

Standard Operating Procedure

24 Hour Telephone Advice Service Oncology / Haematology Unit

| Version: | 4 |
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Version Control, Review and Amendment Logs

| Version Control Table | | | | | |
|-----------------------|------------------|------------------|----------|---|--|
| Version | Date | Author | Status | Comment | |
| 4 | May 2024 | Caroline Bains | Current | Updated guidance | |
| 3 | April 2021 | Kirsty Blackburn | Archived | To incorporate updated CCLG guidelines | |
| 2 | November 2015 | C Wardell | Archived | Revised version to temperature guidelines | |
| 1 | February 2010 | K Birchall | Archived | New procedure created | |

| Review & Amendment Log Record of changes made to document since last approved version | | | | |
|---|----------------|--------------------------------------|-------------------|--|
| Section Number | Page Number | Change/s made | Reason for change | |
| Various | Various | Incorporated updated CCLG guidelines | Updated guidance | |
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1. Introduction

The Manual for Cancer Services, Children's Cancer measures (2014) and NHSE service specifications (2021) state that a 24 – hour advice service should be provided for children and young adults with malignancy and their carer's.

The Oncology /Haematology Telephone Triage Tool Kit for Children and Young People, developed as a guideline for the provision of triage assessment and advice for staff answering calls, has been adopted by the Trust.

2. Purpose

This Standard Operating Procedure (SOP) has been written to:

- Improve patient safety and care by ensuring that patients, carers or health professionals receive a robust, reliable assessment every time they contact the advice line.
- Ensure assessments are of a consistent quality and that advice is determined based on the use of an evidence based assessment tool.
- Provide management and advice appropriate to the patient's level of risk.
- Form the basis of triage training and competency assessment.
- Help to maintain accurate records of the assessment and decision making process in order to monitor quality, safety and activity

3. Scope

This SOP

- Relates to all clinical staff involved in providing telephone advice on Ward 3b to patients, their carer's and health professionals. This includes:
 - Registered nurses,
 - Clinicians
- Applies to patients under the care of a Consultant Oncologist / Haematologist only.
- Is applicable to emergency admissions that will be identified and managed via this route.

4. Abbreviations

SOP Standard Operating Procedure

CCLG Children's Cancer and Leukaemia Group.

5. Responsibilities

- 5.1 The Cancer Lead Matron / Ward Manager is responsible for ensuring all staff are competent to provide telephone advice having received the appropriate training and experience.
- 5.2 Registered nursing staff and clinicians are responsible for ensuring that they:
 - Have accurate and up to date knowledge of oncological specific clinical issues by maintaining professional portfolio
 - Have completed the required training
 - Have the necessary skills to undertake this role
 - Complete the annual update as requested
 - Maintain accurate and contemporaneous records regarding all advice given.

6. Procedure

6.1 Advice line

Telephone advice will be available 24 hours a day.

During Monday – Friday between the hours of 7am and 7pm (excluding Bank holidays) advice will be provided by day care staff.

Outside of these hours advice will be provided by in patient ward staff.

Consultant advice is available 24/7 from the on call Consultant.

Only staff that have completed the training outlined in section 6 can take calls and give advice.

6.2 Triage Pathway

When a family or carer contacts the advice line the following process (adapted from the CCLG Telephone Triage Tool Kit v2) should be followed: (see Appendix 3)

- The call is directed to a trained triage nurse.
- A rapid initial assessment is undertaken. If not urgent, assessment continues. If urgent, stop assessment and ask caller to dial 999 and record action.

- The findings should be recorded on the triage log sheet (see <u>Appendix</u>
 1)
- All problems / toxicities are assessed and graded according to the assessment tool guidelines (see <u>Appendix 2</u>)
- The toxicity scoring the highest grading takes priority
- The advice and action taken should be recorded on the triage log sheet.
- The appropriate health professional i.e. ANP / medical team should be informed of the patient's telephone query / admission.
- All 24 hours triage log sheets are to be reviewed at the 9am daily huddle by the Consultant on call and any further action required is undertaken. This is the responsibility of the nurse in charge to oversee.
- Completed triage log sheets should be sent to scanning to be inserted into the patients' medical electronic records.

6.3 Training

No member of nursing staff should give advice unless they have completed the following:

- Reviewed training slides on CCLG website.
- Successfully complete the 24-hour triage training and competency assessment
- Have achieved a minimum of foundation competencies as recommended within the Improving Outcomes Guidance for Children and Young People with Cancer (NICE, 2005) and current Children's Cancer Service Specifications (2021)

Each nurse will need to undergo an update every 12 months. This will be assessed as part of their annual SACT assessment.

Medical staff will only give advice appropriate to their level of training. All grades below Consultant Oncologist will be encouraged (as part of the induction process) to seek assistance from either triage trained nurses, or more senior doctors on the unit if there is any doubt as to the advice given.

All staff will have sufficient specialist oncology / haematology clinical knowledge / skill to advice on the following:

- Pyrexia / Neutropenia
- Sepsis
- Nausea / vomiting

- Diarrhoea
- Mucositis
- Rash
- Central line Care
- Chemotherapy
- Immunisations
- Schooling
- Socialising
- Infection Contacts
- Miscellaneous (tanning / tattoos etc)
- Long term effects of immunotherapy

7 References

The manual for Cancer Services, children's cancer measures (2014)

CCLG Telephone Triage Tool Kit 2nd edition 2020.

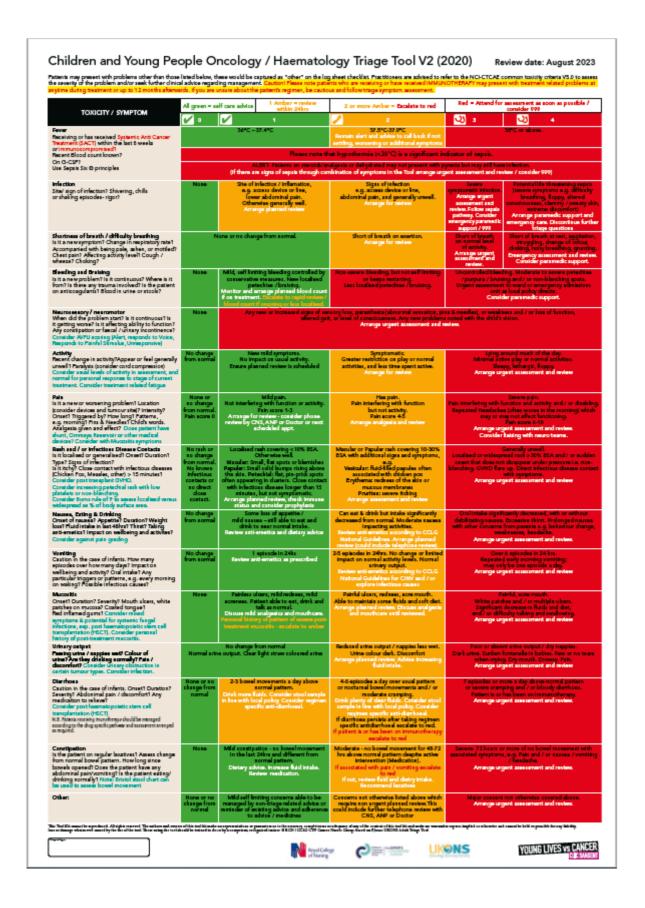
NHSE Childrens Cancer Services: Principal treatment centres service specification (2021)

8. Appendices

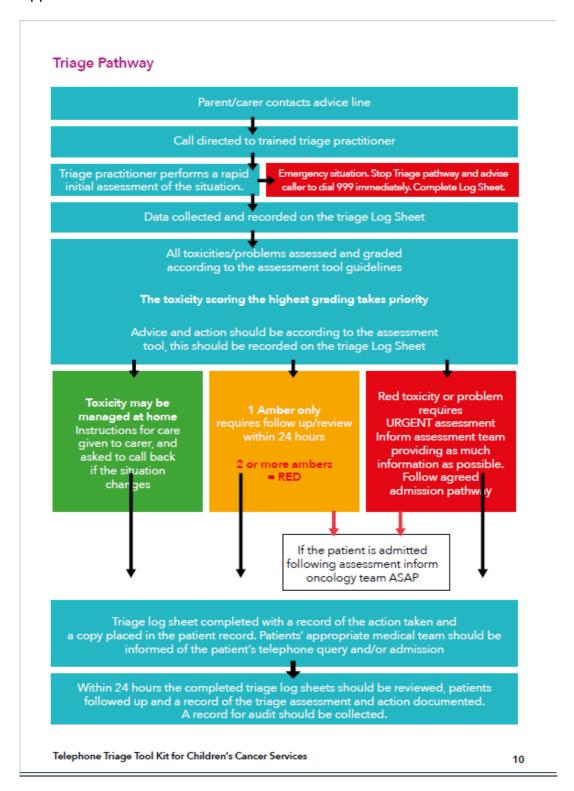
Appendix 1

| Hospital name and department: Patient details | | Patient history | Enquiry details |
|---|---------------|--|--|
| Name: | | Diagnosis | Date: Call start time: |
| NHS no: | | (inc. other diagnoses / co-morbidities): | L'acti |
| | | | Who is calling? |
| Hospital no: | | | |
| Do8: | | Male Female | What phone number do you want us to call back on? |
| Age: | | remare remare | |
| Phone no: | | Consultant team: | Reason for the call (in caller's own words): |
| | | | |
| What treatment is the patient receiving? (F | Nease tick l | below) | |
| Chemotherapy (incl. oral maintenance) | Immunoth | erapy Car-T Radiothera | py Post Stem Cell Transplant Surgery None |
| When did the patient last receive treatmen | | | |
| What is the patient's temperature?: | ************* | °C please no | the that hypothermia is a significant indicator of sepsis |
| | iama da | | |
| When was the patient last discharged / rev | | | healthcare professional in the last 48 hours? Yes* No |
| Does the patient have a central line? Yes | ONO | Does the patient have a shunt | / Ommayer Reservoir / other medical device? Yes O N |
| Advise Follow up/review Asses REMEMBER two or more amber = RED | 15 | Please document current medication | Please document significant medical history: (Include last FBC if known and date taken, and *detail of any recent calls) |
| Fover | 000 | | |
| Infection | 000 | | |
| Shortness of breath / difficulty breathing | 000 | | |
| Bleeding and / or bruising | 000 | | |
| Neurosensory / Neuromotor | 000 | | |
| Activity | 000 | | |
| Pain | 000 | | |
| Rash and / or infectious disease contacts | 000 | | |
| Nausea, eating, drinking | | | |
| Vomiting | 000 | | |
| Mucositis | 000 | Action taken / advice given: | |
| Urinary output | 000 | | |
| Diarrhoea | | | |
| Constipation | 000 | | |
| Other (please state) | 000 | Attending for assessment at: | Receiving team notified: Yes NO |
| Triage practitioner details | | | |
| Signature: | | | Designation: |
| Print name: | | | Date: |
| Review of actions taken: (Review no later th | han 24 hou | rs after call. Single Ambers requ | ire earlier call back) |
| Signature: | | | Designation: |
| Print name: | Date: | | |

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