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Triaging symptom calls with and without practice guides: A case exemplar

by Barbara Ballantyne and Dawn Stacey

ABSTRACT

This case exemplar demonstrates use of COSTaRS symptom practice guides for enhancing quality of telephone-based nursing services. The case is based on findings from an audit of nurse-led telephone consultation documentation from 299 patients' health records in ambulatory oncology programs. Phone calls between a 49-year-old woman with metastatic colon cancer and three registered nurses (RNs) are described herein. The patient received chemotherapy intravenously (day 1) and orally (days 1–14). On days three, five and six she telephoned her RN to report nausea and vomiting. The first two RNs advised her to take her antiemetics with no assessment documented. The third RN used a COSTaRS symptom guide to conduct a thorough assessment, medication review, and discussed strategies for self-management.

INTRODUCTION

Although chemotherapy is an effective treatment for curing or palliating cancer, most patients experience unwanted side effects. Poorly managed side effects from chemotherapy may progress to require hospitalization and/or become life-threatening (Vandyk, Harrison, Macartney, Ross-White, & Stacey, 2012). Recent years have seen an ever-expanding number of chemotherapeutic regimens, as well as increased use of oral chemotherapy. This shift has resulted in increased challenges to patient safety, especially as treatment moves away from chemotherapy suites to patients' homes (Leung et al.,

2012). These challenges are largely attributable to the fact that moving chemotherapy delivery from an institutional setting into the home moves treatment delivery from an area where checks and balances, policies, and procedures are well established to a setting that lacks similar safeguards (Weingart et al., 2008). Nurses, therefore, find themselves providing information, education and side effect management to their patients remotely via telephone (Macartney, 2012).

For higher quality, telephone-based nursing services nurses: a) use clinical guidelines, standardized protocols, and agency policies and procedures; b) document all interactions; and c) participate in orientation and continuing education (CNA, 2007). To inform nurses' telephone-based assessment, triage, and guidance for patients experiencing treatment-related symptoms at home, the Pan-Canadian Symptom Triage and Remote Support (COSTaRS) symptom guides were developed (Stacey, Macartney, Carley, Harrison, & COSTaRS, 2013). The 13 symptom guides are based on evidence from clinical practice guidelines and are publicly available on the Canadian Association in Oncology (CANO) website (<http://www.cano-acio.ca/triage-remote-protocols>). To implement the symptom guides in routine nursing telephone practice in our oncology program, nurses received a 60-minute training workshop and reinforcement sessions (Stacey et al., 2015). Reinforcement sessions were informal discussions focused on specific symptoms and overcoming challenges to using the symptom guides. As well, clerks were instructed to place the relevant symptom practice guide with the telephone message prior to giving written messages to the primary nurse. Completed practice guides were then filed in the patients' paper health record.

In this paper, a case exemplar is employed as a strategy for demonstrating how using a COSTaRS symptom practice guide has the potential to enhance the quality of telephone-based nursing services.

EVIDENCE SOURCES

The case exemplar was developed using findings from a chart audit of nurse-led telephone consultation documentation in an outpatient oncology program. The documentation audits (N = 299 patient health records) were conducted as part of a larger COSTaRS study to determine uptake of the practice guides (Stacey et al., 2012). To protect patient and nurse confidentiality, demographics in the case exemplar were changed. Ethics approval for the larger COSTaRS study was obtained from the appropriate Research Ethics Board (REB), its affiliated university and REB's of the participating centre.

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CASE EXEMPLAR

At the age of 49, Tracy White (pseudonym) was diagnosed with colon cancer metastasized to her liver. Prior to her diagnosis, Tracy had made plans to retire from her position as a school secretary in order to travel with her husband and spend more time with her children and grandchildren. The colon cancer was diagnosed during a routine colonoscopy. Unfortunately, during staging she was noted to have lesions on her liver. The original treatment plan consisted of surgery to remove part of her colon and her oncologist suggested she undergo an initial course of six months of chemotherapy. In order to receive the initial chemotherapy treatments, Tracy travelled two hours from her home to the nearest satellite oncology site where she received her weekly intravenous chemotherapy. On a monthly basis, she also travelled a total of 11 hours to the cancer centre to meet with her oncologist and primary nurse. Her cancer journey was further complicated by an infected PICC line incident and severe fatigue. Having completed the prescribed six months of chemotherapy, Tracy's CT SCAN showed stable disease and she was, therefore, able to discontinue chemotherapy.

Several months later, Tracy was advised by her oncologist to consider restarting chemotherapy due to retroperitoneal progression. After careful consideration, citing travel issues from her home to her nearest Outreach oncology site, Tracy chose not to have another PICC line, opting instead for a combination of oxaliplatin by intravenous day 1 of each three-week cycle and an oral agent capecitabine (Xeloda) twice a day for two weeks. Her oncologist also prescribed three medications for managing nausea and vomiting—ondansetron, dexamethasone, and prochlorperazine. Tracy was pleased, as this new chemotherapy combination drastically decreased the number of hours required to travel for each treatment and she felt this was a more 'convenient' treatment plan.

For the first 48 hours after her initial treatment Tracy felt 'fine'. However, on the third morning she woke up nauseated and was unable to eat breakfast. By noon, she continued to feel nauseated and Tracy made her first phone call to the tertiary oncology program for advice. Over a four-day period, Tracy called the cancer centre three times regarding nausea. Each time Tracy called she spoke with a registered nurse (RN) who had participated in the education workshops on the COSTaRS symptom guides. Due to the fact that Tracy's RN was on vacation, Tracy spoke to three different nurses during a four-day period. A summary of these telephone interactions is described below:

First phone call – Day 3 of oral chemotherapy: Tracy called to speak with her nurse.

- Telephone triage clerk message: "Has not taken her chemo pill today. Medication tastes bad and stomach feels awful." The clerk attached a copy of the Nausea and Vomiting COSTaRS symptom guide to the message for the primary nurse.

Primary Nurse with 15 years of oncology experience returned Tracy's call in 2.5 hours and documented on the non-COSTaRS telephone message: "Patient advised to take Xeloda if she can. Advised to try Prochlorperazine first." No documentation was completed on the COSTaRS symptom guide.

Second phone call – Day 5 of oral chemotherapy: Tracy called again to speak with her primary nurse, but was unaware that she was not at work.

- Telephone triage clerk message: "Vomited last night. Not sure if she should take chemo pill." The clerk again attached a Nausea and Vomiting COSTaRS symptom guide to the message.
- Replacement RN, with less than six months oncology experience, returned Tracy's call within two hours of receiving the message and documented: "Took Stemetil once with effect. Not nauseated now. Drinking OK. Advised to proceed." This documentation was found on the separate telephone message form, but no documentation was found on the COSTaRS symptom guide.

Third phone call – Day 6 of oral chemotherapy: Tracy called for a third time.

- Telephone triage clerk message: "Patient requesting primary nurse call her ASAP. Feels terrible. Nauseated and medication is not helping. Has not taken chemotherapy." Telephone clerk attached a Nausea and Vomiting COSTaRS symptom guide to the message and sent it to the ambulatory clinic. Her regular primary nurse was on vacation and the oncologist was working with a second replacement RN (third RN in four days). The RN documented her assessment, triage and interventions on the COSTaRS symptom guide (see Figure 1). In addition to nausea, the conversation directed by the use of the COSTaRS symptom guides, between the third RN and Tracy revealed that constipation was also contributing to Tracy's nausea. The RN then assessed, triaged and managed both symptoms appropriately using the COSTaRS practice guides.

According to the symptom assessment, Tracy was triaged as having moderate symptom severity requiring self-management and reassessment within 12–24 hours if no improvement or symptoms recur. The COSTaRS medication review revealed that Tracy had not been using prochlorperazine as prescribed and that she was not aware that the metoclopramide she had on hand from her original chemotherapy treatment was also an antiemetic. The RN noted that she was given granisetron with her IV chemotherapy and that this medication frequently causes constipation. Tracy had colace and senokot for constipation at home, but she was not using these medications regularly. The COSTaRS self-management strategies were reviewed and next steps agreed upon were clearly documented. Tracy agreed to hold the prochlorperazine and instead try the previously prescribed metoclopramide, as ordered, and several of the self-management strategies (numbers 6, 8 and 12) (Figure 1).

Tracy made no further calls to the cancer centre regarding nausea or constipation. Her next follow-up was an in-person interview with the oncologist where documentation describes the symptoms as resolved.

Figure 1: Completed COSTaRS Symptom Guide for Tracy

Nausea & Vomiting Protocol
Remote Assessment, Triage, and Management of
Nausea & Vomiting in Adults Undergoing Cancer Treatment
(not for patients undergoing bone marrow transplant)

Nausea: A subjective perception that emesis may occur. Feeling of queasiness.
 Vomiting: A forceful expulsion of stomach contents through the mouth and may include retching (gastric and esophageal movement without vomiting – dry heaves.)^{6,10}

Name *Tracy White*
 Date of Birth *May 1, 1964*
 Sex *F*
 Hospital card number
 Date and Time *Nov 17/14 2pm*

1. Assess severity of nausea/vomiting (Supporting evidence: 4 guidelines)^{1,6,7,10}

Tell me what number from 0 to 10 best describes your nausea
 No nausea 0 1 2 3 4 5 6 7 8 **9** 10 Worst possible nausea^{8(ESAS)}

Tell me what number from 0 to 10 best describes your vomiting?
 No vomiting 0 1 2 3 4 5 6 **7** 8 9 10 Worst possible vomiting^{8(ESAS)}

How worried are you about your nausea/vomiting?
 Not worried 0 1 2 3 4 5 6 7 **8** 9 10 Extremely worried

Ask patient to indicate which of the following are present or absent

| | | | | | | |
|--|----------------|-------------------------------------|-----------------|--|--------------------|--------------------------|
| Patient rating for nausea (see ESAS above) ^{1,6,8} | 0-3 | <input type="checkbox"/> | 4-10 | <input type="checkbox"/> | | |
| Patient rating for vomiting (see ESAS above) ^{1,6,8} | 0-3 | <input type="checkbox"/> | 4-6 | <input type="checkbox"/> | 7-10 | <input type="checkbox"/> |
| Patient rating of worry about nausea/vomiting (see above) ⁶ | 0-5 | <input type="checkbox"/> | 6-10 | <input type="checkbox"/> | | |
| How many times per day are you vomiting or retching? ^{1,6,7,10} <input type="checkbox"/> No vomiting | ≤1 | <input type="checkbox"/> | 2-5 | <input checked="" type="checkbox"/> <i>yes today</i> | ≥6 | <input type="checkbox"/> |
| Have you been able to eat within last 24 hours? ^{6,7,10} | Yes | <input checked="" type="checkbox"/> | No | | | |
| Have you been able to tolerate drinking fluids? ^{6,7,10} | Yes | <input checked="" type="checkbox"/> | | | No | <input type="checkbox"/> |
| Are you feeling dehydrated, which can include feeling dizzy, a dry mouth, increased thirst, fainting, rapid heart rate, decreased amount of urine? ^{6,10} | No | <input type="checkbox"/> | Yes, some | <input checked="" type="checkbox"/> | Yes, significantly | <input type="checkbox"/> |
| Do you have any blood in your vomit or does it look like coffee grounds? ⁶ <input type="checkbox"/> No vomiting | No | <input type="checkbox"/> | | | Yes | <input type="checkbox"/> |
| Do you have any abdominal pain or headache? ⁶ <i>“cramps”</i> | No/Mild 0-3 | <input type="checkbox"/> | Moderate 4-6 | <input checked="" type="checkbox"/> | Severe 7-10 | <input type="checkbox"/> |
| Does your nausea/vomiting interfere with your daily activities at home and/or at work? ^{6,7} Describe. | No | <input type="checkbox"/> | Yes, some | <input checked="" type="checkbox"/> | Yes, significantly | <input type="checkbox"/> |

1 Mild
 2 Moderate
 3 Severe

2. Triage patient for symptom management based on highest severity (Supporting evidence: 2 guidelines)^{6,7}

| | | |
|---|---|---|
| <input type="checkbox"/> Review self-care. <input type="checkbox"/> Verify medication use, if appropriate. | <input type="checkbox"/> Review self-care. <input type="checkbox"/> Verify medication use, if appropriate. <input type="checkbox"/> Advise to call back if symptom worsens, new symptoms occur, or no improvement in 12-24 hours. | <input type="checkbox"/> Refer for medical attention immediately. |
|---|---|---|

If patient is experiencing other symptoms, did you also refer to the appropriate protocols? If yes, please specify:

Additional Comments: *Constipated. See attached*

3. Review medications patient is using for nausea/vomiting, including prescribed, over the counter, and/or herbal supplements (Supporting evidence: 7 guidelines)^{1-5,9,10}

| Current use | Examples of Medications for nausea/vomiting | Notes (e.g. dose, suggest to use as prescribed) | Type of Evidence |
|-------------------------------------|---|---|--------------------------------------|
| <input checked="" type="checkbox"/> | ondansetron (Zofran [®]), granisetron (Kytril [®]), dolasetron (Anszemet [®]) ^{1-5,9,10} | with oxalip. | Systematic review |
| <input type="checkbox"/> | dexamethasone (Decadron [®]) ^{1,2,3,5,9,10} | " | (Large RCT and/or systematic review) |
| <input type="checkbox"/> | fosaprepitant, aprepitant (Emend [®]) ¹⁻⁵ | gabprn | Systematic review |
| <input type="checkbox"/> | metoclopramide (Maxeran [®]) ^{1-5,9,10} | gabprn | Systematic review |
| <input type="checkbox"/> | prochlorperazine (Stemetil [®]) ^{1,2,5,9,10} | gabprn | Systematic review |
| <input type="checkbox"/> | Other: lorazepam (Ativan [®]) ^{1-3,5,9,10} , nabilone, dronabinol ^{2,5} ; haloperidol (Haldol [®]) ^{2,5} | | (Large RCT and/or systematic review) |

4. Review self-care strategies (Supporting evidence: 6 guidelines)^{2-5,6,10}

| What strategies are already being used? | Strategy suggested/ education provided | Patient agreed to try | Self-care strategies |
|---|--|-------------------------------------|--|
| 1. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | What helps when you have nausea/vomiting? Reinforce as appropriate. Specify: <i>using Stemetil infrequently - not using maxeran</i> |
| 2. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are you trying to drink clear fluids (e.g. water, sports drinks, broth, gingerale, chamomile tea)? ^{6,10} |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have you tried relaxation techniques that may include guided imagery, music therapy, progressive muscle relaxation? ^{2,3,5,6,10} |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are you taking anti-emetic medications before meals so they are effective during/after meals? ^{5,6} |
| 5. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If vomiting, are you limiting food and drink until vomiting stops? After 30-60 minutes without vomiting, sip clear fluids. When clear fluids stay down, add dry starchy foods (e.g. crackers, dry toast, dry cereal, pretzels). If starchy food stay down, add protein rich foods (e.g. eggs, chicken). ⁶ |
| 6. <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Are you trying to: - eat 5-6 small meals or snacks? ^{2,5,6} - eat foods that minimize your nausea and are your "comfort foods"? ^{2,5} - avoid greasy/fried, highly salty, and spicy foods? ^{2,5,6} - eat foods that are cold, avoiding extreme temperatures and strong odors? ^{2,5,6,10} |
| 7. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are you sitting upright or reclining with head raised for 30-60 minutes after meals? ⁶ |
| 8. <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Are you wearing loose clothing? ⁶ |
| 9. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are you rinsing your mouth before eating and keeping your mouth clean (brushing, rinsing)? ⁶ |
| 10. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have you tried acupuncture or acupressure to help with your nausea/vomiting? ^{4,5,6} |
| 11. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have you spoken with a dietitian? ¹⁰ |
| 12. <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Would more information about your symptoms help you to manage them better? ⁶ If yes, provide appropriate information or suggest resources. |

5. Summarize and document plan agreed upon with caller (check all that apply)

- No change, continue with self-care strategies and if appropriate, medication use
- Patient agrees to try self-care items #:
How confident are you that you can try what you agreed to do (0=not confident, 10=very confident)?
- Patient agrees to use medication to be consistent with prescribed regimen. Specify:
- Referral (service & date):
- Patient agrees to seek medical attention; specify time frame:
- Advise to call back in 12-24 hours if no improvement, symptom worsens, or new symptoms occur

Name B. Smith RN Signature [Signature] Date Nov 17/14


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PATIENT TELEPHONE MESSAGE

Date: Nov 17/14

Patient Name: Tracy white
 DOB: XX - XX - XXX
 N #: May 1, 1964
 Health Card No.: May 1, 1964

| | | | |
|---|---|--|---|
| Patient's Next Appointment Date: <u>Dec 15/14</u> | | <input type="checkbox"/> Clinical Research Patient | |
| NAME OF CALLER: | | MESSAGE RECEIVED FROM: | |
| <input checked="" type="checkbox"/> Patient Phone No.: | <input type="checkbox"/> Re-booking Hotline | | |
| <input type="checkbox"/> Family Phone No.: | <input type="checkbox"/> Voicemail | | |
| <input type="checkbox"/> COCN Phone No.: | <input type="checkbox"/> Drop-in | | |
| <input type="checkbox"/> Other Phone No.: | <input type="checkbox"/> Nurse Initiated | | |
| REASON FOR CALL: <u>nausea/vomiting</u> <u>Vomited last night. Not sure if she should take chemo pill</u> | | | |
| Signature of Person Taking Call:  | | Time: <u>1200</u> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm | Chart requested: <input type="checkbox"/> |
| Pharmacy: | | Phone No.: | Fax No.: |
| Physician/PN: <u>Dr A/ B Smith MD</u> | | Time forwarded: | |
| Intervention time: <u>1400:</u> | | | |
| <u>In discussion about N/V noted @ BM X 4 days. Pt has colace/serenol. States "took some yesterday" but vomitted. Solid intake poor. Drinking "oh". Passing gas. Feels crampy but no results. Denies bloating. Has Zofran</u> | | | |
| <input checked="" type="checkbox"/> To call back or seek medical advice <u>c chemo. Did not take xeloda today</u> | | | |
| <input type="checkbox"/> Advised to go to | <input type="checkbox"/> General practitioner | <input type="checkbox"/> Emergency Department | <input type="checkbox"/> Walk-in clinic |
| Physician's signature: | | Date: | |
| PN's signature: <u>B Smith MD</u> | | Date: <u>Nov 17/14 @ 1430</u> | |

→ ↑ maxilan q 6 x 24 use serenol equivalent x 24 hrs
 → repeat colace/serenol today if no vomiting.

DISCUSSION

This case exemplar demonstrates the benefit of using the COSTaRS symptom guide for conducting and documenting the assessment, triage, medication review, self-management review, and agreed-upon plan when handling cancer treatment-related symptom calls from patients. In fact, due to the comprehensive assessment, the third nurse who spoke with Tracy was able to identify other symptoms contributing to the nausea and establish a more appropriate multi-symptom management plan. Given the minimal documentation in the patients' health record that was completed by the first two nurses who spoke to Tracy, it was impossible to determine the extent of the assessment or guidance in self-management that was provided by these nurses.

The use of standardized nursing symptom guides such as COSTaRS provided an evidence-informed approach for the RNs to support a collaborative relationship with patient so as to enhance self-care, ultimately improve their outcomes, and enhance the documentation. Early detection and self-management is also important to reduce the severity of treatment-related side effects. In this situation, when the practice guide for nausea and vomiting was used, the patient received a more thorough assessment and tailored guidance in self-managing her symptoms. The COSTaRS symptom guides were designed to be user-friendly and use plain language to facilitate communication with patients (Stacey et al., 2013). Practising remote support with the COSTaRS practice guide allowed the third nurse to more systematically assess the presenting symptoms, triage the situation to the appropriate level of care,

review available medications for symptom management, and initiate an action plan together with Tracy.

Another key element in handling these telephone calls was the team-based approach. The cancer centre included the clerks, who are not licensed health care professionals, in the training provided to nurses on the COSTaRS symptom practice guides. In this case exemplar, as well as the original chart review, the clerk always attached a COSTaRS practice guide to the telephone message.

This paper demonstrates the importance of the oncology nurses' role in providing remote symptom support and how employing practice guides such as COSTaRS can lead to improved symptom assessment, management, and documentation. The case exemplar exhibits how the COSTaRS symptom practice guides helped one RN who was unfamiliar with Tracy to collaborate with her in assessing and self-managing her self-reported nausea and underlying constipation. When two other nurses responded to Tracy's earlier calls without using the COSTaRS symptom guides, Tracy repeatedly became more distressed in her calls and the nausea became more intolerable. Highlighted here is how documenting on the COSTaRS symptom guide may have led to more effective communication amongst staff and, in turn, reduced the number of times Tracy had to tell her story. Had the COSTaRS symptom guide been used with the first call, subsequent nurses would have had access to standardized documentation regarding Tracy's concerns and the advice she was given in earlier phone calls. This may have resulted in improved consistency in messaging to the patient, reinforcement of teaching and earlier identification of the scope of the problem.

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