



Service Priorities and Programmes
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A pilot program on nurse-led enhanced care to nasopharyngeal cancer and head and neck cancer patients

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Introduction

Radiotherapy (RT) is the mainstay treatment for nasopharyngeal cancer (NPC) and other head and neck (H&N) cancers. However it induces acute toxicities like mucositis, odynodysphagia, weight loss and skin reactions. Overseas studies showed that nurse-led service could provide useful and timely information, symptoms management and psychosocial support to patients. It enhanced communication and multi-disciplinary liaison between different parties. A pilot program on nurse-led enhanced care for the above diseases was implemented in our department since January 2013.

Objectives

To improve patients' perceived care and support, and symptoms control during the course of radical radiotherapy

Methodology

A structured multi-disciplinary program was started from new case attendance to 90 days after radical RT. Post treatment survey was conducted to review the patients' satisfaction and clinical outcomes. Patient acceptance to the service was assessed by a 4-point Likert scale. Mean Likert Score (MLS) was calculated.

Result

From January to December 2013, 104 patients have joined the program with totally 1,027 nursing consultations. 51% of them were NPC patients while the rest were other H&N cancers. Their mean ages were 55 and 69 years old respectively. 15.4% NPC patients and 17.5% other H&N cancer patients were living alone. The prevalence of grade 3 or above oral mucositis was 87.2% for NPC and 32.5% for H&N cancers. 7.7% NPC and 17.5% H&N cancer patients have suffered from grade 3 or above skin reactions. Nasogastric tube feeding was needed in 10.3% NPC and 25.0% H&N cancer patients. Hospitalization rate due to treatment complications in NPC and H&N cancer patients was 7.7% and 30.0% respectively. The treatment induced post-RT 90 days mortality rate for NPC was 0% and 2.5% for H&N cancers. MLS of patient

satisfaction were 3.8 or above particularly in our professional knowledge and skill, patient empowerment, improvement of patient's healthy lifestyle and biopsychological support perceived. Our NPC and H&N cancer patients suffered from significant acute post-RT toxicities. Our pilot nurse-led care program is acceptable to them. It enhances the symptoms control and psychological support in which would improve patients' quality of life (QoL). Thus, a longitudinal measurement of QoL is warranted in the future review.