

Standard Operating Procedures: Combined Triage Assessment Unit

This Standard Operating Procedure (SOP) document sets out the pathway and procedures for staff, and patients who access the Combined Triage Assessment Unit (CTAU). It is designed to keep both staff and patients safe, whilst providing guidance and reassurance to staff. This document should be referred to at all times as the correct and most up to date pathway for haematology and oncology patients accessing CTAU. This document is relevant for all staff members who have patient contact on CTAU.

Utilising this document will:

- Ensure prompt response to medical needs of cancer and non-malignant haematology patients (where appropriate avoid the need for admission).
- Ensure the safety of patients and staff at all times.
- Formalise the opening hours of CTAU and staffing requirements of the unit.
- Formalise admission pathway for haematology and oncology patients out of hours.
- Assist clinical teams in ensuring non-elective haematology and oncology patients get streamlined care, including through internal and external partnership working.
- Formalised escalation pathways for CTAU.

SOP Governance

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General overview:

CTAU opened in April 2021 to create hot and cold pathways for haematology and oncology patients with complications following anti-cancer treatment. Prior to CTAU there was an 'unwell bay' on ward 302, staffed by the medical team with limited Advanced Clinical Practitioner (ACP) support however, following the COVID-19 pandemic it was clear a separate pathway was needed to be created for non-elective haematology and oncology patients as the service had outgrown its previous space.

Who this SOP applies to:

- Any cancer patient (Haematology and Oncology) who has a complication arising from their cancer diagnosis or treatment (There are exceptions to this, discussed further on)
- Patients with a non-malignant haematological condition which necessitates same day emergency care that can be safely managed in the ambulatory setting
- Nursing team, Medical staff, Administrative staff, Operational team within Cancer Business Unit and ACPs.
- This SOP also covers the Medical Assessment Unit (MAU) and Emergency Department (ED) pathways as oncology and haematology patients will default to these clinical areas out of hours.

The CTAU Pathway:

1. When is CTAU open?	<p>Monday-Friday - 07:30-20:00</p> <p>Weekends & Bank Holidays - 08:00-18:00</p> <p>Christmas day - CTAU is closed BUT service runs via ward 303.</p> <p>Additional information:</p> <p>Cover for the unit is demonstrated in table 1 below. Should the clinical need arise, the staffing model/hours of work should be negotiable; ongoing audit will be critical here.</p> <p>In the event that staff (Nurses/ACP's) are required to overstay due to hospital pressures, hours must be recorded on health roster and a DATIX completed. The medical team should liaise with medical staffing directly.</p>
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1a. Table 1: Unit cover

Staff Group	Location	Weekday cover	Weekend and bank holiday cover
Nursing	In dept	07:30 to 20:00 (3 RNs, 1 HCA)	08:00 to 18:00 2 RNs, 1 HCA and 1 CSW
CSW		1 CSW	09.00-17.00 Weekdays 08.00-18.00 Weekends
F1/F2		12:00 to 17:00	No cover
JSD		09:30-17:30	No cover
Admin support		08:30-17:00	08:00-13:00
ACP		09:00 to 19:00 (1x ACP) 08:00 to 18:00 (1 x ACP) 09:00-17:00 (1 x ACP)	09:00 to 17:00 (2 x ACP) (1 ACP covered via bank)
Haematology Registrar on call	On- call	09:00 to 17:00	09:00 to 17:00 (rota only allows for 3 weekends in 5)
Oncology Registrar on call		09:00 to 19:00	09:00 to 17:00

2. Capacity and facilities	<p>6 treatment chairs + 2 beds (8 patient capacity)</p> <p>Facilities include a waiting area, toilet facilities, a sluice, IV drug preparation area, and small kitchen. The medical/ACP team share a 3-desk office also housing a large FBC analyser.</p>
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	<p>Additional information:</p> <p>Whilst we strive to provide single sex accommodation, this is not always possible.</p> <p>If patients require isolation for other reasons Covid/Flu/ESBL/VRE/Loose stools, they can be accommodated in either our isolation room which has a capacity for 2 patients or room 4 (next to toilet) following IPC policy, this does reduce capacity therefore alternative arrangements should be made as soon as possible for these patients.</p>
<p>3. Patients with cardiac complaint</p>	<p>At present there is no cardiac monitoring in CTAU.</p> <p>Any patient triaged with cardiac symptoms noted on the UKONS triage tool will be advised to attend the emergency department.</p> <p>Additional information:</p> <p>If a patient presents with cardiac aetiology, then the medical/ACP team will liaise with ED to transfer the patient. The ACP liaises with the medical team and the nurse in charge of CTAU will liaise with the ED coordinator: 07788388435 by phone and where possible the patient will be transferred with ACP and registered nurse to ED and handed over face to face.</p>
<p>4. Referrals and triage</p>	<p>Patients are referred directly to CTAU by haematology and oncology teams.</p> <p>Patients can be referred from any health professional if the patient meets the acceptance criteria and will be triaged by the triage trained nurse. Most of CTAU's patient are referred via the Rapid Response triage line.</p> <p>Additional information:</p> <p>The Rapid Response line is covered 24 hours per day/365 days per year by trained haematology/oncology Registered Nurses (RN) who are relevantly trained in Acute Oncology (AO)/Rapid Response triage. The RN should discuss any concerns or queries with the ACP team. In hours this is covered by CTAU, out of hours this is covered by 301 and 303 by triage trained registered nurses.</p>

<p>5. Patient arrivals on CTAU</p>	<p>Monday-Friday - Patients arrive on the unit between 09:00-17:00. Weekends & Bank Holidays - 09:00-15:00</p> <p>Additional information:</p> <p>The cut-off point is at 17:00 weekdays (15:00 on weekends/bank holidays) to allow 2 hours for the ACP to assess, clerk and review any investigations ordered, the nursing team time to admit the patient, and the Oncology Specialist Registrar (SpR) to 'post-take' any Oncology patients.</p> <p>The weekend cut-off point is at 15:00 hours as the ACP finishes at 17:00. Should the ACP/Nursing team believe that a patient can be seen and treated within the last 2 hours then this will be at the discretion of the team.</p> <p>Outside of these hours any patient who requires assessment should be initially discussed with emergency bed bureau and then handed over to the team in ED/AMU as instructed. AO/On call Haematology or on call Oncology team will then ensure review as appropriate on the following day.</p>
<p>6. Haematology patients</p>	<p>Any haematology patient with a suspected haematological diagnosis (malignant or non-malignant) requiring urgent review, should be reviewed on CTAU during operational hours, as opposed to being sent to ED/AMU as we have access to Point of Care Test (POCT) and the haematology team.</p>
<p>7. Unwell patient in an outpatient department</p>	<p>Should a patient become unwell whilst in the cancer services outpatient areas i.e., Radiotherapy department, they will be assessed initially by the clinical team in that area. If stable, they can be referred to CTAU for further assessment.</p> <p>Additional information:</p> <p>If patients are transferred to CTAU a member of staff must accompany and hand over safely, ensuring the staff member stays until hand over is completed.</p>
<p>8. Visitors becoming unwell</p>	<p>Visitors to the department, relatives or carers who are unwell must attend the Emergency Department/ own GP.</p>

<p>9. Ward admissions</p>	<p>Unless contraindicated, haematology and oncology patients should be admitted to an appropriate ward on the 3rd floor. The nursing team and operational team need to work closely to expedite all potential issues with beds in a timely manner by notifying the <i>Cancer Bed Escalation Lead</i> on 07385343724.</p>
<p>10. Ward admissions (non-haematology/oncology wards)</p>	<p>When there are no beds available in haematology or oncology then patients must be clerked, medications prescribed on Lorenzo and a senior review must have occurred with a clearly documented plan in place prior to transfer to MAU/allocated bed. Communication with bed bureau/medical or surgical SpR on call as well as nurse in charge of unit is essential.</p>
<p>11. Patients transferred from Burton</p>	<p>If a cancer patient needs to be transferred over from Burton for management of their cancer, then this should be coordinated between bed managers and teams on respective sites to ensure seamless repatriation to one of the haematology or oncology wards at RDH (not to be transferred to MAU, unless under exceptional circumstances)</p>
<p>12. Patients who should not be sent directly to CTAU</p>	<p>Patients with the following conditions should not be sent directly to CTAU:</p> <ul style="list-style-type: none"> A. Chest pain of likely cardiac aetiology B. Conditions unrelated to cancer diagnosis/treatment i.e., Exacerbation of COPD C. Any condition that is likely to require intensive management by the Surgical/Orthopaedic team. D. Head injuries/Seizures/Suspected Stroke E. Extensive bleeds F. Frank haematuria G. Acute dyspnoea H. Arrhythmias I. Haemodynamically unstable patients J. Severe electrolyte imbalances (see parameters acceptable to CTAU in Appendix 3)

13. Process for Burton patients	Any QHB patient who contacts the rapid response 24-hour helpline calls a separate number during hours and will be directed to attend either the day unit at QHB during opening hours or to the ED at Burton. The ED coordinator/ chaser will be contacted. The triage at out of hours for RDH and QHB triage are combined and if assessment is needed the Clinical Site Practitioner at QHB will be contacted to hand over the patient using SBAR
14. COVID-19	If there is a high suspicion of COVID/confirmed COVID from the Rapid Response call and the patient needs to come in for assessment, then a POCT in Consulting Room 1 on CTAU should be performed. CTAU can accommodate two COVID positive patients on CTAU at any one time (In Consulting Room 1).

CTAU Staff - Roles & Responsibilities

<p>Nursing Team</p>	<p>The nursing team comprises of Sisters/Charge nurses, Registered nurses, CSW's and HCA's. The nursing staff are responsible for performing nursing assessments (observations), venepuncture, cannulation, administration of supportive medications, and obtaining specimens as required for analysis/investigations. The nursing team ensure CTAU patients' nutrition and hydration needs are met, all investigations/procedures are explained, and liaise with the bed management/operational team to arrange timely admission of patients.</p> <p>Once RNs have completed pathway training then they will undertake telephone triage (Rapid Response calls) on a regular basis.</p>
<p>ACP/Medical Team</p>	<p>The ACP/Medical team are responsible for assessing all patients who attend CTAU, completing all necessary clerking documentation to a high standard, ordering diagnostics and ensuring all information is communicated to both patient and nursing team. They are responsible for interpreting diagnostic investigations, ensuring a robust management plan is in place and escalating to senior oncology/haematology medical team as required.</p> <p>When patients are discharged home, a discharge letter must be completed for the GP. Equally when patients are admitted to the wards then the ACP/medical team must ensure effective communication between the two areas. For any patient being admitted then AKI/VTE must be completed as well as bloods requested for the following day.</p> <p>Any patient being admitted must be physically reviewed by the SpR on call for Oncology/Haematology prior to transfer to the designated ward.</p>
<p>Administrative Support</p>	<p>Between 08:30 to 17:00 weekdays, and 08:00-13:00 at weekends a ward receptionist is based on the front desk, responsible for booking patients in, completing IT data entry, printing labels and updating Lorenzo. It is crucial the nursing/ACP team keep the ward receptionist updated regarding patient movement, so systems can be updated in a timely manner. The receptionist</p>

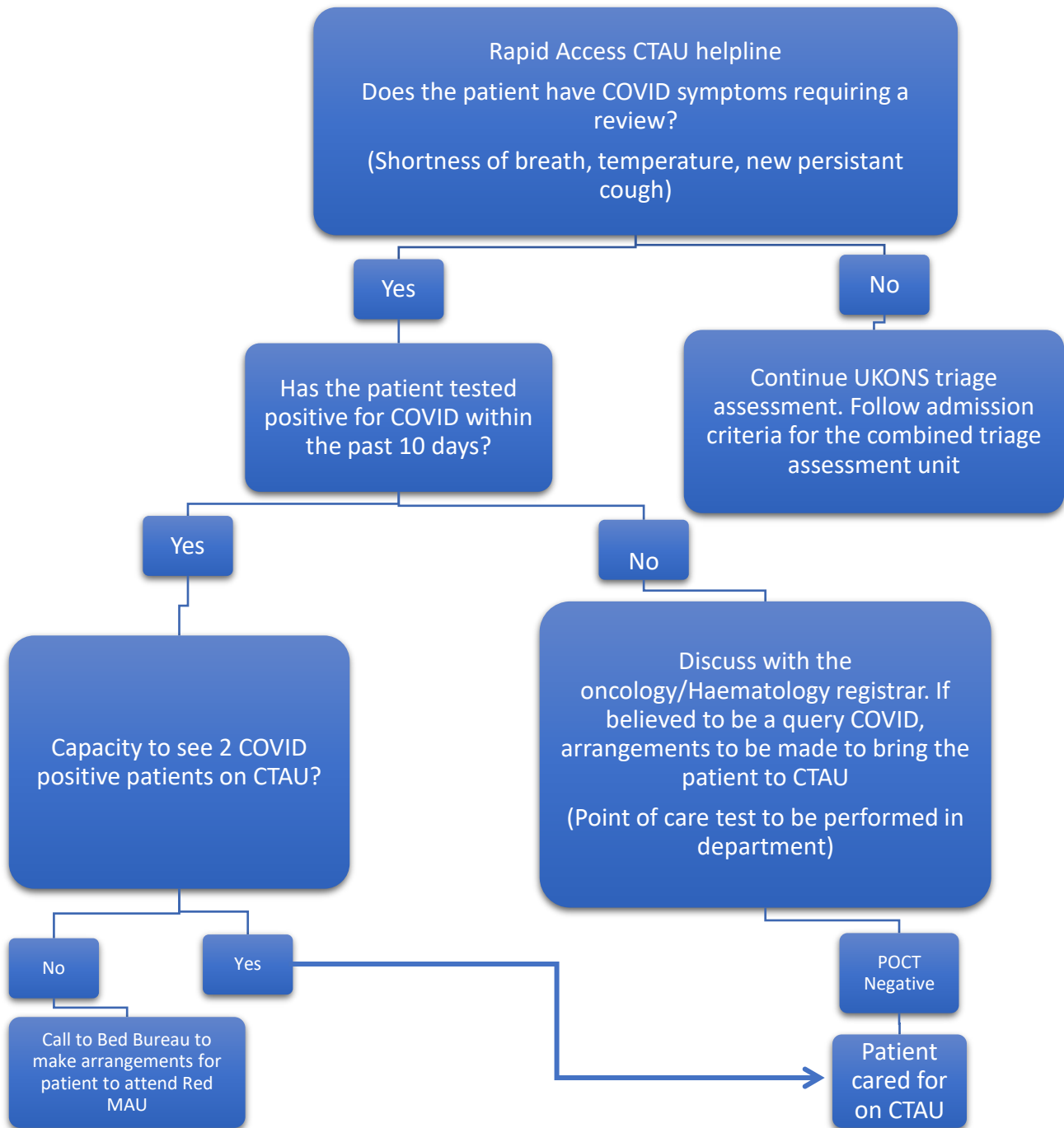
	<p>takes the initial phone call from the rapid response triage line before handing over to a RN.</p>
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CTAU Staff - Training

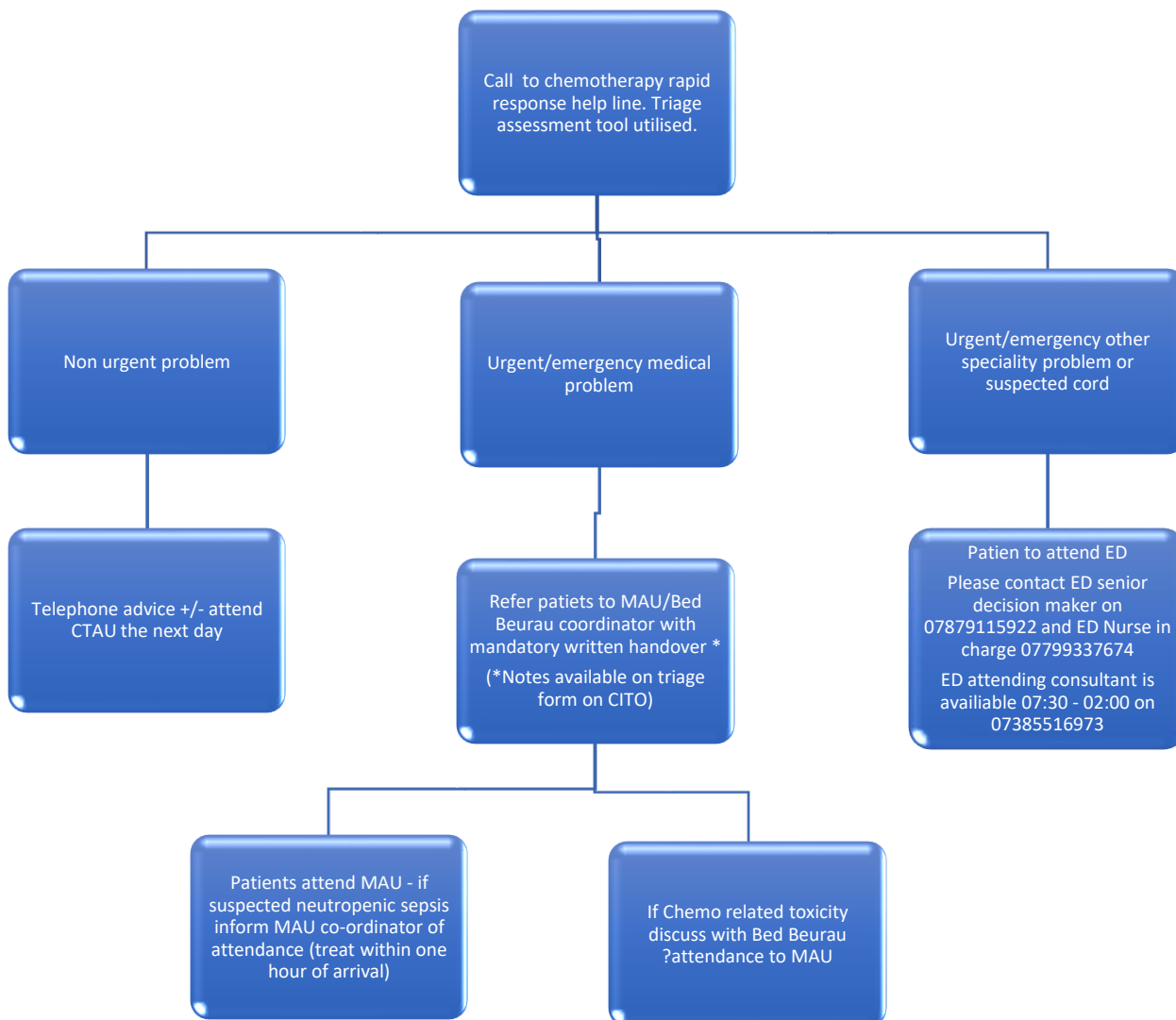
<p>Nursing</p>	<p>All nursing staff complete mandatory training as well as training for the RNs on using the Rapid Response line.</p> <p>CVAD training for RNs.</p> <p>Health Care Assistants (HCA/HCSW) undertake additional training to operate the FBC analyser/blood glucose machine/POCT analyser. In addition to this, Band 3 HCSWs can perform additional duties including performing 12 lead ECGs/peripheral cannulation.</p>
<p>ACP</p>	<p>All qualified ACPs receive 6 hours 'non-clinical' study time per week whereby they can choose to work in different clinical areas to enhance their knowledge, and equally work on the 4 pillars of advanced clinical practice.</p> <p>All trainee ACPs are entitled to 7.5 hours 'non-contact' study per week (not in addition to time to spent at university).</p>

Appendix:

Appendix 1: Flowchart for patients with confirmed/suspected COVID.



Appendix 2: Flowchart for patients out of hours



Appendix 3: Parameters for electrolyte disturbances acceptable on CTAU

	Normal range	Acceptable range for CTAU	Symptoms - if symptomatic – discuss with team.	Range which requires ED/MAU
Sodium	133-146	> 125	Confusion, < GCS, Headaches, profuse vomiting	<125
Potassium	3.5-5.3	2.5-6.0	Low – Muscle weakness, Cardiac symptoms, Paralysis High - < renal function, Cardiac symptoms	<2.5 >6.0
Magnesium	0.7-1.0	>0.3	Ventricular Arrhythmias Convulsions, Acute Asthma	<0.3 (Often treatment related)
Adjusted Calcium	2.2-2.6	1.8 - 4.0	Low – Cardiac symptoms, Muscle twitching, spasms. High- Cardiac symptoms Confusion, Seizures, Coma	<1.8 >4.0 (Known oncological emergency)

Appendix 4: Chemotherapy Private Patient pathway

