

IMPLEMENTING NEUTROPENIC ASSESSMENT GUIDELINES FOR HOSPITALIZED PATIENTS UNDERGOING MYELOSUPPRESSIVE THERAPY

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Purpose

The purpose of this project is to increase the thoroughness and consistency of patient assessment of neutropenic patients through staff education and implementation of standardized neutropenic assessment guidelines for patients at risk of neutropenia due to myelosuppressive therapy. The intervention is carried out with oncology RNs working on an oncology medical surgical inpatient unit.

Background

Neutropenia is the single most important predisposing factor to infection in oncology patients. Neutropenic infections for oncology patients undergoing myelosuppressive therapy (chemotherapy or radiation) is a potentially life threatening complication. These types of infections are costly due to the use of prolonged hospitalization, lab work and increased use of antibiotic therapy. They can also lead to chemotherapy dose reductions and delays which can negatively impact treatment plans for the patient.

Methods

After a literature review on evidence based best practices for care of the neutropenic patient, a neutropenic assessment guideline checklist consistent with current unit policy guidelines was developed. The guideline card highlights areas in high risk areas of infection, prompts questions to ask the patient, and includes nursing interventions specific to the care of a neutropenic patient. The neutropenic assessment guideline is placed into the RAND card of patients who met one or more of the following criteria: recent/current chemotherapy or radiation treatment, absolute neutrophil count (ANC) of less than $1000/\text{mm}^3$, and/or receiving Neupogen. RNs on an oncology unit received an in-service regarding use the neutropenic assessment guideline. A pre and post survey of the RNs regarding knowledge of neutropenic patient assessment, patient care, and unit policy was conducted.

Results

Fifty-seven percent of the RNs on the unit participated in the anonymous pre-survey. These results showed that while 75% of the RNs were aware of unit specific guidelines for the neutropenic patient, only 50% of them had reviewed these guidelines. Other significant findings from the pre-survey were that 67% of the RNs did not routinely encourage their neutropenic patients to use an oral rinse (baking soda & salt water) and 62% did not routinely assess the perirectal area, identified as best practice in the literature.

Neutropenic assessment guideline cards were used on a total of nine patients during the 8 weeks that the project was monitored. Of the cards that were able to be collected, only 30% of the RNs documented directly on to the card. While the post survey results showed improvements in all areas of neutropenic patient care, only eight RNs participated in completing the post survey.

Documentation during the project timeframe was not sufficient to identify an improvement in assessment practice.

Keywords: neutropenia, neutropenic assessment, oncology nursing