

Oncology patient care plan

for education, child/care and community support services*

CONFIDENTIAL

To be completed by the ONCOLOGY SPECIALIST and the PARENT/GUARDIAN and/or ADULT STUDENT/CLIENT.
This information is confidential and will be available only to supervising staff and emergency medical personnel.

Name of child/student/client _____ Date of birth _____

MedicAlert Number (if relevant) _____ Date for review _____

Treatment plan	Recommended care
<p>Please detail issues relevant to education, child/care and community support services. Staff members do not need to have complete medical details: they need know only what is relevant to the person's attendance, learning and care while in these settings.</p>	<p>Please describe ways in which staff can provide support during and after treatment.</p>
<p>Surgery (other than central venous line insertion)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Likely to have localised tenderness in the period immediately after surgery.</p>	
<p>Radiation Therapy</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Radiation Therapy is usually given every week day for a period from 2 to 6 weeks. Appointments are usually in the morning. Some students will be able to attend school after appointments (returning to school mid morning) unless they are unwell. Fatigue, nausea and a local skin reaction are possible side-effects.</p>	<p>Adjust expectations. If student becomes overly fatigued, nauseated, or overly uncomfortable (from skin itchiness or pain), contact parents.</p>
<p>Chemotherapy</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Appointments for chemotherapy administration will cause absences from school.</p> <p>Chemotherapy commonly causes nausea which can be delayed for some days after treatment. Medication to reduce nausea is usually provided. Fatigue is also a common side effect. Chemotherapy can suppress the production of blood cells. This can cause a weakened immune system, low haemoglobin or anaemia (causing pallor and tiredness), and low platelets (causing a reduction in the blood's ability to clot quickly). Blood cell levels go up and down during treatment – this may cause a fluctuation in the way the student feels and energy levels.</p> <p>Will have "maintenance" chemotherapy</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, anticipate around seven months of moderately intensive chemotherapy, with fairly high risk of listed side effects, followed by (usually) two years of relatively gentle maintenance chemotherapy, with low risk of listed side effects and anticipated near normal level of function and school attendance.</p>	<p>Chemotherapy side effects</p> <ul style="list-style-type: none"> ▪ INFECTION Risk should be minimised by using standard precautions. Promote good hand-washing practices to the student and classmates; where possible, protect the student from infections especially chicken-pox, shingles and measles. Alert the parent if you believe contact with one of these viruses has occurred. ▪ BLEEDING Nosebleeds: use normal first-aid. If the bleed continues for more than 5-10 minutes, contact the parent or hospital. Bleeding gums or the appearance of new abnormal bruising should also be reported. ▪ FATIGUE Monitor physical activity and allow for additional rest periods as needed. Some physical activity can be beneficial however, so do not automatically discount the student's involvement. ▪ FEVER (often accompanied with unwellness) Requires immediate first aid. Contact parent or hospital quickly. A significant fever is defined as a temperature of 38 degrees C and above. ▪ NAUSEA Alert parent if nausea/vomiting is an ongoing issue at school
<p>Bodily waste precautions: Wear impermeable disposable gloves for handling bodily wastes. Place soiled clothes in a plastic bag to return to parent. Dispose of soiled nappies in the normal way. If the student has received chemotherapy in the last 7 days, double bag soiled items before disposal and flush the toilet twice after use.</p>	

Estimated length of treatment:

General care issues	Recommended care
<p>Care of central venous (vein) catheters</p> <p><input type="checkbox"/> Port A circular or oblong raised disk under the skin - normally to the right (sometimes to the left) of the chest.</p> <p><input type="checkbox"/> Central Venous Catheter A white silicon line coming from the chest and partly covered with a clear dressing.</p> <p><input type="checkbox"/> PICC Line A thin silicon line coming out of the skin (usually of the upper arm just above the elbow) and covered with a clear dressing and normally wrapped with a crepe bandage.</p>	<p>Students with any of these three devices should avoid contact sports.</p> <p>Port</p> <ul style="list-style-type: none"> • If bruising, injury, redness, pain or swelling occurs at or around the port site, contact the student's parent. <p>Central Venous Catheter & PICC Line</p> <ul style="list-style-type: none"> • If the line is dislodged, immediately place pressure on the wound site to stop bleeding and contact the parent. • If leaking blood from the line, clamp the line above the leak using the blue plastic clamps supplied by the child and immediately contact parent • If oozing blood from the exit site of the line (under the clear dressing) contact the parent. • If the end 'bung' is loose, wash your hands then tighten it by screwing clockwise. If the end bung is missing, contact the parent immediately. • If the clear dressing over the line is very loose or removed, contact parent and do not let the student be active until resolved. <p>If the parent is unavailable, please phone the WCH Oncology Dept on 81617411 (or ah 81617225).</p>
<p>Curriculum participation</p> <p><input type="checkbox"/> Anticipated hospital admissions and absences</p> <p><input type="checkbox"/> Fatigue and concentration difficulties</p> <p><input type="checkbox"/> Learning difficulties</p> <p><input type="checkbox"/> Other (<i>please detail</i>)</p> <p>NB: The school remains responsible for a student's learning program during hospitalisation. The program should be negotiated with hospital-based teachers to maximise continuity of learning and care.</p>	<ul style="list-style-type: none"> • Negotiate a modified curriculum • May only be able to handle short days • Be flexible with expectations but do not discount student from joining in. • Do not exclude from, but also do not expect normal participation in non-contact sport. • Contact the hospital education service to discuss transition back to school, learning difficulties or other needs (ph 81617262)
<p>Potential mental health issues</p> <p><input type="checkbox"/> Changes in appearance (<i>eg weight loss/gain, hair loss</i>)</p> <p><input type="checkbox"/> Fluctuations in energy levels</p> <p><input type="checkbox"/> Sibling issues</p> <p><input type="checkbox"/> Other (<i>please detail</i>)</p> <p>NB: Staff can, with family permission, liaise with the hospital psychology team, and other personnel, to plan support for general mental health and well-being.</p>	<ul style="list-style-type: none"> • Treat student normally and encourage fellow students to do the same. • Be flexible with expectations • Staff and class-mates keeping in contact during absences can assist mental health • Recognise the extra pressure on siblings
<p>Physical disabilities & other general care issues</p> <p><input type="checkbox"/> Uses a wheelchair</p> <p><input type="checkbox"/> Uses other mobility aids (specify):</p> <p>Other General Care Issues:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

First aid

If staff members or the child/student/client remain concerned, the parent/emergency contact will be informed. Staff members will seek assistance if they observe, or the person reports:

- general unwellness
- fever
- nosebleed, (initially treat with normal first aid. If after 5-10 minutes the bleed does not stop, contact parents or WCH). If bleeding gums or new abnormal bruising contact parents or WCH.
- port site bruising, injury, redness, pain, swelling
- central venous (vein) line or PICC line cracked; redness; discharge; pain; or loose bungs (apply clamps to line if leaking blood), or very loose or absent covering dressing.

A health professional can be nominated by the family as the emergency contact person.

Permission is given for education/child/care staff members to contact Women’s and Children’s Hospital oncology ward staff (telephone 08 **8161 7411** or AH **8161 7225**) if they are unable to contact nominated family emergency contacts. Staff will inform parents/guardians as soon as possible of this contact.



If no-one can be contacted, and/or staff members are concerned about the person’s safety, an ambulance should be called.

Additional information attached to this care plan

- Medication authority
- Other

This plan has been developed for the following services/settings: *

- | | |
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| <input type="checkbox"/> School/education | <input type="checkbox"/> Outings/camps/holidays/aquatics |
| <input type="checkbox"/> Child/care | <input type="checkbox"/> Work |
| <input type="checkbox"/> Respite/accommodation | <input type="checkbox"/> Home |
| <input type="checkbox"/> Transport | <input type="checkbox"/> Other (please specify) |

AUTHORISATION AND RELEASE

Health professional _____
 Address: Michael Rice Centre for Haematology & Oncology, Women’s and Children’s Hospital, 72 King William Road, North Adelaide SA 5006 Telephone: 81617411 or AH 81617225
 Signature _____ Date _____

*I have read, understood and agreed with this plan and any attachments indicated above.
 I approve the release of this information to supervising staff and emergency medical personnel.*

Parent/guardian
 or adult student/client _____ Signature _____ Date _____