



Service Priorities and Programmes
Electronic Presentations

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Collaboration with Ambulatory Care Center to Improve Haematological Patient's Journey of Fever Management after Chemotherapy

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Introduction

Most of haematological patients usually develop neutropenia after receive chemotherapy,. They have high risk of suffering neutropenic fever and then cause fatal sepsis. However, patients were low awareness of the risk of neutropenic fever and sought medical treatment lately. Most of them expressed that reluctant to attend AED due to long waiting time and crowd environment.

Objectives

To enhance patient awareness of seeking medical treatment after onset of fever.

To provide management of post chemotherapy fever at ambulatory center.

Methodology

Haematology, ward and ambulatory nurses provide health education to ensure patient understanding the risk of neutropenic fever and the important of early treatment before chemotherapy.

Extend service at ambulatory care center let out patient had one more site to attend for post chemotherapy fever in office hour.

Preparations of extend service include training of nursing staff, antibiotics available, checklist and guideline of neutropenic fever management, support of haematologist and admission pathway.

Result

There were total number of 26 patients attended ambulatory care center due to post chemotherapy fever in 2017. 21 patients were diagnosed neutropenic fever and admitted. 5 patients were not neutropenic fever and then discharge after blood test and haematologist assessment. Total number of 24 patients received blood culture and prophylactic antibiotic within one hour. Beside, these 21 diagnosed neutropenic fever patients came within onset fever 6 hours and did not develop neutropenic sepsis.

Conclusion

Patients are willing to attend ambulatory center for management after fever onset in short time. In addition, patients receive antibiotic treatment within one hour. This new service not only increase patient awareness of fever management but also reduce their risk of developing fatal sepsis.