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Immune-related Adverse Event Management for Oncology Patients

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BACKGROUND

Using Immune Checkpoint Inhibitors has led to improved survival of patients and may be associated with multiple immune-related adverse events(irAEs). These adverse events can affect a wide range of organs and induce nonspecific symptoms with delayed onset and prolonged duration. These symptoms may or may not be reported or assessed and can lead to life-threatening disorders. Patient education regarding reporting side effects as well as periodic follow-up care for patients receiving immunotherapy is essential to manage and treat irAEs. Our team looked for evidence to support initial and more frequent reinforcement of patient education to determine if these interventions can manage irAEs and thereby decrease the severity of these events.

PICO QUESTION

For oncology patients undergoing immunotherapy, how does frequent reinforcement of patient education regarding early recognition and management of immune-related adverse events affect patient reporting of these events?

Population Oncology patients undergoing immunotherapy
Intervention Reinforcement of patient education for early recognition and communication of adverse events
Outcome Ability of the patient to recognize and report symptoms of adverse events

LITERATURE REVIEW

CINAHL and Medline were searched; 6 articles were reviewed including two Level V articles and four Level VII articles.

SYNTHESIS

Patient education is critical to maximize early recognition and prompt reporting of irAEs which leads to early intervention. Oncology nurses are well positioned to provide immunotherapy education. Encourage patients to call early and often with any side effects. Initial and ongoing patient education helps ensure the best quality of life and minimization for side effects and irAEs. The key to optimizing therapies is collaborative monitoring, evaluation, documentation and communication.

The articles we reviewed confirmed our practice. In our research we found that the Oncology Nursing Society has a wallet card specifically for patients on immunotherapy. This card is used to communicate with a patient's other providers. A few pieces of information include: drug name, drug type and start date of treatment.

We did not find specific guidelines for the frequency of patient education reinforcement or for the frequency of follow ups. Would increasing the frequency of these be beneficial? Further studies would need to be conducted focusing on these issues.

RECOMMENDED PRACTICE CHANGE

We are planning to implement the use of the ONS Immunotherapy Wallet Card so that patients are able to communicate effectively with all of their providers.

CONCLUSION

Current practice has been Clinic RN's providing initial education including treatment schedule, drug teaching sheet, immunotherapy guide pamphlet, first treatment expectations, who and when to call and a timeline for when to expect side effects.

Telephone triage protocols assist in guiding the assessment of symptoms and direct the patient in the appropriate management of irAEs. Depending on the severity of the symptom a patient could be directed to manage at home or come in that day for an office visit.

Telephone triage has noticed an increase in calls from patients being treated with immunotherapy.

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