are beyond your competence and capability.		
2p	Ensure you have sufficient time to complete the assessment.		
2q	Provide information on how to obtain help at any time.		
2r	Record any modifications, which are made to the agreed assessment process and documentation, and the reasons for the variance.		
2s	Record and report your findings, recommendations, patient and/or carer response and issues to be addressed, according to local guidelines.		
2t	Inform the patient's medical team on the outcome of the assessment as per the assessment pathway.		

Disclaimer

Care has been taken in the preparation of the information contained in this document and tool.

Nevertheless, any person seeking to consult the document, apply its recommendations or use its content is expected to use independent, personal medical and/or clinical judgment in the context of the individual clinical circumstances, or to seek out the supervision of a qualified clinician. Neither UKONS nor Macmillan Cancer Support make any representation or guarantee of any kind whatsoever regarding the report content or its use or application and disclaim any responsibility for its use or application in any way.

References

1. United Kingdom Oncology Nursing Society (UKONS) (2010) *Oncology Haematology 24-Hour Helpline, Rapid Assessment and Access Tool Kit*. http://connect.qualityincare.org/data/assets/pdf_file/0004/467347/eval_ver_6a2.pdf (accessed 14th July 2016).
2. Courson.S. (2005) *What is Telephone Nurse Triage?* Connections Magazine. <https://vatlc.wordpress.com/2010/11/26/what-is-telephone-nurse-triage/> (accessed 14th July 2016)
3. Towle.E, (2009) *Telephone Triage in Today's Oncology Practice*. Journal of Oncology. <http://jop.ascopubs.org/content/5/2/61.full> (accessed 14th July 2016).
4. Sujan,M, Chessum,P, Rudd, M, Fitton,L, Inada-Kim,M , Spurgeon,P, Cooke M (2013) Original article. Emergency Care Handover (ECHO study) across care boundaries: the need for joint decision-making and consideration of psychosocial history: *Emerg Med J* 2015; 32:112-118 doi: 10.1136/emered-2013-202977.
5. NHS England: National Peer Review Programme (2014). The Manual for Cancer Services, Chemotherapy Measures.V1.0 <http://www.cquins.nhs.uk/?menu=resources> (accessed 01/08/2016)
6. WHO Collaborating Centre for Patient Safety Solutions (2007) *Communication During Patient Hand-Overs; Patient Safety Solutions, volume 1, solution 3*. <http://www.who.int/patientsafety/solutions/patientsafety/PS-Solution3.pdf> (last accessed 14/07/2016).
7. Australian Commission on Safety and Quality in Health care 2011: *Implimentation Toolkit for Clinical Handover Improvement and resource portal*
8. Department of Health (2009), *Cancer reform strategy: achieving local implementation - second annual report* http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_109339.pdf (Last accessed 14/07/2016)
9. Males T, (2007) *Telephone consultations in primary care: a practical guide*. RCGP 2007. ISBN: 978-0-85084-306-4
10. NCI-CTCAE common toxicity criteria V4.03 http://evs.nci.nih.gov/ftp1/CTCAE/CTCAE_4.03_2010-06-14_QuickReference_5x7.pdf (Last accessed 14/07/2016)
11. NICE (2012) *Neutropenic sepsis: prevention and management in people with cancer*. NICE guidelines [CG151].
12. NCAG (2009), *Chemotherapy Services in England: Ensuring quality and safety* http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_104500 (Last accessed 14/07/2016)
13. NHS England: National Peer Review Programme (2014). The Manual for Cancer Services. Acute Oncology Measures, V1.0. <http://www.cquins.nhs.uk/download.php?d=resources/consultations/Gateway14332AcuteOncologyletter130810.doc> (last accessed 01/08/2016)
14. NHS knowledge and skills framework (2015) <http://www.nhsemployers.org/SimplifiedKSF> (last accessed 14/07/2016)
15. Nursing and Midwifery Council (2015) *The Code: Professional standards of practice and behaviour for nurses and midwives*. <http://www.nmc.org.uk/standards/code/> (last accessed 23/08/2016)
16. Health and Care Professions (2016) *Standards Of Conduct, Performance And Ethics* <http://www.hcpcuk.org/assetsdocuments/10004EDFStandardsofconduct,performanceandethics.pdf> (last accessed 26/07/2016)

Review Group

Philippa Jones	Macmillan Associate Acute Oncology Nurse Advisor	UKONS/Macmillan NIHR Clinical Research Network: West Midlands
Rosie Roberts	Chemotherapy Specialist Nurse & Macmillan Acute Oncology Project Manager	Velindre Cancer Centre/ Wales Cancer Network
Caroline McKinnel	Lead Nurse Chemotherapy Quality	Western General Hospital Edinburgh Cancer Centre
Jackie Whigham	Acute Oncology Project Manager/Triage Nurse	Edinburgh Cancer Centre Western General Hospital Edinburgh
Liz Gifford	Clinical Nurse Specialist Skin Cancer	University Hospitals Southampton
Rachael Morgan-Lovatt	Oncology Advanced Nurse Practitioner	University Hospitals of North Midlands
Karen Morgan	Macmillan Consultant Radiographer	Taunton and Somerset NHS Foundation Trust
Joanne Upton	Skin Cancer Advanced Nurse Practitioner	Clatterbridge Cancer Centre
Hilary Gwilt	Macmillan Clinical Lead Cancer and Supportive Therapies	Shelton Primary Care Centre
Jacque Warwick	Macmillan Acute Oncology Nurse Specialist	Belfast City Hospital
Angela Cooper	Matron for Oncology/Haematology & Trust Lead Chemotherapy Nurse	Shrewsbury & Telford NHS Trust
Glenda Logsdail	Consultant Radiographer	Northampton General Trust/ Society and College of Radiographers
Nicola Robottom	Acute Oncology Clinical Nurse Specialist (MUO/CUP Key Worker)	The Royal Wolverhampton NHS Trust
Louise Preston-Jones	Nyrs Oncolog Acute Oncology Nurse	North Wales Cancer Treatment Centre Ysbyty Glan Clwyd Hospital Bodelwyddan
Michael Varey	Macmillan Acute Oncology Clinical Nurse Specialist	Royal Liverpool and Broadgreen University Hospital NHS trust
Angela Madigan	Deputy Director of Nursing	Warrington & Halton Hospitals NHS FT
John Mcphelim	Lead Lung Cancer Nurse	Lanarkshire

Jackie Hodgetts	Nurse Clinician in Melanoma	The Christie NHS Foundation Trust
Jeanette Ribton	Oncology Nurse Specialist	St Helens and Knowsley NHS Trust

Consultation Group

Joan Thomas	Cancer Services Nurse Unit Manager	Peninsula Health, Australia
Dr. Elaine Lennan	Consultant Chemotherapy Nurse	University Hospitals Southampton
Dr. Catherine Oakley	Chemotherapy Nurse Consultant	Guy's and St Thomas' NHS Foundation Trust
Professor Annie Young	Professor of Nursing	University of Warwick
Paula Hall	Acute Oncology Nurse Team Lead	The Christie NHS Foundation Trust
Dr. Cathy Hughes	Consultant Nurse Gynaecology/Oncology	Imperial College Healthcare NHS Trust
Dr. Ruth Board	Consultant Medical Oncologist and Lead for Acute Oncology	Royal Preston Hospital
Gillian Knight	Macmillan Lead Cancer Nurse/Prif Nyrs Cancer Macmillan	South Wales Cancer Network/ Rhwydwaith Cancer De Cymru
Emma Hall	Acute Oncology Clinical Nurse Specialist	The Royal Wolverhampton Hospital NHS Trust
Dr. Ana Carneiro	Medical Oncologist Department of Oncology and Radiation Physics	Skåne University Hospital & Lund University
Jane Beveridge	Deputy Nurse Director Specialised Cancer, Medicine and Rehabilitation	Sheffield Teaching Hospitals
Helen Roe	Consultant Cancer Nurse	North Cumbria University Hospitals NHS Trust
Wendy Anderson	Macmillan Nurse Consultant Chemotherapy	South Tees NHS Foundation Trust

Australian Working Party Membership

This version of the toolkit for Australia was agreed through a national collaborative working group of both medical and senior nursing representation.

Name	Title	Qualifications	Organisation	email
Joan Thomas	NUM Oncology and Research	MSc Clinical Oncology Leadership C&G Institute	Peninsula Health	joanthomas@phcn.vic.gov.au
Lisa Taylor-Lovett	Nurse Practitioner	Masters of Nursing - Nurse Practitioner	Peninsula Health	LTaylorLovett@phcn.vic.gov.au
Deb McDonell	ANUM	Registered Nurse Graduate Diploma Nursing	Peninsula Health	DMcDonell@phcn.vic.gov.au
Angela Murray	Cancer Service Improvement Coordinator	Graduate Diploma Nursing - Critical Care	SMICS	angela.murray@monashhealth.org
Lisa Brady	Cancer Service Improvement Coordinator	Graduate Diploma Nursing - Cancer	SMICS	Lisa.Brady@southernhealth.org.au
Angela Mellerick	Acting General Manager Inpatient Cancer Services at Austin Health.	Masters of Nursing - Nurse Practitioner	Austin Hospital	Angela.Mellerick@austin.org.au
Elizabeth Newman	Nurse Practitioner Bone Marrow Transplant & Apheresis	Masters of Nursing - Nurse Practitioner	Concord Repatriation General Hospital	Elizabeth.Newman@sswahs.nsw.gov.au
John McKenna	Nurse Practitioner	BN (Hons) MSc (Hons) Endorsed Nurse Practitioner & Independent Non-medical prescriber (v300)	WA Medical Oncology, Suite C202 Bendat Family CCC 12 Salvador Road, Subiaco	np@wamo.net.au
Rohan Ashover	Oncology CNC	Masters of Haematology & Cancer Nursing, University of Sydney	Northern Beaches Cancer Services Manly Hospital	Rohan.Ashover@health.nsw.gov.au
Linda Marshall	NUM CDU	RN Post Graduate Certificate Renal Nursing	Monash health (Moorabbin)	Linda.Marshall@monashhealth.org

ML_4284314_05.12.18_V.1

Meredith Oatley	Nurse Practitioner Medical Oncology	Masters of Nurse (Nurse Practitioner)	Northern Sydney Cancer Centre Royal North Shore	Meredith.Oatley@health.nsw.gov.au
Rose Cook	Nurse Unit Manager	BN & MHSM (Masters Health Service Management) and a Grad Dip Palliative Care.	The Townsville Hospital Townsville Cancer Centre	rose.cook@health.qld.gov.au
Eve Eynon	CNC Ambulatory Oncology	Registered Nurse Graduate Certificate in Oncological Nursing	Townsville Cancer Centre Townsville Hospital	Eve.Eynon@health.qld.gov.au
Adam McCavery	Nurse Practitioner - Oncology/ Haematology/ Radiation Oncology & Clinical Lead - Rapid Assessment Unit	(MNNSc-NP, MN, GDN, GCN, MSc, BN(hons1))	Cancer Rapid Assessment Unit Ground floor, Building 20 Canberra Hospital Yamba Drive Garran ACT 2605	McCavery, Adam (Health) Adam.McCavery@act.gov.au
Michael Cooney	Nurse Practitioner	Masters of Nursing - Nurse Practitioner	Northern Hospital	Michael.Cooney@nh.org.au
Richard Osborne	Medical Officer	Consultant in Medical Oncology and Cancer Care Service Lead Clinician	Hervey Bay Hospital, HERVEY BAY QLD 4655	richard.osborne@health.qld.gov.au
Sarah Tomkins	A/Manager	System Improvement - Professional Education	EviQ Cancer Institute	Sarah Tomkins Sarah.Tomkins@cancerinstitute.org.au
Aisling Kelly	eviQ Quality Manager	BSc Pharmacy (Hons)	EviQ Cancer Institute	Aisling KELLY Aisling.KELLY@cancerinstitute.org.au
Julie Evans	Nurse Unit Manager	MSc ACP (Cancer) CCN	Cancer Care Services, Wide Bay Hospital and Health Service	julie.evans3@health.qld.gov.au

ML_4284314_05.12.18_V.1

Acknowledgements

The development group would like to acknowledge the following individuals and organisations for their help and support in the development of the tool kit.

Peninsula Heath, Frankston, Victoria, Australia.

The Royal Wolverhampton Hospital Trust

Macmillan Cancer Support

Pauline Boyle, Research Delivery Manager
& Professional Clinical Lead NIHR Clinical
Research Network: West Midlands

Abbie Pound, Medical Writer

NIHR Clinical Research Network: West
Midlands

Telford Reprographics

Department of Clinical Illustration,
New Cross Hospital, Wolverhampton.

Appendix 1 - Table of changes

Table of amendments/changes approved for
Version 2.

No.	Amendments/changes to the assessment tool/poster
1.	Addition of immunotherapy caution statement
2.	All indicators and grading updated to reflect NCI-CTCAE common toxicity criteria V4.03
3.	Clarity provided regarding the assessment of patients who have pre-existing symptoms prior to commencing treatment. The question will now be no symptoms or no change from normal
4.	Addition of the following symptom indicators with appropriate grading and RAG rating: <ul style="list-style-type: none"> • Urinary disorder • Confusion/cognitive disturbance • Ocular/eye problems
5.	Greater detail added to the following indicators: <ul style="list-style-type: none"> • Diarrhoea - caution note added for immunotherapy patients. Escalation details added for grade 2 symptoms when failed on antidiarrhoeal or receiving /received immunotherapy • Infection - more detail regarding the signs of infection added to the white indicator box • Neurosensory/motor - more detail regarding significant signs and symptoms with additional red flags for Metastatic Spinal Cord Compression, cerebral metastases and cerebral events • Rash - addition of body surface area guidance to indicator and grading boxes
No.	Amendments/changes to the Log Sheet
1.	Addition of immunotherapy treatment box
2.	Addition of anti-pyretic question
3.	Addition of infusional pump question
4.	Addition of immunotherapy caution statement
5.	Addition of the following symptom indicators with appropriate RAG rating: <ul style="list-style-type: none"> • Urinary disorder • Confusion/cognitive disturbance • Ocular/eye problems
6.	Attending for assessment, record requested.
7.	Previous contact history

Appendix 2 – Skills for Health information

Please see below indicative links with the following dimensions within the NHS Knowledge and Skills Framework:13

- Core dimension 1: Communication
- Core dimension 5: Quality
- HWB6 – Assessment and treatment planning
- HWB7 – Interventions and treatments

and

- Nursing and Midwifery Council Code of Conduct15
- Health and Care Professions Council (HCPC) Standards Of Conduct, Performance And Ethics16

Core dimension 1: Communication

Level 3: Develop and maintain communication with people about difficult matters and/or in difficult situations.

Core dimension 5: Quality

Level 2: Maintain quality in own work and encourage others to do so.

HWB6

Assessment and treatment planning:

Assess physiological and/or psychological functioning when there are complex and/or undifferentiated abnormalities, diseases and disorders, and develop, monitor and review related treatment plans.

HWB7

Interventions and treatments:

Plan, deliver and evaluate interventions and/or treatments when there are complex issues and/or serious illness.

The Nursing and Midwifery Council (NMC) Code of Conduct

The practitioner is reminded that they are accountable for practice as detailed in the NMC code of conduct15 and HCPC Standards Of Conduct, Performance And Ethics.16

The codes detail standards for practice that are relevant to the advice line practitioner:

Ensure that you assess need and deliver or advise on treatment, or give help (including preventative or rehabilitative care) without too much delay and to the best of your abilities, on the basis of the best evidence available and best practice. You communicate effectively, keeping clear and accurate records and sharing skills, knowledge and experience where appropriate. You reflect and act on any feedback you receive to improve your practice.

Always practice in line with the best available evidence

- Make sure that any information or advice given is evidence based, including information relating to using any healthcare products or services
- Maintain the knowledge and skills you need for safe and effective practice

Communicate clearly

- Use terms that people in your care, colleagues and the public can understand
- Take reasonable steps to meet people's language and communication needs, providing, wherever possible, assistance to those who need help to communicate their own or other people's needs
- Use a range of verbal and non-verbal communication methods, and consider cultural sensitivities, to better understand and respond to people's personal and health needs

- Check people's understanding from time to time to keep misunderstanding or mistakes to a minimum

Work cooperatively

- Respect the skills, expertise and contributions of your colleagues, referring matters to them when appropriate
- Maintain effective communication with colleagues
- Keep colleagues informed when you are sharing the care of individuals with other healthcare professionals and staff
- Work with colleagues to evaluate the quality of your work and that of the team
- Work with colleagues to preserve the safety of those receiving care
- Share information to identify and reduce risk

Keep clear and accurate records relevant to your practice

This includes but is not limited to patient records. It includes all records that are relevant to your scope of practice.

- Complete all records at the time or as soon as possible after an event, recording if the notes are written some time after the event
- Identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need
- Complete all records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements
- Attribute any entries you make in any paper or electronic records to yourself, making sure they are clearly written, dated and timed, and do not include unnecessary abbreviations, jargon or speculation

Ensure that you make sure that patient and public safety is protected.

You work within the limits of your competence, exercising your professional 'duty of candour' and raising concerns immediately whenever you come across situations that put patients or public safety at risk. You take necessary action to deal with any concerns where appropriate.

Recognise and work within the limits of your competence

- Accurately assess signs of normal or worsening physical and mental health in the person receiving care
- Make a timely and appropriate referral to another practitioner when it is in the best interests of the individual needing any action, care or treatment
- Ask for help from a suitably qualified and experienced healthcare professional to carry out any action or procedure that is beyond the limits of your competence
- Complete the necessary training before carrying out a new role

Always offer help if an emergency arises in your practice setting or anywhere else

Arrange, wherever possible, for emergency care to be accessed and provided promptly

Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations

- Prescribe, advise on, or provide medicines or treatment, including repeat prescriptions (only if you are suitably qualified) if you have enough knowledge of that person's health and are satisfied that the medicines or treatment serve that person's health needs
- Make sure that the care or treatment you advise on, prescribe, supply, dispense or administer for each person is compatible with any other care or treatment they are receiving, including (where possible) over-the-counter medicines

Oncology/Haematology 24 Hour Triage

RAPID ASSESSMENT AND ACCESS TOOLKIT

