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18 January 2023

Ms Sofia Hajdari
Court Administration Officer
Coroners Court of Victoria
65 Kavanagh Street
Southbank VIC 3006

Dear Ms Hajdari

Re: Investigation into the death of Heather Lucas COR 2020 001584

I write as follow up to your letter dated 20 October 2022, in which you requested a written response to the recommendations made by the Coroner.

A statement from Ms Sue Williams, Chief Executive, Cabrini Health is enclosed which addresses the information requested.

The following documents are also enclosed, and which are referenced in Sue Williams' letter:

a) Cabrini policy on 'Rechallenge of Antineoplastic Agents' (Appendix A), and
b) Patient Assessment Tool – Infusion Treatment of Day Oncology MR 002F-05 (Appendix B)

I trust that the information provided is sufficient to address the Coroner's recommendations.

Please do not hesitate to contact me if you require any further information.

Yours sincerely

M. Gordon

Melanie Gordon
Clinical Risk Manager
Cabrini Health

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Southbank VIC 3006

Dear Ms Hajdari

Re: Investigation into the death of Heather Lucas COR 2020 001584

Following the incident and recommendations from the coroner, Cabrini has completed a thorough review and revision of our policy on 'Rechallenge of Antineoplastic Agents'. We believe this revised policy now reflects best practice, is reliant on the Peter MacCallum clinical guideline on 'Rechallenge of Anti-cancer Agents' and is aligned with the US National Cancer Institute (NCI) guidelines.

The redrafted policy has been accepted and implemented by the Infusion Centre unit managers at our Brighton and Malvern campuses, and the head of our Oncology service. The policy is currently being considered for formal endorsement by the wider Oncology Medical Craft Group.

Cabrini has engaged our Director of Clinical Education to ensure all staff affected by these changes in policy and process understand the changes and are educated on the impact on their practice.

I provide the following response to the coroner's specific recommendations.

a. **Cabrini Health review the grading scale utilised in the Platinum Hypersensitivity Reaction Guideline and consider implementing a recognised scale includes reference to more detailed signs and symptoms for each grade so as to facilitate a more accurate assessment of any reaction and grading with a view to reducing the possibility of underestimation of severity of assessment.**

Cabrini has reviewed the literature on grading scales to classify reactions to chemotherapeutic medications.

This has identified the Cancer Therapy Evaluation Program from the US National Cancer Institute (NCI) grading scale for Common Toxicity Criteria, Version 2.0 (dated June 1, 1999).

0 = No adverse event or within normal limits
1 = Mild adverse event
2 = Moderate adverse event
3 = Severe and undesirable adverse event
4 = Life-threatening or disabling adverse event
5 = Death related to adverse event

This numeric scale has the following explanations, and these have been incorporated into Cabrini policy on 'Rechallenge of Antineoplastic Agents'.

Grade 1	Mild transient reaction; infusion interruption not indicated; intervention not indicated.
Grade 2	Therapy or infusion interruption indicated but responds promptly to symptomatic treatment (eg, antihistamines, NSAIDs, narcotics [opioids], intravenous fluids); prophylactic medication indicated for less than or equal to 24 hours.
Grade 3	Prolonged (eg, not rapidly responsive to symptomatic medication and/or brief interruption of infusion); recurrence of symptoms following initial improvement; hospitalization indicated for other clinical sequelae.
Grade 4	Life-threatening consequences; urgent intervention indicated.
Grade 5	Death.

As the Coroner notes, these descriptors do not provide detailed signs and symptoms that would allow clinical staff to consistently assign a category of reaction.

To meet this requirement Cabrini has adopted the hypersensitivity reaction descriptors from the Peter MacCallum clinical guideline.

NCI Grade 1-2: Mild to Moderate Reaction	**NCI Grade 3-5: Severe Reaction**
Pruritus Facial flushing Erythematous or urticarial rash Palmar erythema Abdominal cramping Oedema of infusion arm Anxiety Diarrhoea	Anaphylaxis or anaphylactoid reaction Bronchospasm Facial/ tongue oedema Angina or chest pain Tachycardia Respiratory arrest Seizures Acute Rigors Dyspnoea Hypotension Hypertension Extensive erythroderma or hives

b. Cabrini Health review their procedures to ensure that when a patient undergoes 're-challenge' that an appropriately qualified, trained and equipped medical practitioner is at the bedside at least for administration of the drug and for a period within which any adverse reaction would be expected to manifest taking into account that any patient who has previously experienced grade 2 or greater reactions will not be re-challenged.

Cabrini's revised policy requires that all rechallenges following a mild to moderate reaction (NCI Grade 1 - 2) are undertaken at our Malvern Infusion Centre. This will ensure there is an appropriately qualified, trained and equipped medical practitioner at the bedside at least for administration of the drug and for a period within which any adverse reaction would be expected to manifest.

The policy incorporates the process for referral and arrangement for rechallenge.

c. Cabrini Health review its record keeping processes and procedures including the Adverse Drug Reaction System and ensure that all adverse drug reactions are recorded in a timely fashion on all databases, written and electronically held including in the patient's medical record that are accessible by clinical staff and explicitly considered before any re-challenge.

Cabrini has reviewed the process and location for recording adverse drug reactions.

At present these reactions can be independently recorded in the patient admission system (WebPAS), the medication management system (MedChart), the chemotherapy management system (CHARM) and on the patient's physical medical record.

Cabrini has determined that the medication management system should be the source of truth for adverse drug reaction recording.

We have worked with our application supplier (Dedalus) to design a new interface between our various applications, which will ensure that the allergy information is entered in MedChart and this information will be displayed on WebPAS screens. This is a significant update, planned for implementation in July 2023. We continue to work on an interface between MedChart and CHARM.

Processes have been implemented to ensure the physical medical record reflects what is recorded in MedChart.

d. The Patient Assessment Tool – Day Oncology tool be amended to allow explicit recording of allergic reactions so that staff are not required to only rely on a patient informing them of a previous allergic reaction.

Following the death of Mrs Lucas and Cabrini's subsequent review of its forms and policies, the Patient Assessment Tool – Day Oncology (Appendix B) was amended to allow explicit recording of allergic reactions.

In the “Allergy List” section the form now includes the questions:

Reaction to any previous therapy

Have you had a previous reaction to the prescribed chemotherapy treatment? Has your doctor discussed reactions to therapy and the possible need for rechallenge?

e. Cabrini Health implement these processes and procedures across all its campuses.

The revised policy and updated IT applications will be implemented across both Malvern and Brighton campuses where our chemotherapy patients receive treatment.

I wish to thank the Coroner for providing the opportunity to respond to these recommendations.

Yours Sincerely

Sue Williams
Chief Executive Officer

Appendix A

TITLE	Platinum Agents: Acute Reaction Management & Rechallenge Guideline
TARGET AUDIENCE	Medical, Nursing and Pharmacy
SCOPE	All Cabrini staff involved in the treatment of a patient who has experienced an infusion or hypersensitivity reaction to antineoplastic agents – particularly platinum agents.

CONTENTS

PURPOSE

This guideline provides guidance to clinical staff for rechallenging of patients following infusion or hypersensitivity reactions to platinum agents. It has been adapted from the *Peter MacCallum Cancer Centre Rechallenge of Anti-Cancer Agents (clinical guideline)*.

For Management of Anaphylactic Reactions see *Management and Reporting of Anaphylaxis available on PROMPT*. For acute management of infusion related/ hypersensitivity reactions see Acute Management in this document.

DEFINITIONS

Rechallenge:
To treat a patient with an agent after they have experienced a reaction (of any grade) to the agent.1,2

Infusion Reaction:
Infusion reactions can be caused by all antineoplastic agents. Infusion reactions are often referred to as hypersensitivity reactions, however, not all infusion reactions have a true immunologic mechanism.

Hypersensitivity Reaction:
Hypersensitivity is defined as a state of altered reactivity where the body reacts with an exaggerated or inappropriate immune response to what is perceived to be a foreign substance.

Anaphylaxis:
Anaphylaxis is characterized by an acute inflammatory reaction resulting from the release of histamine and histamine-like substances from mast cells, causing a hypersensitivity immune response typically mediated by immunoglobulin E (IgE).

Grading of Infusion Reactions:
National Cancer Institute, Common Terminology Criteria for Adverse Events (CTCAE).

Grade 1	**Grade 2**	**Grade 3**	**Grade 4**	**Grade 5**
Mild to Moderate Reactions *Responds promptly to symptomatic management*		**Severe Reactions** *Prolonged or recurrent symptoms*		
Mild transient reaction; infusion interruption not indicated; intervention not indicated	Therapy or infusion interruption indicated but responds promptly to symptomatic treatment (eg, antihistamines, NSAIDs, narcotics [opioids], intravenous fluids); prophylactic medication indicated for less than or equal to 24 hours	Prolonged (eg, not rapidly responsive to symptomatic medication and/or brief interruption of infusion); recurrence of symptoms following initial improvement; hospitalization indicated for other clinical sequelae	Life-threatening consequences; urgent intervention indicated	Death

Typical Signs and Symptoms	**Typical Signs and Symptoms**
Pruritus	Anaphylaxis or anaphylactoid reaction
Facial flushing	Bronchospasm
Erythematous or urticarial rash	Facial/ tongue oedema
Palmar erythema	Angina or chest pain
Abdominal cramping	Tachycardia
Oedema of infusion arm	Respiratory arrest
Anxiety	Seizures
Diarrhoea	Acute Rigors
Mild Fever	Dyspnoea
Muscular pain	Hypotension
	Hypertension
	Extensive erythroderma or hives

The clinical features of anaphylaxis and standard infusion reactions overlap; however, certain signs and symptoms are highly suggestive of anaphylaxis: urticaria, repetitive cough, wheeze, throat tightness/change in voice, and hypotension.
Fever and prominent muscular pain are NOT features of anaphylaxis, and the presence of these signs and symptoms suggests the reaction is a standard infusion reaction.

Oxaliplatin may cause Laryngopharyngeal dysesthesia which can be confused with bronchospasm.
Laryngopharyngeal dysesthesia typically occurs on exposure to the cold/ changes in temperature during or within 48 hrs following treatment with oxaliplatin.
This reaction may cause the patient to have subjective sensations of difficulty swallowing or breathing without objective evidence of laryngopharyngeal dysfunction or respiratory distress.

<table>
<tr><th>CTCAE Grade</th><th colspan="2">Acute Management of Reactions to Platinum Agents</th></tr>
<tr><td>Grades 2-4</td><td>NURSING
Immediately stop infusion
Place patient in recumbent position
Administer oxygen
Monitor vital signs frequently
Notify medical team
Administer hydrocortisone and promethazine per PRN order</td><td>MEDICAL
Suggested PRN Orders:
Hydrocortisone 250mg IV
Promethazine 12.5mg IV</td></tr>
<tr><td>Grade 1</td><td colspan="2">Continued observation until event fully settles
Consider rechallenge with slower infusion rate and increased premedications
If reaction recurs, abandon treatment</td></tr>
<tr><td>Grade 2</td><td>NURSING
Notify medical team
Administer nebulised salbutamol, hydrocortisone and promethazine per PRN order
If unable to contact medical team in a timely manner, initiate MET call.</td><td>MEDICAL
If symptoms not settling in 30 min,
Suggested PRN orders:
IV hydrocortisone 100mg
IV promethazine 12.5mg
Abandon treatment</td></tr>
</table>

Grades 3-4	NURSING • Initiate MET call • IM Adrenaline (epinephrine) 1:1000 0.5 mL (ADMINISTER IMMEDIATELY) – requires medical order • Administer nebulised salbutamol **BRIGHTON** • If inadequate response call 000 to initiate transfer to ICU.	NURSING MEDICAL /MICA PARAMEDIC • If inadequate response or deterioration consult with medical staff and start an intravenous adrenaline infusion (with specialist supervision): *Mix 1 mL of 1:1000 adrenaline in 1000 mL of normal saline. Start infusion at 5 mL/kg/hour (0.1 microgram/kg/min) and titrate rate according to response. Monitor continuously.* • If adrenaline (epinephrine) is ineffective at resolving upper airway obstruction, administer nebulised adrenaline (5 mL, i.e. 5 ampoules of 1:1000) and intubate. • For persistent hypotension/shock, give normal saline (maximum 50 mL/kg in the first 30 min) and intravenous glucagon bolus of 1–2 mg in adults. This may be repeated or followed by an infusion of 1–2 mg/hour in adults • Transfer to Intensive Care • Define a frequency of observations

POLICY

The reported or documented history of an infusion reaction does not prohibit the rechallenge of the offending agent (unless specified). Rechallenge should be guided by the severity, grade and features of the previous reaction and must be undertaken under medical supervision at Malvern.

Rechallenges following Severe Reactions (Grade 3 – 5) to platinum compounds must not be undertaken. Rechallenges following Grade 2 reactions must be carefully considered by the treating oncologist to evaluate the benefit of continuing treatment and available alternatives.

Documentation

All adverse drug reactions are to be recorded in a timely fashion on all databases, written and electronically held, including in the patient's medical record that are accessible by clinical staff as per the 'Patient Allergies and Adverse Drug Reactions' Policy. This includes:

- CHARM
- PAS
- Med Chart (where applicable)
- RiskMan
- Medical Record (Allergy and ADR Clinical Alert Divider)
- Suspected Adverse Drug Reaction (ADR) Notification form MR065D

All documented reactions must be explicitly considered before any re-challenge.

Platinum Rechallenge - Bookings

A rechallenge to a platinum agent must be performed within the infusion centre at the Cabrini Malvern campus where an appropriately qualified, trained and equipped medical practitioner must be at the bedside at least for administration of the drug and for a period within which infusion reactions are likely to occur (typically 30 minutes).

Rechallenges to other antineoplastic agents (e.g. Taxanes, Monoclonal Antibodies and Aspariginase products) should be considered on a case by case basis and performed at either campus (Malvern or Brighton) at the discretion of the referring oncologist. Where escalation of medical support is required, rechallenge at Malvern rather than Brighton is recommended.

1. The referral must clearly indicate that treatment is for rechallenge – the grade of the previous reaction (e.g. PHx CTCAE Grade 1) should be outlined on the referral that is sent to the infusion centre at Cabrini Malvern
   Ph: 9508 1821 Fax: 95081957
2. It must be made clear at the time of booking that the infusion will be a rechallenge to ensure sufficient staff (medical and nursing) will be available to supervise and observe the patient.
3. Any extra requirements (e.g. extended infusion times, pre-medications, scalp cooling, increased observations) must be communicated with the Malvern Infusion Centre (Day Oncology) in advance.

Responsibilities

Nursing staff:

- Upon admission for the infusion of antineoplastic agents, each patient must be interviewed by the infusion nurse to identify any history of suspected or known allergies or infusion reactions.
- The infusion nurse is to cross check the patient reported allergies and/or reaction history in all relevant manual and electronic health management systems including CHARM, PAS and the Medical Record (Allergy & ADR Clinical Alert Divider).
- All identified allergies or reactions must be documented in the MR 002F-05 (Patient Assessment Tool –Infusion Treatment/ Day Oncology) which is to be filed in the patients 'medical record.
- If there is a discrepancy in the reported and documented allergy/ reaction history that the prescribing doctor should be notified.

Medical Staff:

- Prior to prescribing or pursuing rechallenge of antineoplastic agents the prescriber must consider all information available to them to determine whether it is appropriate for the patient. It is expected that relevant systems (CHARM, PAS, MedChart, Medical Record) are checked for any allergies or reactions.
- Ensure informed consent is explicitly obtained for the purpose of rechallenge to the specific agent, outlining all risks and alternatives. Evidence of informed consent must be documented in the medical record and an encounter note placed in CHARM.

- Record any suspected or known adverse infusion reactions in the CHARM Chemotherapy prescribing system and other systems as described under documentation section above.
- Where appropriate the responsible doctor should also complete a
    - Suspected Adverse Drug Reaction (ADR) Notification MR065D
    - Therapeutic Goods Administration (TGA) Reaction Reporting Form
- Where appropriate a Resuscitation Plan MR004 should be completed by treating Doctor
- In the event of a rechallenge, an appropriately qualified and equipped medical practitioner must be present at the bedside. This may be the treating doctor or delegated to another physician or an advanced trainee familiar with the rechallenge protocol.
- Medical staff to complete CHARM chart and document appropriate premedications for administration to minimise reaction as indicated in section 1 under individual platinum agents.

1. PLATINUM COMPOUNDS

1.1 Introduction

Infusion reactions including hypersensitivity and anaphylactic reactions have been reported with the platinum containing compounds Carboplatin, Cisplatin and Oxaliplatin. The most common drug to cause hypersensitivity reaction is Carboplatin. The risk of hypersensitivity is increased in patients who have had previous treatment with a platinum agent and with multiple doses or cycles of the same platinum agent but can still rarely occur during or after the initial dose. Cross sensitivity is seen, but is not absolute and with appropriate precautions, patients experiencing a hypersensitivity reaction to one platinum agent have tolerated another

Onset and Risk Factors

- Patients who have had a previous platinum reaction.
- Both anaphylaxis and infusion related reactions usually occur during, or within a few hours of administration. Platinum reactions characteristically occur within minutes of commencing the infusion.
- Numbers of prior cycles of platinum and cumulative dose of platinum are the major risk factors for development of platinum allergic reaction.

1.2 Carboplatin

Patient groups at higher risk for reactions to carboplatin include individuals who have had multiple infusions with carboplatin, with relapsed disease, those with BRCA mutations, and children with brain tumours.

Carboplatin: Rechallenge

Severe Reaction (CTCAE grades 3-4)
The manufacturer does not recommend the use of carboplatin following hypersensitivity or severe allergic reaction with carboplatin or other platinum containing compounds (e.g. cisplatin).

1. If clinically appropriate, patients should be changed to alternate agent/s (other than a platinum agent)
2. Consult with the patient's consultant to agree on a plan

Ensure hypersensitivity reaction is documented as an allergy/adverse drug reaction as outlined in documentation section above.

Mild to Moderate Reaction (CTCAE grades 1-2)
Consider whether continued treatment on the same day is appropriate or retreatment on a future date.

1. Consult with the patient's consultant to agree on plan depending on severity of reaction
2. Prophylactic corticosteroid and antihistamine use is recommended for further dosing –
   A *suggested* protocol includes*:*
   - Oral loratidine 10 mg/day for 3 days prior to infusion + dexamethasone 4 mg bd for 1 to 3 days prior to infusion
   - IV hydrocortisone 100 mg on the day of infusion

- Oral Nizatidine 150 mg 30 minutes prior to commencement of Carboplatin
- IV /oral promethazine 25 mg 30 minutes prior to commencement of Carboplatin

3. Consider increasing the administration time to 3 hours, instead of the usual 30 minutes

Ensure hypersensitivity reaction is documented as an allergy/adverse drug reaction as outlined in documentation section above.

1.3 Cisplatin

Patient groups at higher risk for reactions to carboplatin include individuals who have had multiple infusions with carboplatin, with relapsed disease, those with BRCA mutations, and children with brain tumours.

It should also be noted that Cisplatin is associated with nephrotoxicity and strategies to prevent nephrotoxicity in patients must also be considered. Risk factors for nephrotoxicity with cisplatin include high doses of cisplatin, previous exposure to cisplatin and pre-existing kidney damage.

Cisplatin: Rechallenge

Severe reaction (CTCAE grades 3-4)
The manufacturer does not recommend rechallenging cisplatin following hypersensitivity reaction with cisplatin or any other platinum containing compounds.

1. Consideration may be given to substitution with alternate agents, other than platinum agents
2. Occasionally patients who experienced anaphylactic reactions have been safely re-treated with cisplatin following pre-treatment with corticosteroids and / or antihistamines; however such prophylaxis is not uniformly effective in preventing recurrence and hence is not recommended following a severe reaction.

Ensure hypersensitivity reaction is documented as an allergy/adverse drug reaction as outlined in documentation section above.

Mild to Moderate Reaction (CTCAE grades 1-2)
Consider whether continued treatment on the same day is appropriate or retreatment on a future date.

1. Consult with the patient's consultant to agree on plan depending on severity of reaction
2. Prophylactic corticosteroid and antihistamine use is recommended for further dosing
3. A suggested protocol at includes:
    - Oral loratidine 10 mg/day for 3 days prior to infusion +/- dexamethasone 4 mg bd for 3 days prior to infusion
    - IV hydrocortisone 100 mg on the day of infusion
    - Oral Nizatidine 150 mg 30 minutes prior to commencement of cisplatin
    - IV /oral promethazine 25 mg 30 minutes prior to commencement of cisplatin

Ensure hypersensitivity reaction is documented as an allergy/adverse drug reaction as outlined in documentation section above.

1.4 Oxaliplatin

As with other platinum agents, the incidence of a reaction to the agent Oxaliplatin increases with multiple cycles or repeated courses of treatment.

Acute Laryngopharyngeal dysesthesia, is a common side-effect of Oxaliplatin (but no other platinum agent), occurring to some degree in greater than 30% of patients and in severe form in 1-2%. The manufacturer suggests that extending subsequent infusion times from 2 to 6 hours to reduce toxicity.

Oxaliplatin: Rechallenge

Severe Reaction (CTCAE grades 3-4)
The manufacturer states the use of oxaliplatin is contraindicated in patients with history of severe reaction or hypersensitivity reaction to oxaliplatin any of the excipients or other platinum compounds.

Ensure hypersensitivity reaction is documented as an allergy/adverse drug reaction as outlined in documentation section above.

Mild to Moderate Reaction (CTCAE grades 1-2)
Consider whether continued treatment on the same day is appropriate or retreatment on a future date.

1. Consult with the patient's consultant to agree on plan depending on severity of reaction
2. Prophylactic corticosteroid and antihistamine use is recommended for further dosing
3. A suggested protocol includes:
    - Oral loratidine 10 mg or IV promethazine 25 mg 30 minutes prior to infusion
    - IV hydrocortisone 100 mg 30 minutes prior to infusion

Ensure hypersensitivity reaction is documented as an allergy/adverse drug reaction as outlined in documentation section above.

EVALUATION
- RiskMan
- Clinical Audit

REVIEW
Review required every 2 years

REFERENCES and ASSOCIATED DOCUMENTS
Cabrini Policies Procedures and Protocols
Patient Allergies and Adverse Drug Reactions
Management and Reporting of Anaphylaxis
Standing Order-Anaphylaxis – Adrenaline (epinephrine) Auto-Injector
Recognising and Responding to Acute Deterioration
Resuscitation Plan
Patient Consent form
Adverse Drug Reaction (Patient information form)
Medication Rechallenge (Patient information form)
Advanced Care Directives

Appendix A

Key Legislation and Standards

Australian Commission on Safety and Quality in Health Care (ACSQHC). (2019). National Safety and Quality Health Service Standards (Second edition): Recognising and Responding to Acute Deterioration.

Australian Commission on Safety and Quality in Health Care (ACSQHC). (2019). National Safety and Quality Health Service Standards (Second edition): Medication Safety

References

1. Peter MacCullum Cancer Centre (2017) Rechallenge of Anti-cancer Agents Clinical Guideline.
2. Castells M.C, Matulonis U.A & Horton T.M (2022) Infusion Reactions to Systemic Chemotherapy. Drews R.E, Adkinson N , Savarese D & Feldweg A (Eds) *UpToDate*. Available from https://www.uptodate.com/contents/infusion-reactions-to-systemic-chemotherapy#H24
3. Common Terminology Criteria for Adverse Events (CTCAE) Version 5.0. U.S. Department of Health and Human Services: National Institutes of Health & National Cancer Institute; 2017 https://ctep.cancer.gov/protocoldevelopment/electronic_applications/docs/CTCAE_v5_Quick_Reference_8.5x11.pdf
4. Laryngopharyngeal dysaesthesia associated with Oxaliplatin [Internet]. eviQ. NSW Government Cancer Institute; 2022 [cited January 2023]. Available from: https://www.eviq.org.au/clinical-resources/side-effect-and-toxicity-management/oropharyngeal/1735-laryngopharyngeal-dysaesthesia-associated-wit
5. DBL Carboplatin® (carboplatin). Australian approved product information. Pfizer Pty Ltd [Internet]. Date of TGA approval or last amendment 29/08/22 [cited December 2022] https://www.ebs.tga.gov.au/ebs/picmi/picmirepository.nsf/pdf?OpenAgent&id=CP-2011-PI-03554-3&d=20221228172310101
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7. DBL Oxaliplatin® (oxaliplatin). Australian approved product information. [Internet]. Pfizer Australia Pty Ltd. Date of TGA approval or last amendment 04/04/2022 [cited December 2022]. https://www.ebs.tga.gov.au/ebs/picmi/picmirepository.nsf/pdf?OpenAgent=&id=CP-2018-PI-01867-1&d=20221229172310101

REVISION HISTORY

Version	Revision date	Revision notes

Executive Sponsor		
Approved By:		**Date:**
Authorised By:		**Date:**

Nutrition: **Weight on admission: _____kg**

Have you lost weight since your last visit? ☐ No ☐ Yes ☐ Yes = Complete malnutrition screening tool

Malnutrition screening tool (Complete if assessment is required)

Question 1: Weight loss

Have you lost weight during the last 6 months without trying?

- ☐ No = 0 points or
- ☐ Unsure = 2 points or
- ☐ Yes = How much weight lost in kg
  - ☐ 0.5 -.5.0 = 1 point
  - ☐ > 5 - 10kg = 2 points
  - ☐ > 10 - 15kg = 3 points
  - ☐ > 15kg = 4 points

Question 2: Appetite

Have you been eating poorly because of a decreased appetite?

- ☐ No = 0 points
- ☐ Yes = 1 point

Total combined score of questions 1 and 2:

_____

☐ If total score is ≥ 2 refer to Dietetic Services on PAS

Bladder system assessment

Complete only for patients having ☐ BCG treatment ☐ Mitmoycin treatment ☐ N/A – No cancer history

1. How would you estimate your quality of life in general during the last week?

Very poor 1 2 3 4 5 6 7 excellent

< 4 ☐ Complete SCST

☐ Refer as appropriate

2. Thinking about the last week, please answer the following questions.

How often do you urinate? Day time: _____ Night time: _____

3. Have you experienced any of the following:

Symptom	N/A	Slight	Moderate	Intense	Unbearable
Burning when urinating					
Blood in urine					
Unwell / feeling sick					
Fatigue					
Chills					
Pain in joints					
Fever					

Comments:

_____

Discharge checklist

Discharge medication provided by Pharmacist	☐ Yes ☐ N/A
Pathology slip pre next treatment provided	☐ Yes ☐ N/A
Patient aware of their next appointment	☐ Yes ☐ N/A
IV cannula removed	☐ Yes ☐ N/A
CVAD- Gripper removed	☐ Yes ☐ N/A
Patient accompanied home with	☐ Yes ☐ N/A

Other *(Provide details):*

_____

_____

_____

_____

_____

_____

_____

Signature log:

Admission Nurse	Name:	Signature:	Date: DD/MM/YYYY
Treatment Nurse	Name:	Signature:	Date: DD/MM/YYYY
Discharge Nurse	Name:	Signature:	Date: DD/MM/YYYY

FCH101400-05

Cabrini

Patient Assessment Tool - Infusion Treatment / Day Oncology

Unit Record Number_____

Surname_____

Given Names_____

DOB_____ Sex_____

Affix patient's label here or complete details

Admission details **Site** _____ **Date:** DD/MM/YYYY

Introduce self and orientate patient to immediate surrounds ☐ Call bell ☐ Toilet ☐ Patient information
Inform patient / family that questions regarding their care are welcome at any time to all staff involved in their care

Primary diagnosis:

_____

Relevant past medical history:

_____

What treatments are you receiving today? _____

Cycle:_____ Day:_____ Week: _____

Are you on oral chemotherapy?	☐ No ☐ Yes	☐ Yes = Provide details _____
Are you involved in a clinical trial?	☐ No ☐ Yes	☐ Yes = Provide details _____
Are you receiving chemotherapy in the home?	☐ No ☐ Yes	☐ Yes = Provide details _____

Consent

Acknowledgement of consent to treatment form completed	☐ No ☐ Yes	☐ Yes = Date of consent DD/MM/YY
Blood product consent	☐ No ☐ Yes	

Documents relating to care

Do you have any documents relating to your care?		☐ Yes= Enter alert on PAS & file documents behind medico-legal divider
Advance Care Plan in place	☐ No ☐ Yes	
Medical Power of Attorney	☐ No ☐ Yes	
Other: _____		☐ N/A (No documents relating to care)

Allergy list

Medications / anaesthetics: Allergen:_____ Reaction:_____	☐ No ☐ Yes	☐ Yes = Complete or verify alert in PAS
Solutions & creams e.g. chlorhexidine Allergen:_____ Reaction:_____	☐ No ☐ Yes	☐ Yes = Update Allergy & Adverse Drug Reaction & Clinical Alert Divider
Food e.g. eggs Allergen:_____ Reaction:_____	☐ No ☐ Yes	☐ Yes = Updated on Medchart
Latex, tapes or other Allergen:_____ Reaction:_____	☐ No ☐ Yes	Name: _____ Signature: _____

Reactions to any previous therapy

Have you had a previous reaction to the prescribed chemotherapy treatment? ☐ No ☐ Yes

Has your Doctor discussed reactions to therapy and the possible need to rechallenge? ☐ No ☐ Yes

Provide detail:_____

☐ Yes = Ensure any rechallenge has been approved by the prescriber

☐ No = Contact treating Doctor

Medication list (Ask patient to bring all medication in original packaging & a current medication list with subsequent visits)

Complete medication record for first visit **or** have you started or stopped any medications since your last admission / treatment ☐ No ☐ Yes ☐ N/A (First visit)
Yes = Provide details

Pharmacy referral on PAS for:

- ☐ New patients
- ☐ Change of treatment
- ☐ Requires medication dispensed
- ☐ Requires medication counselling
- ☐ Patient being admitted to ward

Allanby
CH1314
N/F
22/02/21

PATIENT ASSESSMENT TOOL - INFUSION TREATMENT / DAY ONCOLOGY MR 002F-05

Patient symptom and care management diary	
Patient has received diary ☐ No ☐ Yes ☐ Review diary with patient ☐ Encourage patient to document in diary and discuss any concerns	☐ No = Provide diary to patient ☐ N/A (No cancer history)
Risk screening	
Falls: Consider all patients at risk of a fall and implement appropriate risk level screening strategies Have you had a fall recently or since your last admission ☐ No ☐ Yes ☐ Falls prevention brochure provided (For first visit only)	Yes = Consider Allied Health referral Ensure: ☐ Appropriate footwear ☐ Provide assistance to bathroom
Skin: Consider all patients at risk of a pressure injury / skin tear and implement appropriate risk level screening strategies Have you had any problems with: ☐ Skin tear ☐ Pressure injury ☐ Rash ☐ Abrasion ☐ Bruising Other_____ ☐ Preventing and management of pressure injury brochure provided (First visit only)	If present: ☐ Inspect skin ☐ Encourage position change in bed / chair ☐ Complete RiskMan, take photo(s), obtain consent and document in Medical Record
Infection: Have you ever been advised that you have a multi-resistant organism? ☐ C Auris ☐ CRE / CPE ☐ VRE ☐ MRSA ☐ ESBL ☐ TB ☐ Other Details: _____ Do you currently have any symptoms of vomiting, diarrhoea, fever, cough, sore throat, body aches, runny nose or rash? ☐ No ☐ Yes **COVID-19:** In the last **14 days** have you - Returned from overseas or been in quarantine? ☐ No ☐ Yes Had recent contact with a known or suspected COVID-19 person? ☐ No ☐ Yes Had or recently been tested for COVID 19? ☐ No ☐ Yes Details of testing and clearance: _____ Have you been admitted **overnight** to any overseas hospital or aged care facility in the last 12 months? ☐ No ☐ Yes Details: _____	Yes= ☐ Complete PAS Alert ☐ Implement appropriate precautions **Yes** to any questions = ☐ Notify admitting Doctor ☐ Implement appropriate precautions ☐ Notify IPC Coordinator **Yes *and decision to admit*** ☐ Notify Hospital Coordinator ☐ Complete PAS Alert
Smoking history	
Are you a current smoker? ☐ No ☐ Yes ☐ Yes = How many per day? _____ Have you previously smoked? ☐ No ☐ Yes ☐ Yes = When did you quit?_____	Yes = Quit information provided
Supportive Care Screening Tool (SCST) ☐ **N/A (No cancer history)**	
Has the patient been given the supportive care 'Information about your supportive care needs' brochure? ☐ No ☐ Yes The SCST has been completed for: Cycle 1 ☐ No ☐ Yes Cycle 3 ☐ No ☐ Yes Has there been a change of treatment ? ☐ No ☐ Yes Distress level last SCST :_____ If > 4 repeat SCST for this visit: score_____	☐ No = Provide brochure and explanation to the patient ☐ No = Ask the patient to complete the SCST ☐ Yes = Ask the patient to complete the SCST ☐ Distress level > 4 referral actioned
Referral *(Consider referral to the following support service)*	
☐ Dietitian ☐ Physiotherapist ☐ Occupational Therapist ☐ Social Worker ☐ Breast Care nurse ☐ Neuro Oncology nurse ☐ Palliative Care ☐ Pastoral Services ☐ Other:_____	☐ Yes = referral on PAS ☐ = Chronic illness plan discussed with patient
Eastern Cooperative Oncology Group (ECOG) status	
ECOG grade = _____ (Refer to laminated matrix)	
Diabetes	
Are you a diabetic? ☐ No ☐ Yes If yes: ☐ Type 1 ☐ Type 2 ☐ Diet ☐ Tablets ☐ Insulin Non diabetic patient, BSL required? ☐ No ☐ Yes	☐ Yes to either = Undertake BSL & ☐ Record level:_____

Assessments	Grading				Comment & action Grade 1 (Green) – proceed with treatment Grade 2 (Amber) – senior nurse review Grade 3 & 4 (Red) – medical review
	Nil toxicities reported	Grade1* (Green[2])	Grade2 (Amber)	Grade 3 and 4 (Red)	
Fatigue					
Pain					
Temperature – fever					
Temperature – low body temp					
Mucositis					
Appetite					
Nausea					
Vomiting					
Constipation					
Diarrhoea					
Peripheral neuropathy					
Respiratory (E.g. SOB, cough, wheeze)					
Urinary (E.g. frequency, burning on micturition)					
Tinnitus					
Oedema					
Other:					

IV / CVAD access

IV / CVAD education: ☐ No ☐ Yes ☐ Not required
☐ Risk associated with CVAD discussed
☐ Line care and complication management discussed

Peripheral cannulation record:

Attempt number	Cannulation type	Cannulation site	Special preparation	Name / signature

Central Venous Access Device care

Date of insertion: DD/MM/YYYY Insertion site: Right / left
PICC type: ☐ Total PICC length ☐ cm External PICC length ☐ cm

CVAD type: ☐ CVC ☐ Port ☐ Other _____
If Port: Needle gauge ☐ Needle length ☐ cm

PICC / PORT (Record each visit)

Patency blood return: ☐ No ☐ Yes
Line flushed: ☐ No ☐ Yes Flushed with:_____
Cap changed: ☐ No ☐ Yes

Dressing changed: ☐ No ☐ Yes Type of dressing applied:_____
Dressing change next due: DD/MM/YYYY

Entry site: ☐ Clean & dry ☐ Inflamed ☐ Moist exudate
Action: _____

Accessed by:
Name: Signature: Date: DD/MM/YYYY

1.*Common Terminology Criteria for Adverse Events (CTCAE) V4 June 20102 2. Cabrini, Patient symptom and care management diary – Treatment