



DOCUMENT NUMBER:

DOCUMENT TITLE:

DOCUMENT NOTES:

Document Information

Revision:

Vault:

Status:

Document Type:

Date Information

Creation Date:

Release Date:

Effective Date:

Expiration Date:

Control Information

Author:

Owner:

Previous Number:

Change Number:

ABMT-GEN-030

9200 DAILY ASSESSMENT OF ADULT STEM CELL TRANSPLANT

1 PURPOSE

- 1.1 To outline the responsibilities of the inpatient Adult Bone Marrow Transplant (ABMT) nurse in performing and documenting patient assessments.

2 INTRODUCTION

- 2.1 At the beginning of each shift, the RN should perform a complete physical assessment on all assigned patients. If there is a positive finding in the initial assessment, a focused assessment should be performed in a maximum of 4 hours. If there are no positive findings on the first assessment, a repeat assessment should be performed according to guidelines below. An RN should visually assess each assigned patient at least every 2 hours. If the patient is on Falls Precautions a visual assessment should be performed at least once every hour.

3 SCOPE AND RESPONSIBILITIES

- 3.1 Nurses

4 DEFINITIONS/ACRONYMS

- 4.1 N/A

5 MATERIALS

- 5.1 N/A

6 EQUIPMENT

- 6.1 N/A

7 SAFETY

- 7.1 N/A

8 PROCEDURE

- 8.1 Vital Signs
 - 8.1.1 Temperature, blood pressure, pulse, respirations, and oxygen saturation should be performed at least q 4 hours: 0800 – 1200 – 1600 – 2000 – 2400 – 0400.
 - 8.1.2 Notify Provider for:
 - 8.1.2.1 Temp $\geq 38.0^{\circ}$ C or if patient is chilling
 - 8.1.2.2 HR < 60 or > 110 bpm
 - 8.1.2.3 SBP < 90 mmHg or > 180 mmHg
 - 8.1.2.4 DBP < 50 or > 100 mmHg
 - 8.1.2.5 SpO₂ $< 90\%$
 - 8.1.2.6 RR < 10 or > 24 bpm

- 8.1.2.7 Urinary Output < 50 ml/hour
 - 8.1.2.8 Change in mental status, respiratory distress, dyspnea
 - 8.1.2.9 Or for any VS that is significantly changed from patient's baseline.
- 8.2 Neurological Assessment
 - 8.2.1 Perform neurological assessment, including level of consciousness, movement, and strength, at the beginning of each shift.
 - 8.2.2 If any change or abnormality is noted, complete a full neurological assessment every 4 hours.
 - 8.2.3 Notify Charge Nurse/Physician of any changes.
 - 8.2.4 Document Falls Assessment at beginning of each shift and with any neurological Changes.
- 8.3 Oral Assessment
 - 8.3.1 Follow Oral Care – Mucositis Focus for the Adult Oncology Patient Process Standard.
 - 8.3.2 Examine oral cavity at least once a shift. Encourage compliance with mouth care and initiate treatment as per physician order.
 - 8.3.3 Report any mucosal bleeding.
 - 8.3.4 Reassess oral cavity after interventions are initiated and in 8 hours.
- 8.4 Cardiopulmonary Assessment
 - 8.4.1 Auscultate heart and lungs q 8 hours and prn if any change in objective or subjective cardiac or pulmonary findings is noted (i.e. increased respiratory or heart rate, shortness of breath, alteration in fluid balance, chest discomfort).
 - 8.4.2 Reassess in 4 hours if any abnormalities noted.
 - 8.4.3 If patient is on cardiac monitor, place rhythm strip in patient's chart q shift and with any rhythm changes. Document rhythm in VS section of charting hourly.
- 8.5 Gastrointestinal (GI) Assessment
 - 8.5.1 Auscultate for bowel sounds once a shift and prn as indicated by patient condition.
 - 8.5.2 Examine and record stool for color, consistency and volume.
 - 8.5.3 Record color and volume of emesis.
 - 8.5.4 Report bloody stools or emesis to physician.
 - 8.5.5 If patient as Graft vs. Host Disease (GVHD) of gut, document GI assessment q 4 hours.
- 8.6 Genitourinary Assessment
 - 8.6.1 Assess for signs of cystitis every shift.

- 8.6.2 Measure and record volume of urine and document color, clarity and sedimentation.
- 8.6.3 Report gross hematuria to physician.
- 8.6.4 Document color, clarity, sedimentation q 4 hours for patients with a urinary drainage catheter.
- 8.7 Skin Assessment
 - 8.7.1 Examine skin each shift for rash, bruising or signs of infection.
 - 8.7.2 Examine catheter site q 8 hours. **Initial dressing should be a gauze dressing with tape due to drainage and bleeding. Perform first dressing change 24 hours after insertion.** If there is drainage or bleeding prior to the 24 hours, reinforce dressing and continue to use gauze until drainage or bleeding stops. Change if soiled, loose, or damp. When insertion site is no longer oozing, apply CHG TSM dressing and change q seven days or more frequently if soiled or not intact.
 - 8.7.3 Examine perineum on am rounds, Monday and Friday, and on night shift of Wednesday. Document if patient complains that perineum is irritated or painful.
 - 8.7.4 Report any new rash or extension of rash.
 - 8.7.5 Document Braden Score and pressure assessment at the beginning of each shift.
 - 8.7.6 If Braden Scale is < 18, initiate Pressure Ulcer Prevention and/or Treatment Plan of Care.
- 8.8 Pain Assessment
 - 8.8.1 Assess for type, location, and intensity of pain every 4 hours.
 - 8.8.2 If pain is present, monitor and document effectiveness of pain management and 1 hour post intervention. Report uncontrolled pain to physician.
 - 8.8.3 If patient is receiving continuous analgesia, monitor effectiveness according to Patient Controlled Analgesia policy.
 - 8.8.4 Refer to DUH Pain Management Protocol for Adult Patients and Pain Management Teaching Protocol.
- 8.9 Nutritional and Fluid Assessment
 - 8.9.1 Record intake of food and fluids.
 - 8.9.2 Monitor fluid status every four hours. Report negative or positive fluid balance > 1000 ml to Charge Nurse.
 - 8.9.3 During multidisciplinary rounds, report poor oral intake (fluid intake < 1000 ml/day or patient's inability to eat at least 50% of meal tray) and assess causes.

8.10 Psychosocial Assessment

8.10.1 Assess coping mechanisms, sleep pattern, and participation with ADLs each shift.

8.10.2 Obtain orders for appropriate referrals to assist with coping (i.e. Social Worker, Physical Therapy, Occupational Therapy, Chaplain, Caryl Fulcher – Psych CNS, John Seskovich – Stress Management, Oncology Recreational Therapy).

9 RELATED DOCUMENTS/FORMS

9.1 N/A

10 REFERENCES

10.1 Ezzone S, (Editor). (2004) Hematopoietic Stem Cell Transplant: A Manual for Nursing Practice. Oncology Nursing Society. Pittsburgh PA.

10.2 Greifzu S. Caring for the Chronically Critically Ill. RN 2002;65(7):42-49.

10.3 Miller M, Kearney N. Oral Care for Patients with Cancer: A Review of Literature. Cancer Nursing 2001;24(4):241-254.

10.4 Duke University Hospital IV Therapy Policy, Adult

11 REVISION HISTORY

Revision No.	Author	Description of Change(s)
02	J. Loftis	Update sections 8.1.2 and 8.7 to reflect DUH policy.

Signature Manifest

Document Number: ABMT-GEN-030

Revision: 02

Title: 9200 Daily Assessment of Adult Stem Cell Transplant

All dates and times are in Eastern Time.

ABMT-GEN-030 9200 Daily Assessment of Adult Stem Cell Transplant

Author

Name/Signature	Title	Date	Meaning/Reason
Jennifer Loftis (JL26)		07 Feb 2014, 03:01:02 PM	Approved

Management

Name/Signature	Title	Date	Meaning/Reason
Jennifer Loftis (JL26)		07 Feb 2014, 03:01:17 PM	Approved

Medical Director

Name/Signature	Title	Date	Meaning/Reason
Nelson Chao (CHAO0002)		07 Feb 2014, 03:24:40 PM	Approved

Quality

Name/Signature	Title	Date	Meaning/Reason
John Carpenter (JPC27)		07 Feb 2014, 04:46:11 PM	Approved

Document Release

Name/Signature	Title	Date	Meaning/Reason
Betsy Jordan (BJ42)		10 Feb 2014, 01:14:06 PM	Approved