

1. Introduction

This SOP sets out the mechanisms by which patients and carers who are suitable for care on the ambulatory pathway are educated. They require written information and education and staff must ensure the patient understands this information and is able to comply with the advice given before initiating treatment in the ambulatory pathway.

2. Scope

The education programme will normally be delivered by the clinical nurse specialist (CNS) or disease specific senior nurse. When they are not available, this role may be undertaken by the treating consultant or registrar.

3. Recommendations, Standards and Procedural Statements

Patients must be accepted on to the ambulatory care pathway by the relevant MDT and this decision documented in the patient notes.

Both patient and carer must attend the session which must be delivered prior to commencing treatment on the pathway. This may occur in the in-patient, day care or out-patient setting.

Topics to be delivered are outlined in the consent form (attached as Appendix 1).

Written information will be provided:

- Ambulatory care patient information booklet
- UHL Food Safety and Hygiene leaflet
- Macmillan How to avoid Infection with Reduced Immunity leaflet
- UHL Mouth Care Leaflet
- UHL Skin-tunnelled Catheter Device leaflet
- Alert Card for Haematology Patients
- Regime Specific Drug information leaflets

Procedure / Process for patient education programme for patients and carer on a ambulatory care pathway

No.	Action
1	Patient for the Ambulatory care pathway is identified, meeting the criteria laid out in the Work instruction and supported by the relevant MDT
2	Disease specific CNS /Senior nurse books time with patient and carer to undertake the education as per the list in Appendix 1 Patient Education Sheet
3	The education session is completed with sign off of the Patient Education sheet (Appendix 1)

4. Education and Training

No specific education or training is required as the giving of patient information is integral to the CNS role.

5. Monitoring and Audit Criteria

Compliance with this SOP will be audited every 2 years as part of the MDT peer review process.

Key Performance Indicator	Method of Assessment	Frequency	Lead
100% of patients admitted to the ambulatory care pathway will attend an education session.	Audit of signed consent forms	Every year	CNS

6. Legal Liability Guideline Statement

See section 6.4 of the UHL Policy for Policies for details of the Trust Legal Liability statement for Guidance documents

7. Supporting Documents and Key References

‘Infections in people with cancer’. American Cancer Society.

‘Avoiding infections when you have reduced immunity’. Macmillan.

Sive et al. Hotel-based ambulatory care for complex cancer patients: A review of the University College London Hospital experience. 2012. Leukaemia and Lymphoma.

8. Key Words

Haematology; ambulatory care pathway; patient education.

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Appendix 1



Name:
Date of Birth:
Hospital No:
NHS No:
Consultant:

Education programme for patient and carer involved in ambulatory care

In order for you to be accepted onto the Ambulatory Care Programme you and your carer will need to attend an educational session. At the end of the educational session both you and your carer will need to confirm your attendance so a record can be made in your notes.

Topics to be discussed at the educational session:

1. Ambulatory patient / carer information booklet
2. Introduction to ambulatory care
3. Alert card for Haematology patients
4. Mouth care with an emphasis on Mucositis
5. Skin-tunnelled catheter care
6. How to take a temperature and record the results
7. Signs to watch out for:
 - Persistent nausea and vomiting
 - Poor fluid and food intake
 - Diarrhoea and constipation
 - Shivering
 - Shortness of breath
 - Swollen ankles and legs
 - Swollen arm
8. Problems associated with low platelets and haemoglobin
9. Taking medication and recording
10. What to do if you (the patient) are feeling unwell or need advice
11. Neutropenic diet
12. How to avoid infection
13. Sex
14. Regime Specific Side Effects
15. Emergency Phone Information

Please sign below to say you have attended this educational session and that you are willing to take part in the ambulatory care programme.

Patient signature: Date:

Carer's name:

Carer's signature: Date:

Witness name:

(the person who conducted the educational session)

Witness' signature: Date: