

Cholangiocarcinoma Foundation Nursing Advisory Board



Development of Clinical Nursing Practice Guidelines (CNPG's)

***CCF Second Annual Stakeholders Meeting
2015***

Nursing Advisory Board (NAB)

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Missions of NAB

Advance the scientific knowledge of:

- *Symptom Experience*
- *Quality of Life of Patients with Cholangiocarcinoma*
 - *Standardization of Patient Centered Care*
 - *Improved Quality of Care*

Facilitate Collaboration with:

- *Multiple Institutions*
- *CCF Medical Advisory Board (MAB)*

Goals of CNPGs

- ***Develop essential content for practice based on evidence and consensus and content validation***
- ***Enable nurse competency and confidence in caring for patients with Cholangiocarcinoma***
- ***Develop White Paper***
- ***Publish guidelines in peer reviewed journals and make available on nursing portal for CCF***
- ***Develop framework for evaluation of CNPG effectiveness***

CNPG Working Model

Expertise of NAB

Assessment

Nursing Diagnosis

Outcome Identification

Implementation

Evaluation

Results

Literature Citations + Institutional Practice +

Consensus + MAB Approval =

PROPOSED GUIDELINES

CNPG Model

Process	Critical Thinking Element	Literature Citation
Assessment	<p><i>Describe full nursing assessment data to complete when assessing the patient, describe other possible sources of data, i.e., family history, caregiver information, etc. Describe assumptions or biases that may interfere with accurate assessment, describe questions you would ask patient or other's point of view</i></p>	<p><i>List the citations you have used for all of your information Example formats APA</i></p>
Analysis	<p><i>Develop nursing diagnosis based on assessment data mean. Describe what else could be happening, describe any gaps in data that could impact care. Does nurse's assumptions affect interpretation of data and if so, in what way?</i></p>	<p><i>List citations</i></p>
Implementation	<p><i>Describe goal statements for the patient- develop this by answering question what do you want to accomplish? How is this related to goals the patient wants to accomplish. Describe the expected outcomes and interventions to be used. Describe who the best qualified person to perform these interventions. Describe how much involvement the patient, family or significant others have at this time. Describe involvement the patient may wish to have at this time.</i></p>	<p><i>List citations</i></p>

CNPG Model

Process	Critical Thinking Element	Literature Citation
Intervention	<i>Describe the most critical steps in this intervention, describe the interventions to best meet patient's needs and maintain principles of safety. Describe expected client's response during and after the intervention. Describe when interventions would need to be altered.</i>	List citations
Evaluation	<i>Develop evaluation criteria to determine if interventions were successful in assisting patient to achieve the desired goals. Describe where data is obtained and additional data needed to make new decisions.</i>	List citations

CNPGs Initial Submission

***care of the patient with external biliary drains and internal bile duct
ents***

***care of the patient preparing to participate in a clinical trial and
radiation therapy***

***care of the patient preparing undergoing chemotherapy
management***

management of Fatigue in Cholangiocarcinoma Patients

care of the patient preparing for liver transplantation

CNPGs in Development

Care of the patient with intractable nausea and vomiting

***Care of the patient with external biliary drains and internal bile duct
catheters in Home Care***

Care of the Cholangiocarcinoma patient on Palliative Care

CNPG Care of the Patient with Fatigue

Step	Critical Thinking Element	Literature Citation
1	<p style="text-align: center;">Fatigue in Biliary Cancer Patients</p> <p><i>This is the most common side effect experienced by cancer patients. (1, 2, 3, 4, 5)</i></p> <p><i>Potentially related to (partial list):</i></p> <ol style="list-style-type: none"> <i>1. Chemotherapy</i> <i>2. Radiation</i> <i>3. Pain</i> <i>4. Sleep/wake disturbances</i> <i>5. Depression</i> <i>6. Disease progression</i> <i>7. Malnutrition</i> <i>8. Anemia</i> <i>9. System inflammation</i> <i>10. Infection</i> <p><i>Nursing assessment: Modify depending on where the patient is on the cancer continuum.</i></p> <p><i>Assessment must include: patient reported physical and psychological symptoms, current and past treatments, medications, co- morbidities, vital signs, and laboratory values.</i></p>	<p><i>National Cancer Institute. (n.d.) Causes of fatigue in cancer patients. Retrieved from http://www.cancer.gov/cancertopics/pdq/supportivecare/fatigue/Patient/page2</i></p> <p><i>National Cancer Institute. (n.d). General information about fatigue. Retrieved from http://www.cancer.gov/cancertopics/pdq/supportivecare/fatigue/Patient/page1</i></p> <p><i>Bower, J. (2007) Cancer related fatigue: Links with inflammation in cancer patients and survivors. <i>Brain Behav Immun.</i>, 21(7), 863-871. doi:10.1016/j.bbi.2007.03.013. Retrieved from file:///home/chronos/u-825c796bff5e6056bf1b5b2e5adb37d4c9adc2d9/Downloads/nihms30265.pdf</i></p>

CNPG Care of the Patient with Fatigue

Step	Critical Thinking Element	Literature Citation
1	<p>Example questions: (2, 4, 5, 14)</p> <ol style="list-style-type: none"> 1. Do you have a hard time completing your regular daily activities? (14) 2. Do you have a feeling of generalized tiredness that is not alleviated by rest? 3. Rate your level of fatigue on a 0-10 scale. 1-3; mild, 4-6, moderate; and 7-10, severe. (Borneman, 2013). 4. Do you feel that you have trouble sleeping through the night? 5. Do you have pain that keeps you awake at night? 6. Are you short of breath? 7. Do you often feel sad, have trouble coping, or at times experience anxiety? 8. Do you have difficulty concentrating? 9. Do you have a biliary stent? <ul style="list-style-type: none"> • Inquire as to whether or not the patient has had chemotherapy or radiation such as: Stereotactic Body Radiotherapy (SBRT), SIRT (radioactive spheres), EBRT, brachytherapy, and Radiofrequency ablation (RFA). • Have they had surgical or radiological interventions such as: Liver resection, biliary stent placements, stent exchanges, ERCP, liver biopsies, or Whipple? 	<p>Borneman, T. (2013). Assessment and management of cancer-related fatigue. <i>Journal of Hospice and Palliative Care Nursing</i>, 15(2), pp 77-86. doi: 10.1097/NJH.0b013e318286dc19</p> <p>American Cancer Society. (2013). <i>Bile duct cancer (Cholangiocarcinoma). What is cancer?</i> [pdf] Retrieved from http://www.cancer.org/acs/groups/cid/documents/webcontent/003084-pdf.pdf</p>

CNPG Care of the Patient with Fatigue

Step	Critical Thinking Element	Literature Citation
1	<ul style="list-style-type: none"> • Laboratory values including, but not limited to: Bilirubin, albumin, alkaline phosphatase, CEA, CA 19-9, ALT, GGT, Ammonia, CBC, CMP. • Co-morbidities such as: cirrhosis, viral hepatitis, HIV, Primary sclerosing cholangitis, choledocal cystic disease, cardiac history, diabetes, alcoholism, inflammatory bowel disease, obesity, or previous cancer treatment. • Assess the patient's nutritional status via labs, weight monitoring, and patient self reported appetite, weight loss/gain, or have family/caregiver report. • Current pain medication regimen. Ask the patient (family/caregiver if patient unable) if the medication regimen is working and have the patient rate their pain on a 0-10 scale. • Assess current activity level, ability to complete ADLs, exercise regimen. 	<p>Sperling, J. et.al. (2014). <i>Intrahepatic cholangiocarcinoma in a transplant liver-selective internal radiation therapy followed by right hemihepatectomy: report of a case. World Journal of Surgical Oncology</i> 12(198), doi: 10.1186/1477-7819-12-198, Retrieved from http://www.wjso.com/content/12/1/198</p> <p>Barney, B., Olivier, K., Miller, R., & Haddock, M. (2012). <i>Clinical outcomes and toxicity using stereotactic body radiotherapy (SBRT) for advanced cholangiocarcinoma. Radiation Oncology</i> 7(67), doi: 10.1186/1748-717X-7-67, Retrieved from http://www.ro-journal.com/content/7/1/67</p>

CNPG Care of the Patient with Fatigue

Step	Critical Thinking Element	Literature Citation
1	<p>Potential nursing diagnosis:</p> <p>1. Activity Intolerance r/t chemotherapy r/t medication side effects as evidenced by:</p> <ul style="list-style-type: none"> • Patient/family reports difficulty with ADLs • Patient/family reports fatigue with starting or stopping activity • Patient/family reports discomfort/dyspnea with exertion • Abnormal vital signs, desaturation with exertion • Patient reports pain level not tolerable <p>2. Fatigue r/t acute infection r/t indwelling catheter/stent r/t bone marrow suppression as evidenced by:</p> <ul style="list-style-type: none"> • Patient/family reports difficulty sleeping through the night with frequent periods of wakefulness • Patient/family reports difficulty with every day activities • Altered bone marrow/leukocyte production • History of infection • Site of stent is favorable for infectious processes • Nausea/vomiting • Fever • Chills 	<p>Marquette University. (n.d.). <i>The complete list of nanda nursing diagnosis for 2012-2014, with 16 new diagnoses.</i> [pdf] Retrieved from http://faculty.mu.edu.sa/public/uploads/1380604673.6151NANDA%202012.pdf</p> <p>Blair, I., Steiner, J., & Havranek, E. (2011). <i>Unconscious (Implicit) Bias and Health Disparities: Where Do We Go from Here?</i> <i>The Permanente Journal</i>, 15(2), 71–78. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3140753/</p>

CNPG Care of the Patient with Fatigue

Step	Critical Thinking Element	Literature Citation
sis	<ul style="list-style-type: none">• <i>Hypotension</i>• <i>Tachycardia/Bradycardia</i>• <i>Palpitations</i>• <i>Decreased urine output</i>• <i>Elevated Bilirubin</i>• <i>Jaundice</i>• <i>Patient report of increased pain level</i>• <i>Positive blood cultures</i> <p>3. Fatigue r/t disease progression, r/t biliary/liver disease r/t inflammatory processes as evidenced by:</p> <ul style="list-style-type: none">• <i>Patient has periods of confusion</i>• <i>Patient demonstrates wakefulness during the night</i>• <i>Patient/family complains of pain level that is not tolerable, greater than 5 on a 0-10 pain scale</i>• <i>Elevated ammonia levels</i>• <i>Abnormal liver enzymes, Jaundice, Fever, Diminished urine output, Hypotension, or Tachycardia/Bradycardia</i>	<p><i>Coghill, R. C. (2010). Individual Differences in the Subjective Experience of Pain: New Insights into Mechanisms and Models. Headache, 50(9), 1531–1535. doi:10.1111/j.1526-4610.2010.01763.x</i></p> <p>Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2959190/</p> <p>∟</p>

CNPG Care of the Patient with Fatigue

Step	Critical Thinking Element	Literature Citation
sis	<p><i>Pain and fatigue are subjective. Each patient differs in there “sensory experience” (Coghill, 2010). Nursing/caregiver/patient bias could affect the aggressiveness in which the patient is treated. The nurse must do a complete and thorough assessment of the patient upon admission, every shift, and with change in status. Careful attention must be paid to the patient’s non-verbal cues. For example, the patient may deny feeling fatigued, yet have difficulty answering questions, participating in ADLs, been observed frequently napping, etc.</i></p> <p><i>Nurses should take the time to develop positive patient-clinician relationships so as to provide the best care possible for this patient/family. “The relationship between clinician and patient in the clinical encounter is a fundamental aspect of the health care system” (Montague, et al., 2013).</i></p>	<p><i>Monatgue, E.,Chen, P., Xu, J., Chewing, B., & Barrett, B. (2013). Nonrverbal interpersonal interactions in clinical encounters and patient perceptions of empathy. Journal of Participatory Medicine 5, August 2013. Retrieved from http://www.jopm.org/evidence/research/2013/08/14/nonverbal-interpersonal-interactions-in-clinical-encounters-and-patient-perceptions-of-empathy</i></p> <p><i>Stein-Parbury, J. (2013). Patient and person: interpersonal skills in nursing. 5th edition Elsevier Health Sciences: Churchill Livingstone</i></p>

CNPG Care of the Patient with Fatigue

<i>Step</i>	<i>Critical Thinking Element</i>	<i>Literature Citation</i>
<i>Education</i>	<p>1. Activity intolerance</p> <ul style="list-style-type: none"><i>The patient will participate in chose ADLs such as teeth brushing with minimal assistance.</i><i>The patient will report decreased exercise intolerance</i><i>The patient will report pain level as tolerable (i.e. 3/10 pain level)</i><i>SpO2 will remain above 90% when performing activities</i><i>Vital signs will remain stable</i> <p>2. Fatigue due to infection</p> <p><i>The patient will demonstrate improvement from infection as evidenced by</i></p> <ul style="list-style-type: none"><i>Patient will remain afebrile</i><i>Patient vital signs will remain stable</i><i>Patient will maintain WNL leukocyte count</i><i>Stabilization or maintenance liver function</i>	

CNPG Care of the Patient with Fatigue

<i>Step</i>	<i>Critical Thinking Element</i>	<i>Literature Citation</i>
<i>Education</i>	<p>3. Fatigue due to disease progression</p> <ul style="list-style-type: none">• <i>The patient will be easily reoriented</i>• <i>The patient will remain afebrile or fever will be managed with antipyretics</i>• <i>Ammonia levels will normalize or remain stable</i> <p><i>This is a difficult task to describe involvement of patient/family/S.O. at this time. The patient that is suffering from fatigue due to disease progression will most likely not have a reversal or improvement of lab values. The patient will become less involved with self care and the family will become more involved as death becomes imminent. Fatigue will be inevitable, with frequent periods of sleepiness, less time awake and alert</i></p>	

CNPG Care of the Patient with Fatigue

Process	Critical Thinking Element	Literature Citation
Implementation	<p><i>Activity intolerance-</i></p> <ul style="list-style-type: none"><i>• Involve the patient in choosing ADLs that they would like to accomplish for the day.</i><i>• Set up tooth brush, comb, soap, lotions at bedside for the patient at the chosen time.</i><i>• Conserve energy, plan for activities during the time of the day when the patient feels the least amount of fatigue.</i><i>• Assess patient fall risk. Place on high risk fall protocol if necessary.</i><i>• Place personal safety alarm on patient.</i><i>• Place call bell within patient reach and instruct patient to call for assistance.</i><i>• Leave door open due to high fall risk.</i><i>• Place patient in room close to the nurses' station.</i><i>• Perform hourly rounding.</i><i>• Assess the patient's pain level at start of shift and every 2 hours as needed.</i><i>• Medicate the patient per orders as needed for pain control</i>	

CNPG Care of the Patient with Fatigue

Process	Critical Thinking Element	Literature Citation
Documentation	<ul style="list-style-type: none">• Reassess the patient per protocol after administration of pain medication• Obtain O2 sat prior to initiation of activity. Provide supplemental oxygen per orders as needed to maintain oxygen saturation above 90%. <p><i>Fatigue due to infection</i></p> <ul style="list-style-type: none">• Monitor vital signs PRN, with change or status, per orders, or per hospital sepsis/neutropenic precautions protocol• Maintain patent I.V. line• Administer antipyretics as ordered/indicated• Administer antibiotics as ordered• Maintain strict aseptic technique when caring for external biliary drains• Monitor patient for signs/symptoms of infection as evidenced by fever, pain, chills, confusion, and lethargy, change in vital signs.• Administer granulocyte stimulating medications as ordered.• Place patient on neutropenic precautions.• Monitor I & O• Maintain quiet and restful night time environment for the patient.• Limit visitors if necessary to promote rest.	

CNPG Care of the Patient with Fatigue

Process	Critical Thinking Element	Literature Citation
Documentation	<ul style="list-style-type: none">• <i>Leave patient room door closed to promote rest.</i>• <i>Instruct patient/family members of the signs/symptoms of infection to report to staff.</i>• <i>Provide patient/family/visitor teaching on proper hand washing technique and reasons for.</i>• <i>Instruct patient/family on proper dressing change technique.</i>• <i>Instruct patient/family biliary drain care technique and return demonstration.</i> <p><i>Fatigue due to disease progression</i></p> <ul style="list-style-type: none">• <i>Reorient patient to person, place, or situation as needed.</i>• <i>Request that familiar family member, friend, stay with patient to provide comfort.</i>• <i>If patient is alert and oriented, low fall risk, close door to promote rest.</i>• <i>Dim lights to promote rest at night.</i>• <i>Initiate distraction activities such as patient/family chosen music, harp therapy.</i>	

CNPG Care of the Patient with Fatigue

<i>Process</i>	<i>Critical Thinking Element</i>	<i>Literature Citation</i>
<i>entation</i>	<ul style="list-style-type: none"><i>• Assess patient pain level with appropriate scale at start of shift, and PRN.</i><i>• Teach the patient/family to alert staff if pain level is increasing.</i><i>• Medicate patient per orders/indications.</i><i>• Reassess patient per protocol after administration of pain medications.</i><i>• Provide lotion or skin emollients to decrease itching, to promote rest due to organ failure/disease progression.</i><i>• Monitor patient for signs/symptoms of delirium as evidenced by acute confusion, disorientation</i><i>• Instruct the family on signs and symptoms of pain in the unresponsive patient such as grimacing, stiffening of body, tears, whimpering, increased respirations, increased blood pressure, moaning.</i>	

CNPG Care of the Patient with Fatigue

Process	Critical Thinking Element	Literature Citation
ion	<p><i>Fatigue due to disease progression</i></p> <ul style="list-style-type: none">• <i>Patient reorients to person easily.</i>• <i>The patient's family took turns on staying with the patient throughout the day and night.</i>• <i>The patient was able to sleep for 4 hours through the night without interruption.</i>• <i>The patient maintained a pain level of 2/10 which he/she stated was tolerable.</i>• <i>The patient/family administered skin emollients as directed with a marked decrease in skin itching as reported by the patient.</i>• <i>The patient/family reported patient discomfort/pain in a timely manner.</i>• <i>The family was able to accurately describe signs and symptoms of pain in the unresponsive patient.</i>	

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Nursing Advisory Board

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