Guide to Hematology Oncology

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ENVIRONMENT

• This unit’s environmental space was designed to care for severely immunocompromised patients.
  o The air handling system meets CDC guidelines for immunocompromised patients with frequent air exchanges and HEPA filtration.
  o The rooms are positively pressured. Airflow is directed at the patient to provide them with the filtered air.
• Potted plants and flowers (live or dried) and decorative vegetation are not allowed on the following units to minimize the possibility of transmission of fungal diseases:
  o 7NE
  o 8NE
  o 8SA
• Neutropenic patients are not allowed off the unit or outside the hospital with the exception of leaving for a procedure in other areas of the hospital. While in transit, all patients wear N95 masks.

UNIT CULTURE AND WORKFLOW

• PATIENT ROUNDS: Outside each room are white cards with the nurse’s name and phone number for you to use to notify them prior to rounding.
• CHEMOTHERAPY: Patients with chemotherapy infusing are not allowed to leave the unit without an RN to transport them. (The transport RN is a housewide role).
• SEDATION:
  o 7NE, 8NE, and 8SA have some RNs trained to administer sedation for bone marrow and bronchoscopy procedures.
  o If a patient requires sedation for a procedure, the charge nurse needs to be notified the day before the procedure in order to assign a sedation trained nurse. Accommodations for a same day request will be dependent upon availability of a sedation-trained RN.
• ISOLATION: All of our patients are screened for VRE upon admission and weekly afterwards. Patients with a history of VRE will be placed in contact isolation (think once VRE, always VRE).
• PAGING: For “Call to Confirm” pages, nursing is requesting a phone call back.
• CODE STATUS: If code statuses are not addressed within 24 hours of admission, the RN is required to follow up. Default code status does not count.
• VITAL SIGNS: Routine vital signs are done every 4 hours.
- Please do not request that patients not be disturbed at night. Vital signs, assessments, medication administration and monitoring as well as safety checks are required.

**FALL PREVENTION**

RN’s are responsible to determine if a patient is at risk for falls.

Please work with RN’s to encourage and reinforce teaching for patients that are at risk for falls to call for assistance and to expect that an RN/PCT/PT/OT will be assisting them to the bathroom/bedside commode and staying with them. Staying with a patient who requires assistance is not negotiable.

- Most of our falls are associated with toileting. Our policy is that if patients require assistance for any out of bed activity, a bed or chair alarm will be on at all times.
- Signs are placed above the bed to indicate if patients need assistance or not.
- All providers must provide consistent information to patients about how we keep them safe. Please talk with the RN if you have questions.

**ADMISSION**

- **PICC LINES:** On admission, every patient with a PICC line needs a chest x-ray to confirm placement before it can be used as a central line.
- **PLANNED ADMISSIONS:** It is helpful to place some “Inpatient Orders” in a planned state that RN’s can start working on when the patient arrives.
- **PRE-MEDICATION FOR BLOOD PRODUCTS:** Many of our patients require pre-medication before blood products. For admissions, it is helpful to find out from the patient or the “Transfusion Services” note if pre-meds are needed and to order them.
- **CHEMOTHERAPY ORDERS:** For patients receiving chemotherapy, pharmacy is allowed 3 hours to make the drugs after the RN double check is complete. If you have a question on when chemotherapy will start, please ask the patient’s RN.
DISCHARGE

• Please do not tell patients who are discharging when they can leave. The actual time depends on many things. The assigned RN will be able to help estimate the time.
• For discharge prescriptions, a copy needs to be made and placed in the front of the blue charts for medical records.
• The discharge pharmacy requires at least 3 hours to fill discharge medications, so it is helpful to send down prescriptions the day before discharge.
• For patients with new tunneled central lines, they will need Normal Saline 10mL flushes and Heparin 5mL flushes ordered through home infusion.

LABS

• **DAILY LABS:** Due to the workflow of UWMC laboratory medicine, daily labs for patients with central lines are drawn at 0030 and are “Nurse Collect” draws. Daily labs will result between 0130 and 0330.
• **Q8H LABS:** Ideal time for q8hr labs are: 0800, 1600, MN
• **Q12H LABS:** Ideal time for q12hr labs are 1200 and MN
• **METHOTREXATE LABS:** If a patient has daily Methotrexate labs, these are drawn at 0600. Typically, we consolidate and draw daily labs for these patients at the same time.
• **PHLEBOTOMY DRAW:** Patients who do not have central line access will be drawn by phlebotomy at 0600. Please do not click “Nurse Collect” when ordering labs for these patients. Use the “Timed” option not “Routine”, then:
  o Choose Q24H lab
  o Change time to 0600
• **NURSE COLLECT DRAWS:** For patients with central lines, please order labs as “Nurse Collect”.
• **NASAL SWAB FOR RESPIRATORY VIRAL PANEL:**
  o *Extended Rare Respiratory Virus Panel* is the name of the test for respiratory viruses.
• **CRITICAL LABS:** Lab medicine notifies nursing of critical values for electrolytes and toxicology. They do not notify us of critical platelet counts and generally only call for significant changes in Hct.
BLOOD PRODUCTS

• **STANDARD THRESHOLDS:**
  - Hct: <26
  - Platelet: 10k
  - If a patient is close to their threshold and receives blood products, a post count is not routinely obtained.
  - When midnight labs result, if a patient is above threshold but just barely, we do not recheck unit the next midnight labs unless the patient starts showing signs for bleeding.

• **THRESHOLDS FOR PROCEDURES:**
  - Bone Marrow Aspirate: none
  - Tunneled central venous access placement and bronchoscopy (or other procedures): coordinate with the provider performing the procedure

• **PRE-MEDICATION FOR BLOOD PRODUCTS:** Many of our patients require pre-medication before blood products. For admissions, it is helpful to find out from the patient or the “Transfusion Services” note if pre-meds are needed and have those ordered. Unlike other institutions, we only pre-medicate patients if they have a history of reaction. If a patient requires pre-medication for platelets, they do not automatically receive pre-medication before red blood cells, and vice versa.

• **MATCHED PLATELETS (MAPS):** MAPS always get pre/post platelet counts. If your patient is receiving them, place a “Platelet Count (If/Then, RN to Order)” and nursing will order them for the appropriate times.

• **A SUSPECTED TRANSFUSION REACTION:** Based upon a change in vital signs and/or symptoms (i.e. hives, chills, nausea, SOB, etc.) reported by the patient, the nurse will stop the blood product being transfused and initiate a suspected blood transfusion work-up. This does not require a provider order.
  - You will be notified this is occurring and may be asked for orders for symptom management.
  - Once a work-up is initiated, nursing works with Transfusion Support Services and the Laboratory Medicine Resident to provide any further information needed.
  - A transfusion cannot be restarted once a suspected transfusion reaction work-up is initiated.
  - Until the transfusion workup has been cleared, Transfusion Support Services will not release any further blood products.
  - The Laboratory Medicine Resident may contact you with recommendations for pre-medication for future transfusions.

• **TRANSFUSING PRODUCTS:** Blood products are transfused 4 hours apart from each other whenever possible to decrease the risk of a transfusion reaction.
SEXUAL HEALTH

- **ON ADMISSION:** Patients receive a “Sexual Health Education” handout in the admit packets.

- **RESTRICTIONS FOR SEXUAL CONTACT:**
  - Oral and Vaginal contact: Platelets are <50k or ANC is <500
  - Anal contact: platelets <50k or ANC <1,000

- **RECOMMENDATIONS WHILE RECEIVING CHEMOTHERAPY:**
  - Wear a condom or dental dam during and for 7 days after the last chemotherapy treatment. The minimum requirement is 48 hours but it is best to encourage patients to use protection for 7 days.
  - For patients with latex sensitivity or allergy, remind them to use a latex free product.
  - Because chemotherapy drugs can be found in the saliva: Avoid open-mouth kissing where saliva is exchanged while receiving chemotherapy and for 48 hours after receiving chemotherapy.
  - Use water-based, lubricating gel to keep vagina from being irritated.

- **THINGS TO AVOID:**
  - Avoid vaginal sex if vaginal bleeding or sores on genitals
  - Avoid oral sex if bleeding or sores are present.
  - Avoid anal sex if having rectal bleeding, rectal sores, diarrhea, hemorrhoids, anal fissures or tears.

MISCELLANEOUS

- **PREGNANCY TESTS:**
  - Please order a blood pregnancy test. Please do not order the point of care test.

- **IMMUNOSUPPRESSED DIET:**
  - The majority of our patients are on an “Immunosuppressed Diet” while inpatient. For questions about diet restrictions please contact the dietician or refer to the General Oncology Program Patient Care Manual on page 113.

- **VACCINES:**
  - Patients should avoid contact with people who have received nasal vaccines for at least 2 weeks as these contain live virus.

- **PATIENT CARE MANUAL:**
Our patients receive a General Oncology Program Patient Care Manual when they become a patient. This manual has extensive information and guidance for many topics that arise throughout a cancer diagnosis. We have these manuals available on the unit. We are happy to show you where they are so that you can familiarize yourself with them.

**PHONE NUMBERS**

**CHARGE NURSE PHONE NUMBERS:**
- 6SE Charge: 8-9700
- 7SE Charge: 8-9545
- 7NE Charge: 8-9567
- 8SA Charge: 8-1007
- 8NE Charge: 8-9100