Early Experience With Nurse Led Grade Based And Electronic Medical Record (EMR) Based Radiotherapy Side Effects Management



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INTRODUCTION:

Radiotherapy is an important modality in the management of cancer treatment All patients receiving external radiotherapy are at potential risk of developing radiation toxicities within the treatment field but there was inconsistency in side effects recording due to the the free text format and there was no standard in side effects management as each Oncologists had their own preferred methods. Hence, it is crucial to introduce a standard for scoring and managing radiotherapy side effects for consistent and accurate analysis of the radiation toxicities.

METHODS:

National Cancer Institute Common Terminology Criteria for Adverse Events (version 4.03) in ARIA® OIS and side effects management guidelines which have been reviewed and approved by Clinical Oncologists were used and all curative radiotherapy patients with radiotherapy of more than 10 fractions were assessed by Radiation Oncology nurses on every Fridays. Each of these patients had electronic toxicity grading recorded.

				symptoms; intervention not indicated	Interfering with oral Interfering with oral					
					Management of Oral Mucositis					
					Grade 2-3					
ar					ł					
not the second s					URGENT:					
				Defined General	Requires medical attention within 24 hours					
Date/Time - Status Group (Graded)	 Grading Criteria NCI CTCAE V4.03 	Date 30/04/3	19 🔻 Time 15:40 🚔	Patient Care and Assessment	Collaborate with physician if patient: Requires new or change in prescription 					
30/04/19 3:40 P Approv Compone	ent				Requires further evaluation and assessment in an ambulatory setting					
19/04/19 2:21 P Approv Type	Grade 0 Grade 1 Grade	2 Grade 3 🔺	Grade 4	Oral Hygiene	Consider modifications to basic oral hygiene recommendations: Flossing					
16/04/19 3:07 P Entered 16/04/19 3:06 P Entered 16/04/19 3:03 P Approv					Oiscontinue flossing if: - Flossing causes pain or bleeding gums which do not stop after 2 minutes Brushing - Brushing arouse discontinues if: - Brushing arouses discontinues - Brushing arouses					
04/04/19 3:06 P Approv	oral None Asymptomatic or mild interfering with symptoms; in	oral interfering with oral	Life-threatening consequences; urgent intervention indicated		Some bleeding occurs but stops within 2 minutes Oral rinses Increase use of mouth rinses to: Every 1-2 hours while awake Every 4 hours overnight (if awake)					
					Increase frequency as needed for symptom severity increases Lip care Continue to apply water based lubricant to protect and moisten lips Dentures					
				Dietary Manageme	Keep dentures out of mouth as much as possible until symptoms resolve Change food texture, consistency, and temperature according to individual tolerance (e.g. puree diet) May require oral supplementation or IV hydration if unable to maintain adequate fluid intake					
RESULT:				Management of Or Complications	al Oral pain • For pain from moderate to severe oral mucositis, systemic analgesics are indicated • A topical anesthetic or analgesic may be prescribed in addition to systemic analgesia Local infection • Review recent lab reports, culture any suspect areas, check temperature • Review prescribed medications with patient Minor bleeding with trauma (stops after 2 minutes) • Assess complete blood count, particularly platelet function, and hemoglobin • Rinse mouth with ice water and apply pressure to control bleeding- suggest using frozen tea bagdwet gauze Dry mouth (xerostomia) • Use sugarless gum or candy to help stimulate saliva • Keep bottle of water present at all times, encourage frequent sips					

									ORAL MUCOSITIS GRADING SCALE* NCI Common Terminology Criteria for Adverse Events (Version 4.03)						
								GRA (M		GRADE 2 (Moderate)	GRADE 3 (Severe)	GRADE 4 (Life - threatening)	GRADE 5		
								Asymptoma symptoms; intervention indicated		Moderate pain; not interfering with oral intake; modified diet Indicated	Severe pain; interfering with oral intake	Life-threatening consequences; urgent intervention indicated	Death		
										Manag	gement of Oral M	ucositis			
											Grade 2-3				
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🔨 Toxicities											URGENT:				
	Group (Grad	ud)	- Cardin	g Criteria NCI	CTCAE V4.03	Data 20.0	4/19 Time 15:40	Patient Ca	re and	Collaborate with physical collaborate with p	medical attention wit	hin 24 hours			
Date/Time 👻 Status	Group (Grad	(d)	Gradin	g criteria	CTCRE V4.05	Date 30/0	4/19 v Time 15:40	Assessme		 Requires new or 	change in prescription	ent in an ambulatory setting			
30/04/19 3:40 P Approv	Туј	Component	Grade 0	Grade 1	Grade 2	Grade 3	Grade 4								
19/04/19 2:21 P Approv 16/04/19 3:07 P Entered	.,,	Sub-Compo		Glade I	Glade 2	Grade 5	Glade 4	Oral Hygi	ne	Consider modifications to basic oral hygiene recommendations: Flossing					
16/04/19 3:06 P Entered 16/04/19 3:03 P Approv	7									Discontinue flossing if: - Flossing causes pain or bleeding gums which do not stop after 2 minutes Brushing Brushing more gently with toothbrush if:					
04/04/19 3:06 P Approv	► 🔀 Gastroin	estinal Mucositis oral	None	Asymptomatic or mild symptoms; in	Moderate pain; not interfering with oral intake; modified diet i	Severe pain; interfering with ora intake	Life-threatening consequences; urgent intervention indicated		Brushing causes discomfort Some bleeding occurs but stops within 2 minutes Oral rinses Increase use of mouth rinses to: Every 1-2 hours while awake Every 4 hours overnight (if awake)						
										 Increase frequencies Lip care 	uency as needed for sym	ptom severity increases			
								Dietary M	nagemer	Keep dentures out of		ible until symptoms resolve nperature according to indi			
									Ĩ	puree diet)		dration if unable to maintai			
ESULT:								Managem Complica		For pain from mo A topical anesthe Local infection Review recent la Review prescribe Minor bleeding with t Assess complete	etic or analgesic may be p b reports, culture any sus ad medications with patie rauma (stops after 2 min b blood count, particularly n ice water and apply pre		stemic analgesia ture oglobin		

With the introduction of the grade and electronic medical record (EMR) based radiotherapy toxicity recording system resulted in improvement in documentation of toxicity and patients' side effect management. In the 6 months after grade and EMR based implementation, 70% toxicity grading was recorded. A total of 4 episodes of high-grade toxicity were identified during this period. This type of data also provided us with a range of expected toxicity for our patient population.

DISCUSSION:

The introduction of the grade and EMR based radiotherapy toxicity recording system resulted in improvement in documentation of toxicity and patients' side effect management.

CONCLUSION:

An EMR based radiotherapy toxicity recording practice enables consistent, timely and accurate of the treatment toxicity documentation and approved grade based side effect management guidelines enables radiation oncology nurses to manage radiotherapy patients with Clinical Oncologist acceptance which is important to improve quality of life for patients.

REFERENCES:

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