Oncology Care Plan

for education and care

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| To be completed by the treating Oncology specialists or health professional and the parent or guardian.This information is confidential and will be available only to relevant staff and emergency medical personnel. |
| Name of child/young person: |  |
| DOB: |  | Review date: |  |
| Allergies: |  |
| Education or care service: |  |  |

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| **TREATMENT PLAN** | **RECOMMENDED CARE** |
| **Estimated length of treatment:**       |
| *Detail issues relevant to education and care. Staff do not need complete medical details, only what is relevant to the child or young person’s attendance, learning and care*  | *Describe how education and care staff can provide support during and after treatment.* |
| **SURGERY** (excludes central venous line insertion) |
| [ ]  | **YES** | [ ]  | **NO** |       |
| Likely to have localised tenderness in the period immediately after surgery |
| **RADIATION THERAPY** |
| [ ]  | **YES** | [ ]  | **NO** | Adjust expectations. If child or young person becomes overly fatigued, nauseated, or overly uncomfortable (from skin itchiness or pain), contact parent/legal guardian      |
| Radiation Therapy is usually given every week day for a period from 2 to 6 weeks. Appointments are usually in the morning. Some children and young people will be able to attend education or care services after appointments (returning mid-morning) unless they are unwell.Fatigue, nausea and a local skin reaction are possible side-effects. |
| **CHEMOTHERAPY** | **Chemotherapy side effects** |
| [ ]  | **YES** | [ ]  | **NO** | **INFECTION*** Risk should be minimised by using standard precautions.
* Promote good hand-washing practices to the child or young person and class-mates
* Where possible, protect the child or young person from infections especially chicken-pox, shingles and measles.
* Alert the parent if you believe contact with one of these viruses has occurred.

**BLEEDING*** Nosebleeds: use normal first-aid. If the bleed continues for more than 5-10 minutes, contact the parent or hospital.
* Bleeding gums or the appearance of new abnormal bruising must also be reported.

**FATIGUE*** Monitor physical activity and allow for additional rest periods as needed.
* Some physical activity can be beneficial so do not automatically discount involvement.

**FEVER (often accompanied with unwellness)*** Requires immediate first aid.
* **Contact parent or hospital immediately.**
* A fever is defined as a temperature of 38° C or above.

**NAUSEA*** Alert parent if nausea/vomiting is an ongoing issue
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| Appointments for chemotherapy administration will cause absences from education and care services.Chemotherapy commonly causes nausea which can be delayed for some days after treatment. Medication to reduce nausea is usually provided. Fatigue is also a common side effect. Chemotherapy can suppress the production of blood cells. This can cause a weakened immune system, low haemoglobin or anaemia (causing pallor and tiredness), and low platelets (causing a reduction in the blood’s ability to clot quickly). Blood cell levels go up and down during treatment – this may cause a fluctuation in the way the child or young person feels and energy levels. |
| **Will have ‘maintenance’ chemotherapy** |
| [ ]  | **YES** | [ ]  | **NO** |
| Maintenance chemotherapy is often less intensive. The maintenance phase can last for various lengths of time depending on the child or young person’s diagnosis.Generally the child or young person is able to attend school more frequently.  |
| **Bodily waste precautions:** Wear impermeable disposable gloves for handling bodily wastes. Place soiled clothes in a plastic bag to return to parent. Dispose of soiled nappies in the normal way. If the child or young person has received chemotherapy in the last 7 days, double bag soiled items before disposal and flush the toilet twice after use |

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| **GENERAL CARE ISSUES** | **RECOMMENDED CARE** |
| **CARE OF VENTRAL VENOUS (VEIN) CATHETERS** |
| [ ]  | **PORT**A circular or oblong raised disk under the skin - normally to the right (sometimes to the left) of the chest | **Children and young people with any of these three devices should avoid contact sports.****Port*** If bruising, injury, redness, pain or swelling occurs at or around the port site, contact parent.

**Central Venous Catheter & PICC Line*** If the line is dislodged, immediately place pressure on the wound site to stop bleeding and contact parent.
* If leaking blood from the line, clamp the line above the leak using the blue plastic clamps supplied and immediately contact parent
* If oozing blood from the exit site of the line (under the clear dressing) contact the parent.
* If the end ‘bung’ is loose, wash your hands then tighten it by screwing clockwise. If the end bung is missing, contact the parent immediately.
* If the clear dressing over the line is very loose or removed, contact parent and do not let the child or young person be active until resolved.

If parent is unavailable, phone the Michael Rice Centre for Haematology/Oncology (WCH) on 8161 7411 (or AH 8161 7225). |
| [ ]  | **CENTRAL VENOUS CATHETER**A white silicon line coming from the chest and partly covered with a clear dressing |
| [ ]  | **PICC LINE**A thin silicon line coming out of the skin (usually of the upper arm just above the elbow) and covered with a clear dressing and normally wrapped with a crepe bandage. |
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| **CIRRICULUM PARTICIPATION** |
| [ ]  | Anticipated hospital admissions and absences | * Negotiate a modified curriculum
* May only be able to handle short days
* Be flexible with expectations but do not discount child or young person from joining in.
* Do not exclude from, but also do not expect normal participation in non-contact sport.
* Contact Hospital School SA to discuss transition back to school, learning difficulties or other needs (Phone 81617262)
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| [ ]  | Fatigue and concentration difficulties |
| [ ]  | Learning difficulties |
| [ ]  | Other (specify)       |
| The education or care service remains responsible for the child or young person’s learning program during hospitalisation. The program should be negotiated with hospital-based teachers to maximise continuity of learning and care. |
| **POTENTIAL MENTAL HEALTH ISSUES** |
| [ ]  | Changes in appearance *(weight loss/gain, hair loss)* | * Treat child or young person normally and encourage peers and class mates to do the same.
* Be flexible with expectations
* Staff and peers keeping in contact during absences can assist mental health
* Recognise the extra pressure on siblings
 |
| [ ]  | Fluctuations in energy levels |
| [ ]  | Sibling issues |
| [ ]  | Other (specify)       |
| With parent or legal guardian permission the education or care staff can liaise with the hospital psychology team, and other personnel, to plan support for general mental health and well-being |
| **PHYSICAL DISABILITIES** |
| [ ]  | Uses wheelchair |       |
| [ ]  | Other mobility aid (specify)       |

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| **OTHER GENERAL CARE ISSUES** |
| [ ]  |       |       |
| [ ]  |       |
| [ ]  |       |

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| **FIRST AID** |
| If staff or the child/young person is concerned, the parent/legal guardian or emergency contact must be informed. Staff will seek assistance if they observe, or the child or young person reports:* general unwellness
* fever
* nosebleed (initially treat with normal first aid. If after 5-10 minutes the bleed does not stop,

contact parent/legal guardian or WCH)* bleeding gums or new abnormal bruising (contact parent/legal guardian or WCH)
* port site bruising, injury, redness, pain, swelling
* central venous (vein) line or PICC line cracked; redness; discharge; pain; or loose bungs (apply clamps to line if leaking blood), or very loose or absent covering dressing

A health professional can be nominated by the family as the emergency contact person. |
| Ambulance | **CALL 000 (AMBULANCE)**If parent or emergency contact is unable to be contacted or where there is immediate safety concerns |

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| **ADDITIONAL INFORMATION ATTACHED TO THIS CARE PLAN** |
| [ ]  | Medication Agreement |
| [ ]  | Other *(specify)*       |

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| [ ]  | Permission is given for education or care staff to contact the Women’s and Children’s Hospital ‘Michael Rice Centre for Haematology and Oncology’ if they require further information relating to this Oncology Care Plan or are unable to contact the emergency contact * Phone (08) 8161 7411 or (after hours (08) 8161 7225)
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| **AUTHORISATION AND AGREEMENT***(To be signed after form has been completed)* | The following settings have been considered in the development of the health care plan and is appropriate for use in the following: |
| [ ]  | Children’s centre, preschool or school | [ ]  | Childcare, Out of School Hours Care |
| [ ]  | Camps, excursions, special event, transport (incl. aquatics) | [ ]  | Work experience or other education placement |
| [ ]  | Respite, accommodation | [ ]  | Work |
| [ ]  | Transport  | [ ]  | Other (specify)       |
| *Treating health professional* |
|  *(print name & practice/hospital or stamp)*           | Professional role  |       |
| Email or signature  |       |
| Telephone       | Date |       |
| *Parent or legal guardian; or adult student*  |
| * **I understand and agree with the health care plan as indicated above**
* **I approve the release and sharing of this information to supervising staff and emergency medical staff (if required).**
 |
| (name)      | (relationship)      |
| (email or signature)       | (date)      |