



AUSTRALIAN AND NEW ZEALAND CHILDHOOD HAEMATOLOGY AND ONCOLOGY GROUP NURSING POSITION STATEMENT FOR MINIMUM EDUCATION AND SAFETY IN THE ADMINISTRATION OF ANTI-CANCER THERAPY TO CHILDREN AND ADOLESCENTS WITH CANCER

Preamble:

The Australian and New Zealand Childhood Haematology and Oncology Group (ANZCHOG) Nursing Group is committed to the care of children and adolescents with haematological and oncological disease. The delivery of therapy to this group involves the administration of anti-cancer therapy. As described by the Cancer Nurses Society of Australia (CNSA), the delivery of anti-cancer drugs requires specialist knowledge, skills and competency to safely provide this care^{1,2}. The ANZCHOG Nursing Group endorses the following CNSA statements:

- Cancer Nurses Society of Australia Position Statement on the Minimum Education Requirements for Nurses involved in the Administration of Anti-Cancer Drugs within the Oncology and non-Oncology Setting¹
- Cancer Nurses Society of Australia Position Statement on the Minimum Safety Requirements for Nurses involved in the Administration of Anti-Cancer Drugs within the Oncology and non-Oncology Setting²

This position statement has been developed as an adjunct to the above CNSA documents to enable and support optimal care and safety within a paediatric setting. Henceforth 'children' or 'paediatric' refers to patients aged up to 18 years. Key principles of providing anti-cancer therapy in a paediatric setting are highlighted. The CNSA documents (linked), in conjunction with this statement aim to address the minimum education and safety requirement when delivering anti-cancer therapy to children.

Minimum requirements:

These requirements are in addition to the recommendations made within the above-mentioned CNSA documents.

- All paediatric patients undergoing anti-cancer therapy must have a Paediatric Oncologist/Haematologist as the leading clinician who is involved in the initial diagnosis and design of their management plan and with consideration of relevant clinical trials³.
- The treatment of adolescents in adult settings should be coordinated by a leading clinician with adolescent expertise and with consideration of relevant clinical trials^{3,4}.
- A multidisciplinary treatment plan should be documented for all children receiving anti-cancer therapy^{4,5}.
- The anti-cancer therapy, dose adjustments and supportive care must all be driven and ordered from the tertiary or primary cancer centre. Once the management plan is known the anti-cancer therapy can begin.

In following this management plan nurses caring for and administering and checking anti-cancer therapy to the paediatric population must:

- Recognise the contribution of participation in clinical trials to the improved clinical outcomes and survival of paediatric patients and actively pursue the implementation of the clinical trial and data collection^{3,4,5}. In this the nurse should have access to and be familiar with the most up to date trial protocol. All care provided should be documented as per the individual trial protocol requirements. The nurse must have access to personnel involved in the trial management.
- Understand the process of consent in paediatrics where the parent/guardian and child receive information and support for decision-making^{3,6}. Depending on the age and developmental stage of the child or adolescent, the importance of assent must also be acknowledged. While obtaining consent is a medical responsibility, it is imperative for nurses to ensure that the process of consent and assent are clearly documented.
- Provide information and copies of the management plan/trial protocol to the family, patient if appropriate and all appropriate care providers³.
- Recognise the importance of family centred care - that the family is the constant in the child's life and that individualised care is planned together with health professional, family and patient^{6,7}.
- Have completed a paediatric chemotherapy education program and demonstrate an understanding of paediatric oncology treatment protocols⁸.

It is understood that in order to provide care as close to home as possible some (as determined by the tertiary centre) anti-cancer therapy may be administered in a regional or shared care centre⁵. For this to occur safely the ANZCHOG Nurses Group believe that the region or shared care centre must have:

- The organisational capability and support to take care of children receiving anti-cancer therapy³

- Have received a comprehensive handover of the patient including, diagnosis, management plan, details of the anti-cancer therapy for administration, expected toxicities and required dose modification and details of subsequent admission planned at the tertiary centre
- Requirements for
 - Supportive care
 - Care of central venous access devices
 - Data recording
- The contact names and numbers of key personnel in the patient's treatment.

The organisational capability should include:

- An age appropriate environment^{3,9}.
- Ability to follow procedures and policies from the referring tertiary centre on all aspects of management of paediatric oncology patients; including but not limited to, administration, supportive care, side effects and extravasation of the anti-cancer therapy being given.
- Staff who are competent to provide care to children including, but not limited to, the access of central venous access devices and venepuncture for infants/children⁸.
- Nursing staff who meet the minimum education requirements to administer anti-cancer therapy as detailed by the CNSA¹
- An environment that meets the minimum safety requirements for nurses to administer anti-cancer therapy as detailed by the CNSA²
- On site availability of a Paediatrician or appropriate medical staff for the prompt management of any adverse events³
- The ability to stabilise the patient and provide emergency care (including paediatric life support) followed by contacting the tertiary centre to receive further management guidance.
- Access to appropriate resources, training and advice for staff to adequately provide supportive care to the paediatric/adolescent Oncology patient¹⁰.

In addition, the ANZCHOG Nurse group believes that the all nurses providing care to children receiving anti-cancer therapy should⁷:

- Recognise the growth and development patterns of the patient physically, emotionally, cognitively, socially and culturally.
- Have an understanding of the varying emotional responses and vocabulary, including non-verbal cues, in this population.
- Be aware of the need to act as an advocate, to assist in communication and expression of needs and informed decision making.
- Minimise procedural distress.

- Utilise age/intellectually appropriate assessment tools for symptom evaluation and management.
- Recognise the variation of normal observation ranges based on age and use age/intellectually appropriate assessment tools.
- Be competent in paediatric basic life support.
- Be competent in the preparation and administration of medication to children.
- Understand the needs of caregivers as an integral part of the care process.
- Communicate effectively with the child and family.

Disclaimer:

This statement is a general guide to appropriate practice. It is not meant to be prescriptive and is only to be followed subject to the clinician's judgment. Information included is current as at the date of publication and ANZCHOG does not make any warranty or guarantee in respect to this statement nor accept responsibility or liability for any errors or omissions.

References:

1. Cancer Nurses Society of Australia (2010) *Cancer Nurses Society of Australia Position Statement on the Minimum Education Requirements for Nurses involved in the Administration of Anti-Cancer Drugs within the Oncology and non-Oncology Setting*. http://www.cnsa.org.au/documents/august2010/33a_Minimum%20Education%20For%20Nurses%20re%20Anti%20Cancer%20Drugs.pdf
2. Cancer Nurses Society of Australia (2010) *Cancer Nurses Society of Australia Position Statement on the Minimum Safety Requirements for Nurses involved in the Administration of Anti-Cancer Drugs within the Oncology and non-Oncology Setting*. http://www.cnsa.org.au/documents/august2010/33b_Minimum%20Safety%20For%20Nurses%20re%20Anti%20Cancer%20Drugs.pdf
3. National Institute of Clinical Excellence (2005) *Improving outcomes in children and young people with cancer*. NICE: London.
4. Cancer Australia and CanTeen (2007) *National Service Delivery Framework for Adolescents and Young Adults with Cancer*.

5. Victorian Government Department of Human Services (2008) *Victoria's Cancer Action Plan 2008-2011*, D.o.H. Services, Editor: Victoria.
6. Australian Confederation of Paediatric and Child Health Nurses (ACPCHN) (2006) *Competencies for the Specialist Paediatric and Child Health Nurse* (2nd Edition).
7. Australian College of Children and Young People's Nurses (2009) *Position statement – Minimum Standard for nurses caring for children and young people*.
8. Queensland Health (2011) *Clinical Service Capability Framework, Children's Cancer Services*. Brisbane
9. Royal Australasian College of Physicians, Association for the Wellbeing of Children in Healthcare, and Children's Hospital Australasia (CHA) (2009) *Standards for the care of children and adolescents in health services*. Neonatal, Paediatric and Child Health Nursing, **12**(2): p. 5-11.
10. www.cancerlearning.gov.au