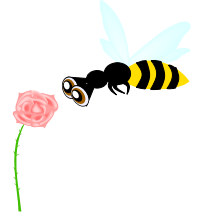


Unit 8B

Hematology/Oncology Unit

Fact Sheet



Welcome to 8B, the Hematology/Oncology Unit!

The following information is provided to help prepare you for clinical practice on our unit. You are encouraged to become familiar with the most common diagnoses, medications, procedures and pediatric concepts presented here. Though you will receive much of this information during your orientation, you may wish to pursue these topics independently in order to feel more comfortable in your new role. Reference materials are available on the unit or Health Science Library at Sentara Norfolk General Hospital.

Inpatient Hematology/Oncology Unit (8B)

Scope of Service

8B is a 20 bed unit designed for the care of patients requiring management of hematologic and oncologic disorders from the ages of newborn to 21 years. Our oncology population includes patients receiving chemotherapy, those diagnosed with fever related to sepsis and neutropenia, or other oncology-related diagnoses. Peripheral blood stem cell transplant (PBSC) is a specialized treatment provided for a small population of our oncology patients. This involves larger dosages of chemotherapy followed by the transplant of peripheral stem cells. Chemotherapy treatment protocols adhere to those outlined by the Children's Oncology Group (COG), with which CHKD is affiliated. Our hematology patients include those with sickle cell disease, either with pain crisis or fever related to sepsis. Those in pain crisis typically receive continuous IV Morphine or Fentanyl infusion, with a component of patient-controlled analgesia (PCA). Other hematologic diagnoses include bleeding disorder patients, often receiving continuous of bolus IV infusion of clotting factors. The use of outcome-driven clinical pathways is heavily involved with the sickle cell patients as well as the oncology patients with fever and neutropenia. 8B also provides general care for 'overflow' patients with a variety of medical and surgical diagnoses, depending on bed availability within the hospital.

Staffing Pattern and Delivery of Care

Daily staffing assignments are adjusted based upon census fluctuations and patient acuity. Nurse to patient ratio is 1 nurse to 3-4 patients. The care provided to our patient population is multidisciplinary, including but not limited to the attending Hematologist/Oncologist, Resident Physicians, Registered Nurses, Clinicians Is, Unit Secretary, Pharmacist, Social Worker, Chaplain, Nutritionist, Discharge Planner, Physical/Occupational/Speech Therapists, Hospital Teacher, and unit Leadership Team. Daily Interdisciplinary Rounds are held on 8B. Within this forum, all team members are involved in discussion of patient condition, changes or developments in treatment plan, discharge planning, and family teaching. Patient and family education is primary focus of our patient care and an ongoing activity.

Educational Requirements for Staff

The nursing staff completes a comprehensive hospital orientation, as well as an individualized orientation to the unit, focusing on the unique diagnoses, needs of the patient, and care of the patient population. Successful completion of an intensive two-day Chemotherapy Administration course and examination is required to administer chemotherapeutic agents. Pediatric Advanced Life Support (PALS) training is also a requirement of the nursing staff. A variety of educational opportunities are available to all staff, including the monthly 'Breakfast Club' presentations as well as various posters and in-services coordinated through our Leadership Team. Of note, several nurses are certified in Pediatric Oncology Nursing (CPON), and assist in facilitating various unit-based advanced educational classes and projects.

Unit Leadership

The 8B Leadership is Team focused. The Unit Director facilitates all administrative and fiscal components of unit function. The Unit Director collaborates with the Medical Directors of the unit. Under the direction of the Director, the Manager functions include many of the day to day administrative duties. The Clinical Practice and Education Specialist (CPES) is an advanced practice nurse responsible for identification of unit-based clinical practice issues, as well as components of hospital nursing department orientation and education. The Education Coordinator functions include: bedside nursing care, patient and family education, education and orientation for 8B nursing staff and assisting with the education for the general care nursing department.

UNIT ROUTINES

- VS and Assessments every 4 hours, unless otherwise indicated, and PRN
- ⊕ Weights on A shift, no specific time, most patients are weighed daily
- FOC and Heights are done on admission and again when ordered
- Daily labs are typically drawn on B shift in the early morning hours
- ⊕ Chemo Concerns:
 - * Gloves must be worn for 48 hours after chemotherapy when handling output.
 - * Patients may not go to the playroom while chemo is infusing
- ⊕ Neutropenia is a big concern for Hem/Onc patients. Check with the bedside nurse for concerns
- No rectal medications, enemas or rectal temperatures on oncology patients
- ⊕ No NSAIDS for oncology patients.

MOST COMMON PROCEDURES

- Lumbar Puncture (with Sedation)
- Bone Marrow Aspiration (with Sedation)
- Peripheral Stem Cell Harvest and Reinfusion
- ⊕ Central Venous Line (CVL) Internal Vascular Access Device (IVAD or PortaCath) Placement
- ⊕ CVL/IVAD Blood Draws
- CVL/IVAD Site Care
- ⊕ IVAD Access
- Chemotherapy Administration
- ⊕ Blood Product Transfusions
- Total Parenteral Nutrition (TPN)/Intralipid Infusions
- ⊕ Tumor or Organ Biopsy
- Sitz Baths
- ⊕ Hand Held Nebulizer Treatments
- Oral Care for Mucositis

MOST COMMON DIAGNOSTIC PROCEDURES

- Lumbar Puncture
- ⊕ Bone Marrow Aspiration
- Chest x-ray
- ⊕ MRI/MRA
- CT Scan
- ⊕ Tumor Biopsy/Resection
- Echocardiogram
- ⊕ Ultrasound
- Hearing Tests
- ⊕ Pulmonary Function Tests
- GI Studies

MOST COMMON HEMATOLOGIC DIAGNOSES

- ⊕ Sickle Cell Disease with Fever/Pain Episode: Hgb SS, Hgb SC
- Pancytopenia
- ⊕ Hemophilia
- Idiopathic Thrombocytopenia Purpura (ITP)
- ⊕ von Willebrand's Disease
- Anemia
- ⊕ Hemolytic Anemia
- Aplastic Anemia

MOST COMMON EQUIPMENT

- ⊕ Abbott® PCA Pump
- Nellcor® Pulse Oximeter
- ⊕ IVION® IV Infusion Pump
- Medfusion® Syringe Pump
- ⊕ Datascope® BP Device
- Oxygen Delivery Devices
- ⊕ Ross Patrol® Feeding Pump
- Precision PCX Blood Glucose Analyzer

PEDIATRIC CONCEPTS

- ⊕ Pediatric Growth & Development
- Pediatric Assessment
- ⊕ Pediatric Med Administration
- Pain Assessment/Management
- ⊕ Patient/Family Teaching – Adult Learning Principles

MOST COMMON MEDICATIONS

- Ceftazidime (Fortaz®)
- Cefuroxime (Zinacef®)
- Gentamicin
- Vancomycin
- Penicillin
- Oxacillin
- Co-Trimoxazole (Bactrim®)
- Nystatin (Mycostatin®)
- Clotrimazole (Mycelex®)
- Amphotericin B
- Fluconazole
- GCSF (Neupogen®)
- IV Immune Globulin (IVIG or IGIV)
- Antihemophilia Factor
- Morphine
- Fentanyl
- EMLA Cream®, LMX®
- Acetaminophen (Tylenol®)
- Acetaminophen with Codeine
- Desferal
- Hydroxyurea
- Folic Acid
- Ketamine (Ketalar)
- Midazolam (Versed)
- Lorazepam (Ativan)
- Allopurinol
- Mesna
- Promethazine (Phenergan)
- Ondansetron (Zofran®)
- Diphenhydramine (Benadryl)
- Metaclopramide (Reglan®)
- Ranitidine (Zantac®)
- Vincristine
- Ifosfamide
- Mesna
- Etoposide
- Cyclophosphamide (Cytosan)
- Cisplatin
- Adriamycin (Doxorubicin)
- Methotrexate
- Ara-C (Cytarabine)
- L-Asparaginase
- Corticosteroids
- Peridex®

MOST COMMON ONCOLOGIC DIAGNOSES

- Acute Lymphocytic Leukemia (ALL)
- Acute Nonlymphocytic Leukemia (AML or ANLL)
- Neuroblastoma
- ⊕ Medulloblastoma
- Wilm's Tumor
- Hodgkin's Lymphoma
- Non-Hodgkin's Lymphoma
- Ewing's Sarcoma
- Osteogenic Sarcoma
- ⊕ Rhabdomyosarcoma
- Fever with Neutropenia
- Pancytopenia