Screening, Assessment and Management of Symptoms (SAMS)

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RT Educator, VIC
Agenda

- Purpose
- What is the SAMS project?
- What is ISAAC?
- What are SMG’s
- Benefits of Integrating ISAAC and SMG
- Where does RT fit in?
Project Purpose

- The purpose of the SAMS project is to **implement technology, processes and guidelines** into **nursing and self-identified disciplines** within the BC Cancer Agency that will result in **decreased symptom distress** by **empowering patients** to communicate their symptoms and by using a **consistent, systematic and evidence based** approach to managing these symptoms.
What is SAMS?

- Integration of two projects:
  - ISAAC – *Interactive Symptom Assessment & Collection*
  - SMG’s – *Symptom Management Guidelines*
ISAAC

- An electronic system used by patients and clinicians to help track and manage symptoms
- Aims to improve access to and delivery of care using evidence-based tools:
  - Edmonton Symptom Assessment System (ESAS)
    - Symptom screening
  - Palliative Performance Scale (PPS)
    - Functional assessment
Edmonton Symptom Assessment System (ESAS)

- Valid and reliable self-assessment tool developed in Edmonton
- Used internationally
- Assessment of nine common symptoms experienced by cancer patients:
- Numerical scale from 0 to 10

<table>
<thead>
<tr>
<th>Pain</th>
<th>Tiredness</th>
<th>Nausea</th>
</tr>
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<tbody>
<tr>
<td>Depression</td>
<td>Anxiety</td>
<td>Drowsiness</td>
</tr>
<tr>
<td>Appetite</td>
<td>Well-being</td>
<td>Shortness of breath</td>
</tr>
</tbody>
</table>
Symptom Management Guidelines

- The SMGs are intended to:
  - provide a structure for oncology nursing care by ensuring consistency, accuracy, completeness, and quality of practice regardless of clinical practice setting or a nurse’s individual background, education, and experience.
  - assist the nurse through the decision making process.
  - provide a consistent framework for symptom assessment, nursing intervention, and appropriate disposition of patients so that patients receive optimal nursing care.
Symptom Management Guidelines

- The SMGs have not been designed to:
  - replace critical thinking; rather, emphasize the importance of utilizing nursing clinical judgment in all patient care situations. Appropriate collaboration with other health care professionals is also paramount to ensure optimal patient care and safety
  - Accessed through BCCA website

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Benefits of integrating SMG’s and ISAAC

- ISAAC will help assess and prioritize the severity of symptoms as identified by the patients.
- SMG’s provide a consistent tool to manage the results produced by ISAAC.
- Increased patient safety.
Benefits of SAMS

- Giving patients voice
- Better (evidence based) and more focused (prioritized symptoms) patient care
- Articulated and more visible role for nurses in the patient care process
- Better interdisciplinary communication and interactions
- Better system accountability for patient distress whether that be related to the burden of disease or the toxicity of treatment
- Increased awareness and use of primary care and palliative care community resources
What does an SMG look like?
### Diarrhea Grading Scale

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
<th>First 24 Hours of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None, no change in baseline</td>
<td>Non-urgent, support and teaching as clinically indicated</td>
</tr>
<tr>
<td>1</td>
<td>Normal stools</td>
<td>Patient care and assessment, diet modification as indicated</td>
</tr>
<tr>
<td>2</td>
<td>Mild (mild)</td>
<td>Diarrhea management, fluid therapy, diet modification</td>
</tr>
<tr>
<td>3</td>
<td>Moderate (moderate)</td>
<td>Diet modification, fluid therapy, electrolyte replacement, stool frequency monitoring</td>
</tr>
<tr>
<td>4</td>
<td>Severe (severe)</td>
<td>Hospitalization, fluid and electrolyte replacement, gastrointestinal support</td>
</tr>
</tbody>
</table>

#### Management of Cancer-Related Diarrhea

**Special Considerations for Patients on Immunotherapy**

- **Early Onset Diarrhea**
  - Diarrhea occurring within 24 hours after administration of immunotherapy and can be managed
  - Early onset diarrhea is a common side effect of immunotherapy, often occurring within 24 hours of treatment.
  - Patients should be instructed to report any change in bowel habits or stool consistency.

- **Late Onset Diarrhea**
  - Diarrhea occurring after 24 hours post-treatment and may require more aggressive management.
  - Late onset diarrhea can be managed with anti-diarrheal medications, electrolyte replacement, and symptomatic treatment.

- **Pharmacological Management**
  - Prescribe anti-diarrheal medications as indicated by the severity of the diarrhea.
  - Fluid and electrolyte replacement via oral or intravenous routes may be needed.

- **Patient Education**
  - Explain the relationship between immunotherapy and diarrhea.
  - Inform patients about signs and symptoms that may require medical attention.

- **BCCA Resources**
  - BCCA Immunotherapy Side Effect Management.
  - BCCA diarrhea guidelines and resources.
  - Contact BCCA for additional support and resources.

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**BCCA Immunotherapy Side Effect Management**

- **Non-urgent**
  - Supportive care, teaching, and follow-up as clinically indicated.

- **Grade 1**
  - Early onset diarrhea is manageable with anti-diarrheal medications and fluid replacement.
  - Late onset diarrhea may require hospitalization and intravenous fluid therapy.

- **Grade 2**
  - Diarrhea is severe and may require parenteral nutrition or mechanical bowel diversion.

- **Grade 3**
  - Diarrhea is life-threatening, requiring intensive care and surgical intervention.

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**Follow-up**

- Patients should be re-assessed within 24 hours. If symptoms improve, provide further education on managing side effects.
- If symptoms persist, contact BCCA for additional support and resources.
- Non-urgent interventions may be necessary.

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**Possible Referrals**

- Oncology Referral Service (888-866-7551)
- Home Health Nursing
- Patient Support Center
<table>
<thead>
<tr>
<th>GRADE 1 &amp; GRADE 2 Diarrhea</th>
<th>GRADE 3</th>
<th>GRADE 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOT resolving after 24 hours</td>
<td>Persistent Grade 1 or 2</td>
<td>Presence of the following: T &gt; 38°C, acute abdominal pain (1/4 nausea or vomiting)</td>
</tr>
</tbody>
</table>

### URGENT:
Requires medical attention within 24 hours

#### Patient Care and Assessment
- Consult with physician:
  - To rule out other causes or concurrent causes of diarrhea or need for further patient assessment in an inpatient setting
  - If patient has Grade 3 or 4 diarrhea, patient may require treatment delay or readmission. Refer to specific chemotherapy protocol for specific direction:
- Lab tests that may be ordered:
  - Complete blood count (CBC) and electrolyte profile
  - stool analysis culture and sensitivity (C. diff, Salmonella, E. coli, Campylobacter), and/or parasitic stool, blood, WBC

#### Dietary Management
- Promote daily fluid intake of 10-12 glasses of clear fluids daily (e.g., water, sports drinks, broth)
- Encourage intake of low fat, low lactose diet (e.g., chicken, rice, cooked fruit and vegetables)
- The addition of solids may be incorporated into diet to help build stool consistency (e.g., applesauce, bananas, smoked oysters, carrots)
- Encourage frequent, small meals in a relaxed environment
- Avoid foods that may induce diarrhea or vomiting (e.g., spicy foods, fat foods, or any hot or cold foods or fluids, alcohol, caffeine, tea/coffee)
- Continue dietary recommendations until symptoms resolve
- If patient unable to tolerate adequate oral fluid intake, enteral supplementation with IV hydration to replace lost fluid and electrolytes may be required

#### Pharmacological Management
- Avoid discontinuation of any medications that may cause or exacerbate diarrhea (e.g., consultation with physician and pharmacist)
- Medications that may be prescribed:
  - Loperamide may be continued, continued at higher dose or may be discontinued for another agent
  - Oral antibiotics (e.g., metronidazole, tetracyclines, azithromycin)
  - Antispasmodics (e.g., diphenoxylate, loperamide)
  - Ondansetron

#### Skin Care Management
- Continue to promote skin care and protect skin integrity
  - Cleanse perianal area with warm water (54-58°C) after each bowel movement
  - Pat dry, do not rub
  - Moisturize barrier creams after each bowel movement
  - Encourage patient bathed with tepid water

#### Patient Education
- Provide education to patient and family members that diarrhea can be effectively managed with prompt intervention
- Encourage hand hygiene, wash hands and lab diagnostic testing with patient and family as appropriate
- Discharge planning as early as possible with patient/family

#### Possible Referrals
- Oncology Nutrition Services (dietician)
- Home Health Nursing
- Patient Support Center or Telephone Care for follow-up

### EMERGENT:
Requires IMMEDIATE medical attention

#### Patient Assessment
- Patients with Grade 3 or 4 diarrhea generally require admission to hospital. Notify physician of assessment, evaluate patient for readmission as necessary
- Consult with physician:
  - To rule out other causes or concurrent causes of diarrhea
  - To add chemotherapy until symptoms resolve, chemotherapy may be then delayed at a reduced dose. Refer to specific chemotherapy protocol for specific direction:
- Lab tests that may be ordered:
  - Complete blood count (CBC) and electrolyte profile
  - stool analysis culture and sensitivity (C. diff, Salmonella, E. coli, Campylobacter), and/or parasitic stool, blood, WBC

#### Dietary Management
- IV hydration to replace lost fluid and electrolytes
- Patients may require bowel rest and will be NPO
- Enteral or parenteral nutrition (TPN) may be indicated for some patients

#### Pharmacological Management
- Avoid discontinuation of any medications that may cause or exacerbate diarrhea (e.g., consultation with physician and pharmacist)
- Medications that may be prescribed:
  - Ondansetron
  - Oral antibiotics (e.g., metronidazole, tetracyclines, azithromycin)
  - Anti-emetic (oral or intravenous)
  - Antispasmodics
  - Systemic analgesics

#### Skin Care Management
- Continues to protect skin integrity and promotes skin care
  - Cleanse perianal area with warm water (54-58°C) after each bowel movement
  - Pat dry, do not rub
  - Moisturize barrier creams after each bowel movement
  - Encourage patient bathed with tepid water

#### Possible Referrals
- Oncology Nutrition Services (dietician)
- Home Health Nursing
- Pain and Symptom Management/Palliative Care (PShMPC)
Where does RT fit in?

- RT Toxicity documents have been updated to include RT related aspects of SMG’s
- Includes information on:
  - Assessment
  - Patient education
  - Follow-up
## RT Toxicity

### Female Pelvis

**RT Toxicity Assessment (NCI CTCAE v.3.0) & Care Pathway**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
<th>Action</th>
<th>Symptom Assessment</th>
<th>Management Guidelines</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Increase of &lt;4 stools per day over baseline; mild increase in ostomy output compared to baseline</td>
<td>Review Low Fiber Diet; Refer to Clinic 6: Dietitian</td>
<td>What are your normal bowel habits?</td>
<td>Promote daily fluid intake of 10-12 glasses of clear fluids daily (e.g., water, sports drinks, broth).</td>
<td>Instruct patient/family to call back if symptoms not resolved in 24 hours</td>
</tr>
<tr>
<td>2</td>
<td>Increase of 4+ stools per day over baseline; IV fluids indicated &lt;2/4L; moderate increase in ostomy output compared to baseline, not interfering with ADL</td>
<td>Consult Nutrition Counsel; Refer to Clinic 6: IV Hydration Medication</td>
<td>When did diarrhea begin?</td>
<td>Encourage intake of a low fat, low fiber, low lactose diet (e.g., chicken white rice, cooked fruit and vegetables).</td>
<td>Document assessment, intervention, and follow-up plan</td>
</tr>
<tr>
<td>3</td>
<td>Increase of 2+ stools per day over baseline; IV fluids not indicated; hospitalization; severe increase in ostomy output compared to baseline, interfering with ADL</td>
<td>Refer to Clinic A: Assessment Admission</td>
<td>How many bowel movements in the last 24 hours?</td>
<td>Avoid food or fluids that may make diarrhea worse (e.g., spicy foods, fried foods, or very hot or cold foods or fluids, alcohol, caffeine, tobacco).</td>
<td>Communicate to health care team as appropriate</td>
</tr>
<tr>
<td>4</td>
<td>Life-threatening consequences (e.g., hemodynamic collapse)</td>
<td>Refer to Clinic A: Assessment Admission</td>
<td>Describe your last bowel movement (e.g., with blood or mucus? Consistency loose or watery?), Volume (large or small amounts?), Odor.</td>
<td>Cleanse perianal skin with warm water (±mild soap) after each stool. Pat dry, do not rub.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Death</td>
<td></td>
<td>Have you been experiencing any</td>
<td>Encourage sitting bath as tolerated with bidet water</td>
<td></td>
</tr>
</tbody>
</table>

- **Skin breakdown around your rectum (or colostomy)**
- **Are you able to keep fluids down? What are you drinking? How much?**
Challenges

- Not all SMG’s are included in our RT Toxicities!

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Challenges

- Not all RT Toxicities have a SMG

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<th>SMG 2</th>
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<tr>
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<td>Pruritis</td>
<td>Ulceration</td>
</tr>
<tr>
<td>Dysphagia</td>
<td>Cough</td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td>Confusion</td>
<td></td>
</tr>
<tr>
<td>Urinary frequency</td>
<td>Urinary retention</td>
<td>Dehydration</td>
</tr>
<tr>
<td>Vaginitis</td>
<td></td>
<td></td>
</tr>
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Benefits of RT’s participating

- Consistent assessment of patients
- Consistent information provided to patients
- Consistent language across disciplines
- Tools will assist with training of student RT’s
Acknowledgements

- This project has been made possible in part through a financial contribution from Health Canada through the Canadian Partnership Against Cancer - Cancer Journey Advisory Group