

SIOP PODC Supportive Care Education

Presentation Date: 9th January 2015

Role of Nursing in Supportive Care in LMIC

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 - Glenn Mbah (Banso Baptist Hospital, Cameroon)
 - Karen Selwood (Alder Hey Childrens NHS Foundation Trust, Liverpool, UK)

Pakistan

Nurse Rehana Punjwani



Population 188 million

- Role of nurses in LMIC is very basic
- They are barely able to meet the physiological needs of the patients
 - Nurses are expected to only perform basic physiological care and assessment which includes
 - Vital signs, I/O, taking blood samples, patient hygiene

Challenges in Pakistan

● Overburdened nurses

- Average nurse/patient ratio is 1:20

● Knowledge deficit

- Nurses are not trained in childhood cancer care
- Thus, they are unaware of the patients' supportive care needs
- For example, the nurses have no knowledge about tumor lysis syndrome or hyperleukocytosis

Challenges in Pakistan

- ◉ Nurses have no autonomy
- ◉ Physicians are considered as first lead
 - Nurses are expected to follow physicians' orders without question
 - Nurses are expected to be a physician's assistant
- ◉ Nurses are not allowed to discuss the child's disease, plan of treatment, or prognosis with the patient or family

Interviewed Nurses re: Supportive Care in Pakistan

- *Nurses stated that they equate supportive care with palliative care*
- *All nurses wanted further education about supportive care*
- *All nurses stated they are prioritizing pain issues*
- *Almost all nurses stated that they hesitate to talk to patients and families about*
 - *Disease*
 - *Treatment*
 - *Prognosis*

Action for Improvement - Pakistan

- The current nurse's role is very limited, but to increase the status of nursing, the first step is to provide nurses with the *knowledge* and *resources* for providing supportive care.
 - Until they have the knowledge and resources they cannot provide *holistic* nursing care

Holistic Nursing

- *A system of comprehensive or total patient care that considers the physical, emotional, social, economic, and spiritual needs of the person; his or her response to illness; and the effect of the illness on the ability to meet self-care needs.*
- *Holistic nursing is the modern nursing practice that expresses this philosophy of care.*

Communication in Pakistan

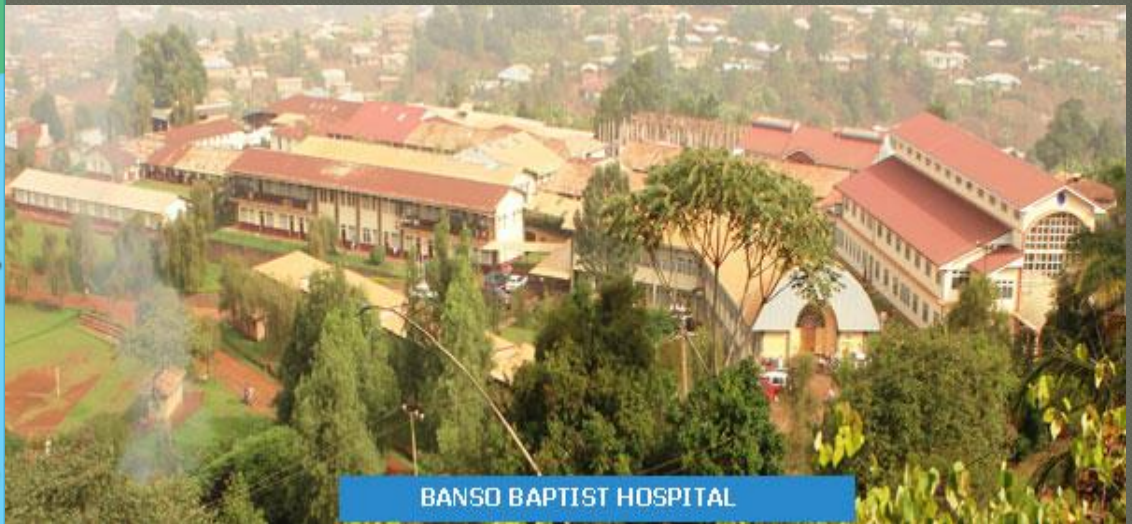
- Nurses lack the confidence to communicate with the patient or family due to a lack of understanding of childhood cancer and the effects of treatment.
- To involve them in patient/family education is not relevant until they are equipped with basic cancer knowledge.

In Summary - Pakistan

- It is not reasonable to expect that nurses in Pakistan caring for children with cancer can expand their role in supportive care without
 - Skills, knowledge and proper staffing

Introduction

Nurse Glenn Mbah



Population 21.7 million

Psychological Adjustment

- Counselling:
 - Disease
 - Treatment goals and methods for patient and parents
 - Side effects
 - Fluid intake
 - Nutrition
 - Hygiene
 - Relapse and rescue
 - Treatment failure
 - Existential issues
- Repeated counselling as indications may occur
- Use of other professionals
 - Social workers, Nutrition counsellors, and Chaplains
- Play and other distractions for patients
- Creation and coordination of parent support groups

Counselling a Mother On Treatment Failure



Glenn Mbah

Nurse Practitioner:
Vera Larfi Samba Epse Njamnshi

Pain and Distress

- ◉ Daily routine pain assessment
- ◉ Provision of 'STAT' doses of pain medication (without prescription) where necessary
- ◉ General anesthesia for Bone Marrow Aspirations (with nurse anesthetists)
- ◉ Morphine 30mins before L.P.s and wound care
- ◉ Distractions with games and movies
- ◉ Pain control at home

Tumor Lysis Syndrome Prevention

- Respect rate of N Saline infusion at 3L/m²/day
- Ensure adequate oral fluid intake after discontinuation of IV hydration
- Strict urine output and blood pressure monitoring
- Monitoring for signs of hyperkalemia, hypocalcemia, and renal failure
- Obtain blood samples for chemistry as needed
- Ensure allopurinol is taken as prescribed, and NaHCO₃ added to infusions as necessary

Nausea and Vomiting

- Anti-emetics: before and after chemotherapy
 - Usually oral Metoclopramide
 - For two days following chemo
 - May require I.M. Promethazine, and sometimes I.M Chlorpromazine.
- Nutrition
 - Fruits
 - Avoid fats
 - Oral rehydration solution
- Environment adjustment
 - Ensure ventilation
 - May move bed if neighbour incontinent of stool

Neutropenic Fever

- Hygiene

- Daily - bath, mouthcare, and bed-making

- Routine TPR checks every 4Hrs

- For any $T \geq 38.5^{\circ}\text{C}$

- Explain to patient the possibility of neutropenia and sepsis
 - Immediate IV access, and sample collection for Malaria smear and CBC
 - First dose of antibiotics (Ampicillin and Gentamycin), if Malaria smear is negative.

Mucositis

- ◉ Daily observation of oral mucosa
- ◉ Administration of liquid analgesics
- ◉ Nutrition
 - Provision of soft(quasi-liquid) diet
 - F100 where necessary
 - NG tube where necessary
- ◉ Mouth care
 - Every 6Hrs
 - With hydrogen peroxide solution

Nutritional Support

- ◉ Rice and groundnuts
- ◉ Eggs and powdered milk daily
- ◉ Some money for purchase of fruits and other foods
- ◉ Special nutritional support for vomiting, neutropenia, and mucositis

Home Visits By Nurse

- ◉ To fetch patients who miss hospital appointments – abandonment
- ◉ Clear stigma on patient and family by explaining disease to neighbours
- ◉ For palliative care
- ◉ For establishing long-term status
- * *Solicit advocacy by parents in their localities*

Palliative Care

- Special nurse dedicated to palliative care
- Palliative care home visits
 - Pain medication refill
 - Management of other symptoms like vomiting, diarrhoea, constipation
 - Wound care
 - Spiritual care, with link to local pastors
 - Link to local health care workers and other social support systems



Challenges

- No dedicated doctor for child cancer unit
 - doctor shared with general paediatric ward
- One doctor on call for the entire hospital
- One dedicated nurse for child cancer ward
 - Backed up by Head Nurse of paediatrics and 1 palliative care outreach nurse for 2 hospitals
 - Same nurse responsible for data keeping and patient home visits
 - One shift for specialist nurse 07H – 15H
 - Paediatrics ward nurses provide care for the rest of the day
 - Palliative care nurse and Paediatrics Ward Head Nurse cover during vacation
- Frequent change of Paediatrics Ward Head Nurse
- Language barrier in communicating with patients and parents

Points for Improving Supportive Care by Nurses

- Nurses' availability

- On the ward
 - Need daily dedicated time to discuss patient and family concerns
 - Nursing rounds best opportunity for this
- On the phone
 - Odd hour calls may be burdensome for nurse, but can be reliable method to provide immediate relief or reassurance
- At patient's home
 - Home visits are essential when phone contact is impossible to determine reasons for missed appointments
 - Highly appreciated by families
- If home visits not possible
 - Use the peripheral health care providers in family's area for symptom management
 - Referral letters and phone contacts for local health care professionals is essential

Impacts of Recent Training from Utrecht University Summer School

- Nursing care:

- Introduction of a harmonised comprehensive daily patient monitoring form

- Psychosocial care:

- Counselling of child on disease, treatment and side effects
- Introduction of HRQOL assessments with discussion sessions on every hospital visit

- Pain prevention:

- Use of Morphine prior to L.P.s
- Blood collection done by experienced paediatrics ward nurses, instead of lab. staff

- Nausea and vomiting:

- Round the clock anti-emetic for two days after chemo, instead of PRN

- Training of more nurses in chemotherapy administration

- Play and Learning:

- Upcoming fundraising to construct outdoor playground and hire teacher for admitted patients



Nursing Role in Supportive Care in a High-Income Country

Nurse Karen Selwood
Liverpool, UK



Population 64.1 million

- Designated oncology unit
- Nurses work as part of a Multidisciplinary team
- Team approach to care of the child and families – nurses are involved in discussions with families and participate in ward rounds
- Respect for everyone's roles and input

Supportive care in Liverpool

- Education of staff is ongoing depending on needs
 - all nursing staff trained in chemotherapy administration
- Basic nursing care is as important as more specialised care relating to the specific oncology needs e.g. hygiene, mouth care, nutrition
- 6 hospitals linked to us so families do not have to travel to the main centre for supportive care
 - these staff receive education around caring for the oncology children and there are link people to liaise with main centre.

Discussion

- Reactions to speakers' presentations?
- Ideas for improving nurses' role in supportive care in LMIC?
 - How to best provide education to nurses for delivering supportive care?
 - How to improve inclusion of nurses as autonomous team members with specialized skills?
 - How to broaden the scope of nursing practice to include competency in supportive care measures?