

Supporting teaching notes re: Oncology/Haematology Telephone Triage Toolkit for Paediatric Cancer Services

This document provides teaching notes to support the Training Scenarios offered as part of the CYP Onc / Haem Telephone Triage Toolkit for Children's Cancer Services 2nd Edition August 2020. It is intended to be used in conjunction with the Training Presentation, Training Manual & Competency Document.

Glossary of terms

ALL: Acute Lymphoblastic leukaemia

AML: Acute Myeloid Leukaemia

ANP: Advanced Nurse Practitioner

BMA/LP/IT: Bone marrow Aspirate/Lumbar Puncture/Intrathecal

CCN: Children's Community Nursing/Nurse

CNS: Central Nervous System

CVAD: Central Venous Access Device

CVL: Central venous line

CXR: Chest Xray

CYP: Children or Young Person

D/W: Discussed with

FBC: Full Blood Count WCC: White Cell Count Hb: Haemoglobin N: neutrophils Plat: platelets

GVHD: Graft Versus Host Disease

Gy: Gray (dose of radiation)

HSCT: Haematopoietic Stem Cell Transplant

IV: Intravenous

IVAB: Intravenous Antibiotic

NG/NGT: Naso-gastric/Naso-gastric tube

OPA: Outpatient appointment

PBT: Proton Beam Therapy

PICU: Paediatric Intensive Care Unit

POSCU: Paediatric Oncology Shared Care Unit

POON: Paediatric Oncology Outreach Nurse

PTC: Principal Treatment Centre

TPN: Total Parenteral Nutrition

VP: Ventriculoperitoneal

Scenario 1

Mum rings to say James has been restless and getting increasingly agitated over the last few hours. He has had a couple of inappropriate verbal outbursts this afternoon, but seems totally unaware of these.

- **Patients Name: James Davies**
- **Age: 13yrs**
- **Diagnosis: ALL with CNS involvement**
- **Male/Female: Male**
- **Consultant: Dr Foster**
- **Date/time: 02/02/2020 16.30**
- **Who is calling: Mum- Sadie Baker**
- **Contact Number: 0191 111111**
- **What treatment is the patient receiving?: Chemotherapy**
- **When did the CYP last have any treatment: On reducing Dexamethasone**
- **What is the CYP temperature: 36.5°C**
- **When was the patient last discharged/reviewed?: 1st discharge since diagnosis yesterday after day 28 BMA/LP/IT Methotrexate.**
- **Have you called any other healthcare professional in last 48hrs? No**
- **Does the CYP have a CVL: Yes**
- **Does the CYP have a shunt/ Ommayer reservoir/other medical device? No**

Information from telephone assessment

Toxicity/Problem	Details
Fever	No
Infection	No sign
Shortness of breath / difficulty breathing	No
Bleeding and/or Bruising	No
Neurosensory / Motor	Red on neurological symptoms; agitated/restless/unusual behaviour
Activity	Not as active and interested in things as usual- cannot seem to settle or concentrate on much
Pain	No
Rash and / or infectious disease contacts	No
Nausea, Eating and Drinking	Eating everything in sight
Vomiting	No
Mucositis	No
Urinary output	No problem
Diarrhoea	No
Constipation	No
Other (please state)	Seems unaware of current out-bursts and behavior

RAG assessment and action

Advise ● Follow up/review ● Assess ● REMEMBER two or more amber = RED	Please document current medication	Please document significant medical history: (Include last FBC if known and date taken, and *detail of any recent calls)
Fever ✔ ● ●	On reducing dexamethasone	James has been in hospital since diagnosis. Yesterday he was discharged after his day 28 BM/LP/IT methotrexate. FBC not known. Today James has been agitated and restless. He can't concentrate on anything and has had some inappropriate verbal outbursts which he seems unaware of.
Infection ✔ ● ●		
Shortness of breath / difficulty breathing ✔ ● ●		
Bleeding and / or bruising ✔ ● ●		
Neurosensory / Neuromotor ● ● ✔		
Activity ● ✔ ●		
Pain ✔ ● ●		
Rash and / or infectious disease contacts ✔ ● ●		
Nausea, eating, drinking ✔ ● ●		
Vomiting ✔ ● ●		
Mucositis ✔ ● ●	Action taken / advice given:	
Urinary output ✔ ● ●	To attend asap as he is scoring 'red' in the Neuro category.	
Diarrhoea ✔ ● ●		
Constipation ✔ ● ●		
Other (please state) ● ● ●	Attending for assessment at: PTC	Receiving team notified: Yes <input checked="" type="checkbox"/> N <input type="checkbox"/> Call end time: 16.45

Outcome

Advised to attend immediately Red on behaviour

Red on Neurological symptom/toxicity-went on to develop seizures and diagnosed as Methotrexate Toxicity on MRI scan

Differential diagnosis considered initially by triage practitioner that symptoms and behaviour related to steroids which scored at most an amber in other symptom/toxicity category

Scenario 2

Mum rings to say Sasha has vomited 5 times and feels rotten. Mum not sure why as she has given Sasha her anti-sickness medicines (oral Ondansetron & Metoclopramide). Missed breakfast this morning and only taken a couple of spoons of soup for lunch and water with her medicines. Out-come written below in notes

- **Patients Name: Sasha Meadway**
- **Age: 6yrs**
- **Diagnosis: Osteosarcoma of right tibia**
- **Male/Female: Female**
- **Consultant: Dr Jackson**
- **Date/time: 02/03/2020 16.30**
- **Who is calling: Mum-Natalie Meadway**
- **Contact Number: 0892 23232323**
- **What treatment is the patient receiving? Chemotherapy**
- **When did the CYP last have any treatment? 25/02/2020 – 1st Course of Cisplatin (4 days post)**
- **What is the CYP temperature: 36.4°C**
- **When was the patient last discharged/reviewed? 25/2/2020**
- **Have you called any other healthcare professional in last 48hrs? No**
- **Does the CYP have a CVL: Yes double Lumen**
- **Does the CYP have a shunt/ Ommayer reservoir/other medical device? No**

Information from telephone assessment

Toxicity/Problem	Details
Fever	No
Infection	No sign
Shortness of breath / difficulty breathing	No
Bleeding and/or Bruising	No
Neurosensory / Motor	No
Activity	Not showing much interest in playing and lost interest in CBBees this morning
Pain	No
Rash and / or infectious disease contacts	No
Nausea, Eating and Drinking	Only picking at very small bits of food and sips just to swallow anti-sickness
Vomiting	Vomited 5 times in last 24hours
Mucositis	No
Urinary output	Has passed urine twice today, dark in colour
Diarrhoea	No
Constipation	No
Other (please state)	

RAG assessment and action

Advise ● Follow up/review ● Assess ● REMEMBER two or more amber = RED	Please document current medication	Please document significant medical history: (Include last FBC if known and date taken, and *detail of any recent calls)
Fever	Oral ondansetron and metoclopramide	4 days post Cisplatin chemo. Sasha has been sick 5 times and Mum has given Sasha her anti-sickness medicines (oral Ondansetron & Metoclopramide). Sasha has missed breakfast this morning and only taken a couple of spoons of soup for lunch and water with her medicines. Has passed urine twice today, dark in colour.
Infection		
Shortness of breath / difficulty breathing		
Bleeding and / or bruising		
Neurosensory / Neuromotor		
Activity		
Pain		
Rash and / or infectious disease contacts		
Nausea, eating, drinking		
Vomiting		
Mucositis	Action taken / advice given:	
Urinary output	To attend asap as scoring 4 ambers.	
Diarrhoea		
Constipation		
Other (please state)		Attending for assessment at: PTC

Outcome

Advised to attend as at least 2 Ambers Vomiting & Nausea Eating & Drinking

Found to be dehydrated (Hypovolemic requiring IV bolus and IV anti-emetics)

Neutropenic on admission

Scenario 3

Foster Mum rings to say that Callum's NG Feed has been bleeping since 2am on and off. She eventually turned off the pump at 6am as she couldn't stand the noise from the pump any longer. At this point she could not get the tube to aspirate. Callum is refusing to drink anything and his mouth looks dry. He seems tired and doesn't want to play this morning. Out-come written below in notes

- **Patients Name: Callum Gent**
- **Age: 3yrs**
- **Diagnosis: Rhabdomyosarcoma-Orbit**
- **Male/Female: Male**
- **Consultant: Dr Harris**
- **Date/time: 06/04/2020 – 07.00hrs**
- **Who is calling: Foster Mum Maria Hart**
- **Contact Number: 01862 151617**
- **What treatment is the patient receiving? Chemotherapy**
- **When did the CYP last have any treatment: 2 days ago following 3rd course of IVA Chemotherapy completed (Ifosphamide, Vincristine, Actinomycin D)**
- **What is the CYP temperature: 36.°C**
- **When was the patient last discharged/reviewed? 4/4/2020**
- **Does the CYP have a CVL: Hickman double lumen**
- **Does the CYP have a shunt/Ommayer reservoir/other medical device? No**

Information from telephone assessment

Toxicity/Problem	Details
Fever	No
Infection	No sign
Shortness of breath / difficulty breathing	No
Bleeding and/or Bruising	No
Neurosensory / Motor	No
Activity	Callum is tired this morning
Pain	No
Rash and / or infectious disease contacts	No rash but Step Mum thinks he looks a bit yellow in the light
Nausea, Eating and Drinking	Not wanting to drink even sips. Hasn't been eating since first course of chemotherapy started about 3 months ago. Has overnight NG Feed and x 3 bolus feeds during the day
Vomiting	No
Mucositis	Step Mum hasn't looked inside Callum's mouth, but his lips look very dry and crusty
Urinary output	Not passed much urine this morning
Diarrhoea	No
Constipation	Had a motion 2 days ago – he usually goes every day
Other (please state)	Step Mum thinks he looks a bit yellow in the light

RAG assessment and action

Advise ● Follow up/review ● Assess ● REMEMBER two or more amber = RED	Please document current medication	Please document significant medical history: (Include last FBC if known and date taken, and *detail of any recent calls)
Fever ✓ ● ●	Discharged 2 days ago, post 3rd course of chemo (IVA)	Callum's NG Pump has been 'beeping' since 2am. Maria turned the pump off at 6am. At that point she could not get the NGT to aspirate. Callum is refusing to drink anything and his lips look dry. He seems tired and doesn't want to play this morning. Maria thinks Callum looks an 'odd' colour ? pale ? yellowish. He hasn't opened his bowels for 2 days; he usually goes daily. Not passed much urine this morning.
Infection ✓ ● ●		
Shortness of breath / difficulty breathing ✓ ● ●		
Bleeding and / or bruising ✓ ● ●		
Neurosensory / Neuromotor ✓ ● ●		
Activity ● ✓ ●		
Pain ✓ ● ●		
Rash and / or infectious disease contacts ✓ ● ●		
Nausea, eating, drinking ● ✓ ●		
Vomiting ✓ ● ●		
Mucositis ✓ ● ●	Action taken / advice given:	
Urinary output ● ✓ ●	For admission; scoring several ambers and 'red' for other because of possible jaundice.	
Diarrhoea ✓ ● ●		
Constipation ✓ ● ●		
Other (please state) ● ● ●	Attending for assessment at: PTC	Receiving team notified: Yes <input checked="" type="checkbox"/> N <input type="checkbox"/> Call end time: 7.10am

Outcome

Red: Other- ? Potential Jaundice; Amber on Nausea, Eating & Drinking; Amber on Activity
Came in for immediate assessment

Found to have NG Feed volume reduced from prescribed amount over the last 24 hours

Callum found to have slightly reduced renal function and slight dehydration requiring IV Fluids. Renal function to be reviewed prior to next course of Ifosphamide

Foster Mum needed further education on NG Feeding & risk factors

Abnormal liver function and slight jaundice due to Actinomycin D

Scenario 4

The older sibling of Krishnan calls to say Krishnan not feeling right. He says he feels hot & cold both at the same time. Mohammed says he looks “dead rough.” Raised voices can be heard in the background, but the language is non English. Mohammed keeps stopping the conversation to speak to people at home, then repeats, “he looks dead rough” again. Outcome written below in notes

- **Patients Name: Krishnan Ahmed**
- **Age: 15**
- **Diagnosis: Hodgkin’s Lymphoma Stage 111**
- **Male/Female: Male**
- **Consultant: Dr Fleckney**
- **Date/time: 03/04/2020, 20.30hrs**
- **Who is calling: Mohammed Ahmed –age 17 years, on behalf of Krishnan and his Mother who does not speak English. Dad speaks English but is at work on a night shift and the family are not allowed to call Dad at work.**
- **Contact Number: 08982 298 362**
- **What treatment is the patient receiving? Chemotherapy**
- **When did the CYP last have any treatment? Finished 1st course of COPADAC (Cyclophosphamide, Vincristine, Prednisolone, Dacarbazine) 9 days ago**
- **What is the CYP temperature: Not known as the family cannot find the thermometer, but he feels like he is “burning up”**
- **When was the patient last discharged/reviewed? 2 days ago when Krishnan presented at his local A&E feeling “not right”. He was assessed, had peripheral bloods taken and was sent home. Blood count was: WCC: 1.0; Hb: 110; N: 0.7; Plat: 173**
- **Have you called any other healthcare professional in last 48 hrs? Yes**
- **Does the CYP have a CVL: Double Porta Cath**
- **Does the CYP have a shunt/Ommayer reservoir/other medical device? No**

Information from telephone assessment

Toxicity/Problem	Details
Fever	37.3
Infection	Reports rigor type episodes
Shortness of breath / difficulty breathing	No
Bleeding and/or Bruising	No
Neurosensory / Motor	No
Activity	Wants to just lay around...no energy
Pain	No
Rash and / or infectious disease contacts	He doesn't think so, but his baby niece has got chicken pox
Nausea, Eating and Drinking	Not got much of an appetite since the last block of chemotherapy
Vomiting	No
Mucositis	No
Urinary output	Thinks that has been OK
Diarrhoea	No
Constipation	Hasn't been to the toilet for a number 2 since being discharged from hospital
Other (please state)	

RAG assessment and action

Advise ● Follow up/review ● Assess ● REMEMBER two or more amber = RED	Please document current medication	Please document significant medical history: (Include last FBC if known and date taken, and *detail of any recent calls)
Fever	Completed COPADAC chemo 9 days ago	Brother rang to say Krishnan feels 'dead rough', he is hot and cold. Do not know temperature as they cannot find the thermometer. Krishnan finished his chemo over 1 week ago but he went to his local A&E 2 days ago because he 'didn't feel right'. They took peripheral bloods and discharged him. This assessment was not completed as it was very difficult to make the assessment via telephone. Raised voices were heard in the background, but non English speakers.
Infection		
Shortness of breath / difficulty breathing		
Bleeding and / or bruising		
Neurosensory / Neuromotor		
Activity		
Pain		
Rash and / or infectious disease contacts		
Nausea, eating, drinking		
Vomiting		
Mucositis	Action taken / advice given:	
Urinary output	999 ambulance arranged to bring Krishnan for immediate assessment. Krishnan scored 'Red' for assessment and full assessment cannot be completed.	
Diarrhoea		
Constipation		
Other (please state)	Attending for assessment at: PTC	Receiving team notified: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Call end time:

Outcome

999 Emergency

It is impossible to complete the TTT Assessment because of the confusion with communication with Mohammed

Mohammed is certain there is nobody to bring Krishnan into the Unit for assessment. Contact details are taken and documented on the log sheet. 999 is called from the unit and Krishnan comes in to hospital for assessment with his Mum.

He presents having rigors and requires fluid bolus x 2. He is Pyrexial & Neutropenic and commences first line antibiotics

The family require extensive re-education via an interpreter to ensure they have an understanding of the side effects of chemotherapy, the pathway of access to emergency care at their POSCU & PTC

The POON is booked to visit the family on discharge and the local CCN team informed.

The local A & E team are contacted and education put in place about the correct pathway & communication for CYP with Cancer

Scenario 5

Mum called to explain that Daniel is staying in the Home from Home accommodation with his parents as he is having 30 days of Radiotherapy. He is becoming increasingly uninterested in playing or watching the TV and seems distant.just not himself and seems to be sleeping a lot more. Mum says they feel isolated at the Home from Home as everybody is in their own room and thinks Daniel would be better if he had another child to play with. Outcome written below in notes

- **Patients Name: Daniel Stevens-Morris**
- **Age: 3 years**
- **Diagnosis: Posterior Fossa Ependymoma (R0)**
- **Male/Female: Male**
- **Consultant: Dr Owens**
- **Date/time: 05/04/2020 18.00hrs**
- **Who is calling: Mum - Clarice Stevens-Morris**
- **Contact Number: 09831 918 271**
- **What treatment is the patient receiving? Radiotherapy: One dose a day for 5 day per week for 6 weeks (54 Gy in 30 fractions).**
- **When did the CYP last have any treatment: Today is dose 25 (end of week 5) of Radiotherapy. Had complete surgical resection 03/02/2020**
- **What is the CYP temperature: 36.7°C**
- **When was the patient last discharged/reviewed? 01/04/2020**
- **Have you called any other professional in the last 48 hrs? No**
- **Does the CYP have a CVL: yes**
- **Does the CYP have a shunt/Ommayer reservoir/other medical devices? No**

Information from telephone assessment

Toxicity/Problem	Details
Fever	No
Infection	No
Shortness of breath / difficulty breathing	No
Bleeding and/or Bruising	No
Neurosensory / Motor	Clumsy and bumping into things
Activity	Lethargic and not interested, Cannot be distracted either which is unusual for Daniel
Pain	Unknown, but not crying
Rash and / or infectious disease contacts	No
Nausea, Eating and Drinking	Is on anti-sickness oral medication
Vomiting	Always has a vomit in the morning before breakfast, then it seems to settle down for the day
Mucositis	No
Urinary output	No problem
Diarrhoea	No
Constipation	No
Other (please state)	

RAG assessment and action

Advise ● Follow up/review ● Assess ● REMEMBER two or more amber = RED	Please document current medication	Please document significant medical history: (Include last FBC if known and date taken, and *detail of any recent calls)
Fever ✓ ● ●	Takes anti-emetics; usually vomits in a morning and then it settles.	Daniel had total surgical resection of his tumour 2 months ago. he is now having daily radiotherapy. Mum and Daniel are staying in home from Home accommodation. Over today he has lost interest in the TV and playing, he seems distant and mum can't get him interested in anything. He is sleeping more.
Infection ✓ ● ●		
Shortness of breath / difficulty breathing ✓ ● ●		
Bleeding and / or bruising ✓ ● ●		
Neurosensory / Neuromotor ● ✓ ●		
Activity ● ● ✓		
Pain ✓ ● ●		
Rash and / or infectious disease contacts ✓ ● ●		
Nausea, eating, drinking ✓ ● ●		
Vomiting ✓ ● ●		
Mucositis ✓ ● ●	Action taken / advice given:	
Urinary output ✓ ● ●	Scored red for 'neuro' and 'activity'. To come for immediate assessment.	
Diarrhoea ✓ ● ●		
Constipation ✓ ● ●		
Other (please state) ● ● ●	Attending for assessment at: PTC	Receiving team notified: Yes <input checked="" type="checkbox"/> N <input type="checkbox"/> Call end time: 18.10h

Outcome

Recorded red on activity. Came in immediately for assessment

Seen by oncologist & neuro-oncologist, MRI Scan ruled out disease – Diagnosed as having Somnolence caused by radiotherapy treatment

Admitted and required nurse escort to and from Radiotherapy Department.

Scenario 6

Mum rings to say Katy is complaining of gripping abdominal pain and increased loose bowel movements. She thinks there may be some blood and “slimy stuff” in the toilet too, but Katy not wanting her Mum to look. Mum convinced she’s on the toilet for most of the day. Katy refusing to come to the telephone to discuss. Out-come written below in notes

- **Patients Name: Katy Granger**
- **Age: 15 years**
- **Diagnosis: Relapse ALL, now post haematopoietic stem cell transplant (HSCT)**
- **Male/Female: Female**
- **Consultant: Dr Jarvis**
- **Date/time: 05/04/2020 09.00hrs**
- **Who is calling: Mum – Sue Granger**
- **Contact Number: 06951 987432**
- **What treatment is the patient receiving? Post Matched Unrelated Donor (MUD) hematopoietic stem cell transplant (HSCT)**
- **When did the patient last have any treatment? 26/02/2020 Cyclophosphamide, Fludarabine, Alemtuzumab (CAMPATH). Total Body Irradiation 14.4 Gy in 8 fractions – completed 20/02/2020. Continues on Cyclosporin and recently weaned off oral prednisolone for Graft Versus host disease of the skin – Grade 11/111**
- **When was the patient last discharged/reviewed? 30/3/2020**
- **Have you called any other healthcare professional in the last 48 hrs? No**
- **Does the CYP have a CVL: Hickman Triple Lumen**
- **Does the CYP have a shunt/Ommayer reservoir/other medical device? No**

Information from telephone assessment

Toxicity/Problem	Details
Fever	No
Infection	No
Shortness of breath / difficulty breathing	Gasping when the pain comes on suddenly
Bleeding and/or Bruising	Think there may be some blood in the stool, but not sure
Neurosensory / Motor	No
Activity	Still building up activity and stamina post HSCT, but no new deterioration
Pain	Gripping lower abdominal cramps. Seems to be relieved by having bowels opened, but only for a while
Rash and / or infectious disease contacts	Dry skin from Graft versus host disease of the skin, but no new red areas. Skin is stable
Nausea, Eating and Drinking	Eating very small amounts only- not fancying anything as taste seems to have changed
Vomiting	No
Mucositis	No
Urinary output	Mum not sure about this
Diarrhoea	Watery bowel movement with some yellow slime. Lost count of how many times...approximately 5 or 6
Constipation	No
Other (please state)	Due back for OPA tomorrow & prophylactic Immunoglobulin therapy

RAG assessment and action

Advise ● Follow up/review ● Assess ● REMEMBER two or more amber = RED	Please document current medication	Please document significant medical history: (Include last FBC if known and date taken, and *detail of any recent calls)
Fever	Ciclosporin. Recently weaned off prednisolone for skin GVH.	Post matched unrelated donor (MUD) haematopoietic stem cell transplant (HSCT) 2 months ago. Katy is complaining of gripping abdominal pain and increased loose bowel movements. Mum thinks there may be some blood and 'slimy stuff' in the toilet too, but Katy not wanting her mum to look. Mum convinced that Katy has been on the toilet for most of the day. Blood count a week ago: WCC: 1.5; Hb: 115; N: 0.9; Plat: 120
Infection		
Shortness of breath / difficulty breathing		
Bleeding and / or bruising		
Neurosensory / Neuromotor		
Activity		
Pain		
Rash and / or infectious disease contacts		
Nausea, eating, drinking		
Vomiting		
Mucositis	Action taken / advice given:	
Urinary output	Scoring 'red' for 'diarrhoea' as (unknown amount). Advised to attend immediately. Mum called back to say Katy refusing to come back into hospital. Triage practitioner d/w HSCT team & called Katy on her personal mobile and talked through potential differential diagnoses and risk. Katy agreed to come in for assessment	
Diarrhoea		
Constipation		
Other (please state)	Attending for assessment at: PTC	Receiving team notified: Yes <input checked="" type="checkbox"/> N <input type="checkbox"/> Call end time: 09.30h

Outcome

Scoring red on Diarrhoea (as unknown amount) Advised to attend immediately

Mum calls back to say Katy refusing to come back into hospital

Triage practitioner D/W HSCT team & called Katy on her personal mobile and talked through potential differential diagnosis and risk and Katy agreed to come in for assessment.

Admitted and diagnosed with Acute Graft versus Host disease of Gut. Started on prednisolone and escalated to Methylprednisolone, IV Fluids and later TPN

Scenario 7

Dad rings to say Mimi started with a temperature this morning. As she is having immunotherapy parents have been taking her temp every 6 hours and giving paracetamol. At 10am temp was 37.4°C paracetamol given. Temp now 39.3°C

- **Patients Name: Mimi Fines**
- **Age: 2**
- **Diagnosis: Neuroblastoma Stage 4**
- **Male/Female: Female**
- **Consultant: Dr Bacup**
- **Date/time: 02/04/2020 11am**
- **Who is calling: Dad- Andy Fines**
- **Contact Number: 0151 222333**
- **What treatment is the patient receiving? Immunotherapy**
- **When did the CYP last have any treatment: Currently on a continuous Immunotherapy infusion, 2nd course**
- **What is the CYP temperature: 39.3°C**
- **When was the patient last discharged/reviewed? 30/3/2020**
- **Have you called any other healthcare professional in the last 48 hrs? No**
- **Does the CYP have a CVL: Yes, double lumen Hickman**
- **Does the CYP have a shunt/Ommayer reservoir/other medical device? No**

Information from telephone assessment

Toxicity/Problem	Details
Fever	39.3
Infection	Line site looks fine but has had previous line infections
Shortness of breath / difficulty breathing	No
Bleeding and/or Bruising	No
Neurosensory / Motor	No
Activity	Doesn't seem affected by temperature
Pain	No
Rash and / or infectious disease contacts	No
Nausea, Eating and Drinking	Has NG feeds as normal
Vomiting	No
Mucositis	No
Urinary output	OK
Diarrhoea	No
Constipation	No
Other (please state)	

RAG assessment and action

Advise ● Follow up/review ● Assess ● REMEMBER two or more amber = RED	Please document current medication	Please document significant medical history: (Include last FBC if known and date taken, and *detail of any recent calls)
Fever	On continuous immunotherapy via CVAD. This is the second course.	Mimi started with a temperature this morning. As she is having immunotherapy parents have been taking her temp every 6 hours and giving paracetamol. At 10am temp was 37.4C paracetamol given. Temp now 39.3C . Mimi seems otherwise fine. Assessment not completed as wanted Mimi to come to be assessed asap.
Infection		
Shortness of breath / difficulty breathing		
Bleeding and / or bruising		
Neurosensory / Neuromotor		
Activity		
Pain		
Rash and / or infectious disease contacts		
Nausea, eating, drinking		
Vomiting		
Mucositis	Action taken / advice given:	
Urinary output	Red score on temperature advised to attend immediately.	
Diarrhoea		
Constipation		
Other (please state)	Attending for assessment at: PTC	Receiving team notified: Yes <input checked="" type="checkbox"/> N <input type="checkbox"/> Call end time:

Outcome

Red score on temperature advised to attend immediately.

Mimi was not neutropenic. Temperatures initially thought to be due to the immunotherapy but after 24 hours a line infection was confirmed via microbiology

Scenario 8

Community Nurse Jones rings to say that she is at Elijah Smith's house. She has gone to take bloods pre chemo. Elijah has a single lumen external line (Hickman). Nurse Jones got a blood sample and managed to flush the line but it felt 'stiff'. Elijah has now vomited and is starting to shiver. Out-come written below in notes

- **Patients Name: Elijah Smith**
- **Age: 12**
- **Diagnosis: ALL**
- **Male/Female: Male**
- **Consultant: Dr Driver**
- **Date/time: 02/05/2020 14.00h**
- **Who is calling: CCN Jones**
- **Contact Number: 0181 333 444**
- **What treatment is the patient receiving? On maintenance chemotherapy**
- **When did the CYP last have any treatment: Currently on 100% maintenance chemo**
- **What is the CYP temperature: 36.7°C**
- **When was the patient last discharged/reviewed? 16/4/2020**
- **Have you called any other healthcare professional in the last 48 hrs? No**
- **Does the CYP have a CVL: Yes, single lumen external line**
- **Does the CYP have a shunt/Ommayer reservoir/other medical device? No**

Information from telephone assessment

Toxicity/Problem	Details
Fever	No
Infection	Shivering following line flush
Shortness of breath / difficulty breathing	No
Bleeding and/or Bruising	No
Neurosensory / Motor	No
Activity	Not feeling well at moment but had been fine before line flush
Pain	No
Rash and / or infectious disease contacts	No
Nausea, Eating and Drinking	No was eating and drinking fine
Vomiting	Immediately following line flush
Mucositis	No
Urinary output	OK
Diarrhoea	No
Constipation	No
Other (please state)	

RAG assessment and action

Advise ● Follow up/review ● Assess ● REMEMBER two or more amber = RED	Please document current medication	Please document significant medical history: (Include last FBC if known and date taken, and *detail of any recent calls)
Fever	On 100% maintenance chemotherapy.	Community Nurse Jones rang to say that she has just taken bloods from Elijah Smith's has a single lumen Hickman line. She got the blood sample and managed to flush the line but it felt 'stiff'. Elijah has now vomited and is starting to shiver. He was well when she arrived at the house, chatting, telling her about his recent school trip.
Infection		
Shortness of breath / difficulty breathing		
Bleeding and / or bruising		
Neurosensory / Neuromotor		
Activity		
Pain		
Rash and / or infectious disease contacts		
Nausea, eating, drinking		
Vomiting		
Mucositis	Action taken / advice given:	
Urinary output	Advised to bring straight to the unit for assessment. Parents refusing to wait for an ambulance as they are only '10 minutes' from the hospital, they are getting ready to leave as Nurse Jones on telephone.	
Diarrhoea		
Constipation		
Other (please state)	Attending for assessment at: PTC	Receiving team notified: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Call end time:

Outcome

Admitted as 'red' assessment for infection.

On admission Elijah was cool peripherally, rigoring and had a temperature of 38.5C. Fluid bolus and IVABs given. Blood cultures were positive within 6 hours.

Arrangements made for line removal ASAP.

Scenario 9

Seraj is complaining of a headache which hasn't settled with paracetamol. Uncle says mum is worried the tumour is coming back.

Out-come below in notes

- **Patients Name: Seraj Lutyens**
- **Age: 8**
- **Diagnosis: Medulloblastoma**
- **Male/Female: Male**
- **Consultant: Dr Livesey**
- **Date/time: 02/05/2020 11am**
- **Who is calling: Uncle Samuel Lutyens**
- **Contact Number: 0171 4444 555**
- **What treatment is the patient receiving? Proton beam therapy**
- **When did the CYP last have any treatment: Finished PBT last week in UK 26/04/2020**
- **What is the CYP temperature: 36.2**
- **When was the patient last discharged/reviewed? 26/4/2020**
- **Have you called any other healthcare professional in the last 48 hrs? No**
- **Does the CYP have a CVL: Yes, single Port**
- **Does the CYP have a shunt /Ommayer reservoir/other medical device? No**

Information from telephone assessment

Toxicity/Problem	Details
Fever	No
Infection	No
Shortness of breath / difficulty breathing	No
Bleeding and/or Bruising	No
Neurosensory / Motor	Seraj has some difficulty with walking since his surgery but Uncle doesn't think this has changed today.
Activity	Seraj is a lot quieter than he was before all of this happened but today he is similar; watching TV and laughing with his brothers.
Pain	Headache which started this morning and hasn't cleared with paracetamol. Seraj is still active (as above) but says his headache is 'bothering him'.
Rash and / or infectious disease contacts	No
Nausea, Eating and Drinking	No
Vomiting	No
Mucositis	No
Urinary output	OK
Diarrhoea	No
Constipation	No
Other (please state)	

RAG assessment and action

Advise ● Follow up/review ● Assess ● REMEMBER two or more amber = RED	Please document current medication	Please document significant medical history: (Include last FBC if known and date taken, and *detail of any recent calls)
Fever ✓ ● ●	None	Seraj's Uncle rang to say Seraj is complaining of a headache which has not settled with Paracetamol. Uncle reports that Seraj seems 'the same as usual' but Seraj says his headache is bothering him. It is 3 hours since he had paracetamol; advised to repeat this in 1 hour. Uncle says Mum is worried that the tumour is coming back.
Infection ✓ ● ●		
Shortness of breath / difficulty breathing ✓ ● ●		
Bleeding and / or bruising ✓ ● ●		
Neurosensory / Neuromotor ✓ ● ●		
Activity ✓ ● ●		
Pain ● ✓ ●		
Rash and / or infectious disease contacts ✓ ● ●		
Nausea, eating, drinking ✓ ● ●		
Vomiting ✓ ● ●		
Mucositis ✓ ● ●	Action taken / advice given:	
Urinary output ✓ ● ●	Seraj to stay at home at the moment but to ring back immediately if headache gets worse or other symptoms develop e.g. slurred speech, vomiting, alteration in limb functions or sensations. D/W registrar who is happy with this advise. Ring family tomorrow. Seraj to attend clinic in 2 days.	
Diarrhoea ✓ ● ●		
Constipation ✓ ● ●		
Other (please state) ● ● ●	Attending for assessment at: <input type="checkbox"/>	Receiving team notified: Yes <input type="checkbox"/> No <input type="checkbox"/> Call end time: <input type="text"/>

Outcome

Uncle to keep Seraj at home at the moment but to ring back immediately if the headache becomes more severe or other symptoms develop e.g. vomiting, slurred speech, alterations in any limb function or sensations.

D/W registrar on call who supported this advice.

Family rung the next day and Seraj improved although mum still worried.

Clinic appointment in 2 days which must be attended.

Scenario 10

Josh is on maintenance treatment for Acute Lymphoblastic Leukaemia and has been participating fully at school. He came home from school Friday feeling hot but didn't have a temperature. He went to bed as normal Friday night, but called his Mum to say he couldn't catch his breath when he got up to go to the toilet. Mum feels he looks pale a bit clammy and his breathing is settling now he is back in bed sitting upright. Out-come written below in notes

- **Patients Name: Joshua Peters**
- **Age: 10**
- **Diagnosis: Acute Lymphoblastic Leukaemia**
- **Male/Female: Male**
- **Consultant: Dr Livesey**
- **Date/time: 04.00hrs 03/04/2020**
- **Who is calling: Mum Sandra Peters**
- **Contact Number: 0946 709709**
- **What treatment is the patient receiving? Maintenance chemotherapy**
- **When did the CYP last have any treatment: Continues on 100% maintenance**
- **What is the CYP temperature: 37.7°C**
- **When was the patient last discharged/reviewed? 16/3/2020**
- **Have you called any other healthcare professional in the last 48 hrs? No**
- **Does the CYP have a CVL: Yes, single Port**
- **Does the CYP have a shunt/Ommayer reservoir/other medical device? No**

Information from telephone assessment

Toxicity/Problem	Details
Fever	Fever 37.7c
Infection	Looks clammy and a dry cough
Shortness of breath / difficulty breathing	Breathing fast, like a dog panting
Bleeding and/or Bruising	No
Neurosensory / Motor	No problem
Activity	The teacher reported to his Mum at home time that Josh had really struggled doing PE earlier in the day and had to sit out because he felt out of breath.
Pain	No
Rash and / or infectious disease contacts	No
Nausea, Eating and Drinking	No
Vomiting	No
Mucositis	No
Urinary output	OK
Diarrhoea	No
Constipation	No
Other (please state)	

RAG assessment and action

Advise ● Follow up/review ● Assess ● REMEMBER two or more amber = RED	Please document current medication	Please document significant medical history: (Include last FBC if known and date taken, and *detail of any recent calls)
Fever ● ● ●	Maintenance chemotherapy and co-trimoxazole	Josh is on maintenance treatment for ALL and has been participating fully at school. He came home from school today feeling warm but did not have a temperature. He went to bed as normal but called his mum saying he could not catch his breath when he went to the toilet. Mum thinks Josh looks pale and is a bit clammy but his breathing is settling now he is back in bed and sat upright. The teacher reported to mum at home time that Josh had struggled with PE earlier today and had to sit out because he felt out of breath.
Infection ● ● ●		
Shortness of breath / difficulty breathing ● ● ●		
Bleeding and / or bruising ● ● ●		
Neurosensory / Neuromotor ● ● ●		
Activity ● ● ●		
Pain ● ● ●		
Rash and / or infectious disease contacts ● ● ●		
Nausea, eating, drinking ● ● ●		
Vomiting ● ● ●		
Mucositis ● ● ●	Action taken / advice given:	
Urinary output ● ● ●	Several 'Ambers' so Mum advised to bring Josh for assessment asap.	
Diarrhoea ● ● ●		
Constipation ● ● ●		
Other (please state) ● ● ●	Attending for assessment at: PTC	Receiving team notified: Yes <input checked="" type="checkbox"/> N <input type="checkbox"/> Call end time: _____

Outcome

Scores amber on temperature, short of breath on exertion, infection, activity-came in for immediate assessment

FBC ok

Progressive shortness of breath- CXR & then CT Chest identified chest infection?
Pneumocystis Jerovecii Pneumonia

Required IV Co-trimoxazole, Oxygen therapy, Physio PICU review-but did not require admission to PICU

Discussion with Mum during admission about the importance of compliance with prophylaxis
Co-Trimoxazole

Scenario 11

Mum rings to say patient's bottle of mercaptopurine has smashed on the floor and it's gone all over her legs.

- **Patients Name: Frank Fisher**
- **Age: 6yrs**
- **Diagnosis: ALL**
- **Male/Female: Male**
- **Consultant: Dr Beaty**
- **Date/time: 03/02/2020 14.00**
- **Who is calling: Mum Verity Fisher**
- **Contact Number: 0191 111111**
- **What treatment is the patient receiving? Chemotherapy**
- **When did the CYP last have any treatment: Last dose of oral Mercaptopurine yesterday**
- **What is the CYP temperature: 36.5°C**
- **When was the patient last discharged/reviewed? 18/1/2020**
- **Have you called any other healthcare professional in the last 48 hrs? No**
- **Does the CYP have a CVL: Yes**
- **Does the CYP have a shunt/Ommayer reservoir/other medical device? No**

Information from telephone assessment

Toxicity/Problem	Details
Fever	No
Infection	No
Shortness of breath / difficulty breathing	No
Bleeding and/or Bruising	No
Neurosensory / Motor	No
Activity	No problem
Pain	No
Rash and / or infectious disease contacts	No
Nausea, Eating and Drinking	No
Vomiting	No
Mucositis	No
Urinary output	No
Diarrhoea	No
Constipation	No
Other (please state)	Yes

RAG assessment and action

Advise ● Follow up/review ● Assess ● REMEMBER two or more amber = RED	Please document current medication	Please document significant medical history: (Include last FBC if known and date taken, and *detail of any recent calls)
Fever	ALL 100% Maintenance	Mum rings to say patients bottle of mercaptopurine has smashed on the floor and its gone all over her legs. Frank is fine.
Infection		
Shortness of breath / difficulty breathing		
Bleeding and / or bruising		
Neurosensory / Neuromotor		
Activity		
Pain		
Rash and / or infectious disease contacts		
Nausea, eating, drinking		
Vomiting		
Mucositis	Action taken / advice given:	
Urinary output	Mum has already rinsed her legs thoroughly with running cool water. Advised to wear gloves and soak up any medication on the kitchen floor with absorbent kitchen towel, dispose in cytotoxic bin. Wash the area thoroughly with warm soapy water, dry with kitchen towel and dispose as previous. Pharmacist contacted to replace medicine, mum to collect today	Receiving team notified: Yes <input type="checkbox"/> No <input type="checkbox"/> Call end time: 14.10h
Diarrhoea		
Constipation		
Other (please state)		
	Attending for assessment at:	

Outcome

Mum came to collect more mercaptopurine for Frank. Spillage managed successfully.

Scenario 12

Aunty telephoned the Day Unit to say Lou has vomited four times, since waking this morning, she is not herself, not playing but is watching TV.

- **Patients Name: Louise Jensen**
- **Age: 3yrs**
- **Diagnosis: Brain tumour with VP Shunt**
- **Male/Female: Female**
- **Consultant: Dr Beadle**
- **Date/time: 08/04/2020**
- **Who is calling: Aunty who is baby-sitting for Louise and her older brother whilst her Mum and Dad have gone out to do some shopping together**
- **Contact Number: 08922 232 323**
- **What treatment is the patient receiving? Chemotherapy**
- **When did the CYP last have any treatment: 15 days ago 24/03/2020**
- **What is the CYP temperature: 36.5°C**
- **When was the patient last discharged/reviewed? Aunt not sure**
- **Have you called any other healthcare professional in the last 48 hrs? No**
- **Does the CYP have a CVL: Port a cath**
- **Does the CYP have a shunt/Ommayer reservoir/other medical device? Yes a shunt**

Information from telephone assessment

Toxicity/Problem	Details
Fever	No
Infection	No signs of infection
Shortness of breath / difficulty breathing	No
Bleeding and/or Bruising	No
Neurosensory / Motor	No problems
Activity	Not playing, just watching TV
Pain	No
Rash and / or infectious disease contacts	No
Nausea, Eating and Drinking	Eating and drinking a bit but no real appetite.
Vomiting	4 times this morning
Mucositis	No
Urinary output	OK
Diarrhoea	No
Constipation	No
Other (please state)	

RAG assessment and action

Advise ● Follow up/review ● Assess ● REMEMBER two or more amber = RED	Please document current medication	Please document significant medical history: (Include last FBC if known and date taken, and *detail of any recent calls)
Fever		Lou's Aunty telephoned to say Lou has vomited four times, since waking this morning, she is not herself, not playing but is watching TV. Not really interested in eating or drinking. Lou has got a VP shunt <u>insitu</u> . Aunty doesn't know how to check that.
Infection		
Shortness of breath / difficulty breathing		
Bleeding and / or bruising		
Neurosensory / Neuromotor		
Activity		
Pain		
Rash and / or infectious disease contacts		
Nausea, eating, drinking		
Vomiting		
Mucositis	Action taken / advice given:	
Urinary output	Advised to bring Lou in for assessment as she has scored several 'ambers'.	
Diarrhoea		
Constipation		
Other (please state)	Attending for assessment at: PTC	Receiving team notified: Yes <input checked="" type="checkbox"/> N <input type="checkbox"/> Call end time:

Outcome

Advised to bring Lou in for assessment as she has scored several 'ambers'.

Lou was assessed by the oncology team. Neurological examination OK, VP shunt working well. FBC OK. Probable viral infection. For review next week.

Scenario 13

A seven-year-old on treatment for ALL, parent concerned about a blotchy rash, otherwise well.

- **Patient Name: Jessica Johnson**
- **Age: 7 yrs**
- **Diagnosis: ALL**
- **Sex: Female**
- **Consultant: Dr Bacup**
- **Date/ time: 30/03/2020 14:00**
- **Who is calling: mum, Mrs Johnson**
- **Contact Number: 0191 282983**
- **What treatment is the patient receiving? Chemotherapy**
- **What did the patient last receive treatment: Completed intensification yesterday**
- **What is the patients temperature: 36.9°C**
- **When was the patient last discharged/reviewed? 29/3/2020**
- **Have you called any other healthcare professional in the last 48 hrs? No**
- **Does the CYP have a central line: Portacath**
- **Does the CYP have a shunt/ommayer reservoir/other medical device? No**

Information from telephone assessment

Toxicity/Problem	Details
Fever	No
Infection	No signs of infection
Shortness of breath / difficulty breathing	No
Bleeding and/or Bruising	No
Neurosensory / Motor	No problems
Activity	Has been playing out in the garden, running about with her brother.
Pain	No
Rash and / or infectious disease contacts	Rash on trunk – nowhere else. Has just appeared whilst Jess has been in the garden
Nausea, Eating and Drinking	No problems
Vomiting	No
Mucositis	No
Urinary output	OK
Diarrhoea	No
Constipation	No
Other (please state)	

RAG assessment and action

Advise ● Follow up/review ● Assess ● REMEMBER two or more amber = RED	Please document current medication	Please document significant medical history: (Include last FBC if known and date taken, and *detail of any recent calls)
Fever		Jess has just been playing out with her brother in the garden. She is absolutely fine in her self but has a blotchy rash on her tummy and some on her back. Not itchy. Finished intensification yesterday. Has been OK throughout that. Not on any new medications. No allergies known.
Infection		
Shortness of breath / difficulty breathing		
Bleeding and / or bruising		
Neurosensory / Neuromotor		
Activity		
Pain		
Rash and / or infectious disease contacts		
Nausea, eating, drinking		
Vomiting		
Mucositis	Action taken / advice given:	
Urinary output	As Jess is so well (all Green) mum advised to keep her at home but to ring back if Jess becomes unwell in any way. Advised to keep Jess in a cool room for a short while.	
Diarrhoea		
Constipation		
Other (please state)	Attending for assessment at: PTC	Receiving team notified: Yes <input checked="" type="checkbox"/> N <input type="checkbox"/> Call end time:

Outcome

As Jess is so well (all Green) mum advised to keep her at home but to ring back if Jess becomes unwell in any way. Advised to keep Jess in a cool room for a short while.

Scenario 14

Dad telephone to say his child, who was discharged from HSCT 3 days ago, now has viral symptoms – cough, congested nose and temperature 37.1°C.

- **Patient Name: Aaron Sidhu**
- **Age: 4yrs**
- **Diagnosis: Post HSCT for AML**
- **Sex: Male**
- **Consultant: Dr. Huddelstone**
- **Date/ time: 25/01/2020 14.00hrs**
- **Who is calling: Dad Mark Sidhu**
- **Contact Number: 02345 109 876**
- **What treatment is the patient receiving? Just had a stem cell transplant**
- **When did the patient last receive treatment: 6 weeks post chemo. Day +41**
- **What is the patients temperature: 37.1°C**
- **When was the patient last discharged/reviewed? 22/1/2020**
- **Have you called any other healthcare professional in the last 48 hrs? No**
- **Does the patient have a central line: Yes, Triple lumen Hickman**
- **Does the CYP have a shunt/Ommayer reservoir/other medical device? No**

Information from telephone assessment

Toxicity/Problem	Details
Fever	37.2c
Infection	No signs of infection - no chills, shivering or shaking episodes. Congested nose
Shortness of breath / difficulty breathing	No change in breathing pattern, no shortness of breath or chest pain. Cough
Bleeding and/or Bruising	No
Neurosensory / Motor	No change in mobility/function
Activity	No real change as post HSCT, so had low levels of activity for sometime
Pain	No evidence of pain
Rash and / or infectious disease contacts	Yes. Generalised red raised rash to trunk, hands and feet. Very itchy
Nausea, Eating and Drinking	No nausea, eating small amounts (as usual) and meeting fluid target.
Vomiting	No
Mucositis	No
Urinary output	OK
Diarrhoea	No diarrhoea
Constipation	No
Other (please state)	

RAG assessment and action

Advise ● Follow up/review ● Assess ● REMEMBER two or more amber = RED	Please document current medication	Please document significant medical history: (Include last FBC if known and date taken, and *detail of any recent calls)
Fever ✓ ● ●		Dad rang to say Aaron has viral symptoms-cough, congested nose and temperature 37.1C. He was discharged from HCST 3 days ago now. Generalised red raised rash to trunk, hands and feet. Very itchy.
Infection ✓ ✓ ●		
Shortness of breath / difficulty breathing ✓ ● ●		
Bleeding and / or bruising ✓ ● ●		
Neurosensory / Neuromotor ✓ ● ●		
Activity ✓ ● ●		
Pain ✓ ● ●		
Rash and / or infectious disease contacts ● ● ✓		
Nausea, eating, drinking ✓ ● ●		
Vomiting ✓ ● ●		
Mucositis ✓ ● ●	Action taken / advice given:	
Urinary output ✓ ● ●	Advised to attend asap as Aaron's rash is new and may be a flare up of GVHD.	
Diarrhoea ✓ ● ●		
Constipation ✓ ● ●		
Other (please state) ● ● ●	Attending for assessment at: PTC	Receiving team notified: Yes <input checked="" type="checkbox"/> N <input type="checkbox"/> Call end time: 14.15h

Outcome

Aaron advised to attend for review as possible flare up of GVHD.

Admitted and commenced IV methylprednisolone.

Scenario 15

Panicky call from Mum. Went into Peter's room this morning. He is not rousable. He is breathing but he is very pale and cold.

- **Patient Name: Peter Smith**
- **Age: 5yrs**
- **Diagnosis: ALL**
- **Sex: M**
- **Consultant: Dr Bacup**
- **Date/ time: 07/04/2020 07:00**
- **Who is calling: Mrs Janelle Smith**
- **Contact Number: 07873 698 976**
- **What treatment is the patient receiving? Chemotherapy**
- **When did the patient last receive treatment: 4 days ago**
- **What is the patient's temperature: Feels cold to touch**
- **When was the patient last discharged/reviewed?03/04/2020**
- **Have you called any other healthcare professional in the last 48 hours? No**
- **Does the patient have a central line: Yes**
- **Does the CYP have a shunt/Ommayer reservoir/other medical device? No**

Information from telephone assessment

Toxicity/Problem	Details
Fever	
Infection	Feels cold to touch
Shortness of breath / difficulty breathing	
Bleeding and/or Bruising	
Neurosensory / Motor	Unrousable
Activity	
Pain	
Rash and / or infectious disease contacts	
Nausea, Eating and Drinking	
Vomiting	
Mucositis	
Urinary output	
Diarrhoea	
Constipation	
Other (please state)	

RAG assessment and action

Advise ● Follow up/review ● Assess ● REMEMBER two or more amber = RED	Please document current medication	Please document significant medical history: (Include last FBC if known and date taken, and *detail of any recent calls)
Fever	● ● ●	Panicky call from Mrs Smith. Went into Peter's room this morning. He is not rousable. He is breathing but he is very pale and cold.
Infection	● ● ●	
Shortness of breath / difficulty breathing	● ● ●	
Bleeding and / or bruising	● ● ●	
Neurosensory / Neuromotor	● ● ●	
Activity	● ● ●	
Pain	● ● ●	
Rash and / or infectious disease contacts	● ● ●	
Nausea, eating, drinking	● ● ●	
Vomiting	● ● ●	
Mucositis	● ● ●	Action taken / advice given:
Urinary output	● ● ●	Advised mum to ring off and dial 999 immediately and request urgent ambulance.
Diarrhoea	● ● ●	State age of child and on active cancer treatment. Breathing but unresponsive and cold.
Constipation	● ● ●	2. Ambulance likely to take to closest A&E to child's home - will call ahead and make aware of background and contact details of medical team at PTC.
Other (please state)	● ● ●	Attending for assessment at: Local A&E of POSCU
		Receiving team notified: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		Call end time:

Outcome

1. Advised mum to ring off and dial 999 immediately and request urgent ambulance. State age of child and on active cancer treatment. Breathing but unresponsive and cold.
2. Ambulance likely to take to closest A&E to child's home - will call ahead and make aware of background and contact details of medical team at PTC.

Appropriate emergency action taken. Peter was stabilized in local A&E and transferred to Children's Hospital PICU by retrieval team. Remains unwell in PICU

Scenario 16

Mum brought Babitta up to clinic after school with visible hole in the blue lumen CVL. Babitta says she got her line caught in her coat zip this morning at play time.

- **Patient Name: Babitta Joshi**
- **Age: 6yrs**
- **Diagnosis: ALL**
- **Sex: Female**
- **Consultant: Dr Foster**
- **Date/ time: 01/04/2020 16.15hrs**
- **Who is calling: Drop-in clinic visit. Accompanied by Mum**
- **Contact Number: 01977 76439**
- **What treatment is the patient receiving? None**
- **When did the patient last receive treatment: Completed treatment 2 months ago and awaiting routine line removal**
- **What is the patient's temperature: 36.4°C**
- **When was the patient last discharged/reviewed? 2/3/2020**
- **Have you called any other healthcare professional in the last 48 hrs? No**
- **Does the patient have a central line: Yes – Single Lumen Hickman**
- **Does the CYP have a shunt/Ommayer reservoir/other medical device? No**

Information from telephone assessment

Toxicity/Problem	Details
Fever	No
Infection	Risk of infection as hole in line since the morning
Shortness of breath / difficulty breathing	No
Bleeding and/or Bruising	No
Neurosensory / Motor	No
Activity	Alert and active, been to school
Pain	No
Rash and / or infectious disease contacts	No
Nausea, Eating and Drinking	No
Vomiting	No
Mucositis	No
Urinary output	Ok
Diarrhoea	No
Constipation	No
Other (please state)	Damaged CVAD

RAG assessment and action

Advise ● Follow up/review ● Assess ● REMEMBER two or more amber = RED	Please document current medication	Please document significant medical history: (Include last FBC if known and date taken, and *detail of any recent calls)
Fever	✓ ● ●	Babitta's mum brought her straight to clinic after school with visible hole in her CVAD. Babitta says she got her line caught in her coat zip this morning at play time. No evidence of bleeding from the line. Babitta has finished treatment and is awaiting line removal.
Infection	✓ ● ●	
Shortness of breath / difficulty breathing	✓ ● ●	
Bleeding and / or bruising	✓ ● ●	
Neurosensory / Neuromotor	✓ ● ●	
Activity	✓ ● ●	
Pain	✓ ● ●	
Rash and / or infectious disease contacts	✓ ● ●	
Nausea, eating, drinking	✓ ● ●	
Vomiting	✓ ● ●	
Mucositis	✓ ● ●	Action taken / advice given:
Urinary output	✓ ● ●	Line double clamped above site of damage.
Diarrhoea	✓ ● ●	Surgeons contacted to check for earlier slot on line removal list. Fasted for theatre pending confirmation.
Constipation	✓ ● ●	Alternative to arrange for line repair if no slots available. Discuss antibiotic cover with medical in view of time for since damage to CVAD.
Other (please state)	● ● ●	Attending for assessment at: 1/4/2020 Receiving team notified: Yes <input type="checkbox"/> N <input type="checkbox"/> Call end time: N/A

Outcome

Admitted for line removal on emergency list. CVL removed in early hours of morning. Discharged later. Form completed and appropriate action taken.

Scenario 17.

Stephen's mum called clinic saying Stephen had a rash on his chest and back but seemed otherwise well. She described the rash as red, and some bits look like small blisters.

- **Patient Name: Stephen Lowry**
- **Age: 5yrs**
- **Diagnosis: ALL**
- **Sex: Male**
- **Consultant: Dr Andrews**
- **Date/ time: 12/08/2020 09.30h**
- **Who is calling: Amanda Lowry (Mum)**
- **Contact Number: 07775 696 075**
- **What treatment is the patient receiving? Chemotherapy**
- **When did the patient last receive treatment: On maintenance chemotherapy**
- **What is the patient's temperature: 36.7C**
- **When was the patient last discharged/reviewed? 6/8/2020**
- **Have you called any other healthcare professional in the last 48 hrs? No**
- **Does the patient have a central line: Yes – Single Port**
- **Does the CYP have a shunt/Ommayer reservoir/other medical device? No**

Information from Telephone Assessment

Toxicity/Problem	Details
Fever	No
Infection	No
Shortness of breath / difficulty breathing	No
Bleeding and/or Bruising	No
Neurosensory / Motor	Alert and responsive. Normal movements
Activity	Playing
Pain	No
Rash and / or infectious disease contacts	Red rash on chest, back and back of neck. Red and some spots look like small blisters
Nausea, Eating and Drinking	Had breakfast today and eating and drinking as normal
Vomiting	No
Mucositis	No
Urinary output	Normal
Diarrhoea	No
Constipation	No
Other (please state)	N/A

RAG Assessment and Actions

Advise ● Follow up/review ● Assess ● REMEMBER two or more amber = RED	Please document current medication	Please document significant medical history: (Include last FBC if known and date taken, and *detail of any recent calls)
Fever	100% ALL maintenance chemotherapy Co-Trimoxazole	In third year of A.L.L. treatment on maintenance. Very few notable side effects or events during treatment and no other significant medical history. Mum noticed Rash today on chest and back, and back of neck, which she describes as red and maybe with small blisters. Stephen appears otherwise well to her, eating, drinking, playing, normal bowel movements and no temperature. While on the call she says he looks like he's itching. No known contact with infectious diseases. Not had chicken pox before.
Infection		
Shortness of breath / difficulty breathing		
Bleeding and / or bruising		
Neurosensory / Neuromotor		
Activity		
Pain		
Rash and / or infectious disease contacts		
Nausea, eating, drinking		
Vomiting		
Mucositis	Action taken / advice given:	
Urinary output	No need for urgent attendance but this does need to be looked at today, as pattern of rash, blisters and itching could be chicken pox, and HSV status unknown at present. Mum can bring Stephen to clinic this afternoon, and knows to make receptionist aware on arrival that he could be infectious and needs isolating. Don't stand near other people in a queue to book in but catch someone's attention at the door if possible. If Stephen becomes unwell during the morning before planned review, she can call back or come up earlier but let us know first.	
Diarrhoea		
Constipation		
Other (please state)	Attending for assessment at: ANP drop in clinic at Oncology Out-patients	Receiving team notified: Yes <input checked="" type="radio"/> No <input type="radio"/> Call end time: 09.37

Outcome:

Seen in ANP drop-in clinic. No HSV status recorded in labs previously so bloods taken and started oral acyclovir. Discharged home with advice on managing symptoms and to call back if unwell, fever, not drinking, or Mum is worried.