

CREDIT VALLEY

THE CREDIT VALLEY HOSPITAL

CLINICAL PATHWAY

BOWEL CANCER OUTPATIENT ADJUVANT TREATMENT

Inclusion Criteria: Surgical Resection for Cure. Requires chemotherapy with curative intent

Exclusion Criteria: Inoperable Bowel Cancer

Surgery Performed @ _____ Date: ____/____/____
 By: _____

Clinical Pathways are not considered a substitute for professional judgement.

Phase:	First Oncology Clinic Visit	Treatment Phase	Post Treatment Follow-up
	Date: _____	Start Date: _____	Start Date: _____

Patient Outcomes	Patient/family introduced to care provided during outpatient treatment _____ Patient satisfaction with symptom management _____ Post-op surgical follow-up complete: _____ Clinical Indicator #1: Perioperative Imaging performed (CT/MRI)? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, check booking <input type="checkbox"/> Signature: _____	Tolerating treatment and managing side effects Avoid hospitalization for symptom management Clinical Indicator #3: Telephone follow-up after initial chemo treatment performed? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Date: ____/____/____ Signature: _____ Clinical Indicator #4: End of Tx evaluation of pt. Satisfaction <input type="checkbox"/> Yes <input type="checkbox"/> No, If No, See Progress Note: _____	Patient has received an individualized plan of care Scheduled follow-up arranged: _____	
	Teaching	Booking for pre-chemo teaching _____ Educate Patient/family regarding symptom assessment and management strategies _____ Patient Education material given: <input type="checkbox"/> Chemo <input type="checkbox"/> Radiation <input type="checkbox"/> Patient Education pkg. Clinical Indicator #2: Pt/family received Education package on first visit? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____	Teaching specific to Bowel Cancer: Two hour pre-chemo class attended _____ Date: _____ Complete Patient Education materials given: _____	Patient education booklet reinforced and documentation of scheduled follow-up appts.: _____ Patient to be instructed to come 2 weeks prior to Follow-up appointment for blood work: _____ Requisitions for follow-up test given to patient: _____
Discharge Planning Criteria	Available drug coverage? _____ CCAC _____ Wellspring _____ Canadian Cancer Society & transportation _____	Available drug coverage? _____ CCO drug coverage _____ CCAC _____ Wellspring _____ Canadian Cancer Society _____	All follow-up appointments made according to schedule _____ CCAC _____ Wellspring _____ Canadian Cancer Society _____	
Pathway Reviewed with Pt/Family, (Init)	Yes: _____ No: _____	Yes: _____ No: _____	Yes: _____ No: _____	
Signature/Initials	Signatures	Initials	Signatures	Initials

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Phase:	First Oncology Clinic Visit	Treatment Phase	Post Treatment Follow-up
	Date:	Start Date:	Start Date:
INTERVENTIONS:	Accurate list of home medications Review Operative Report/ Pathology intraoperative Report Physical assessment by MD Patient health history Genetic profile Vascular access assessment Assessment for referral to Clinical Trials	<ul style="list-style-type: none"> Accurate list of home medications each visit Ongoing assessment and documentation Telephone contact post initial chemo treatment (RN) 	Screening <ul style="list-style-type: none"> q3 months x 2 yrs, then q6 months x 3 yrs Stop active follow-up end of 5th yr
a) Assessments			
b) Consults	Referrals for supportive care: <ul style="list-style-type: none"> <input type="checkbox"/> Social Work _____ <input type="checkbox"/> Psychology _____ <input type="checkbox"/> Clinical Nurse Specialist _____ <input type="checkbox"/> Dietitian _____ <input type="checkbox"/> Physiotherapy _____ <input type="checkbox"/> Pharmacist _____ <input type="checkbox"/> Occupational Therapy _____ <input type="checkbox"/> Spiritual & Religious Services _____ <input type="checkbox"/> CCAC _____ - Enterostomal Therapist for all stomas <input type="checkbox"/> Other: _____ 	Referrals for supportive care: Date/Signature: <ul style="list-style-type: none"> Social Work _____ Psychology _____ Clinical Nurse Specialist _____ Dietitian _____ Physiotherapy _____ Pharmacist _____ Occupational Therapy _____ Spiritual & Religious Services _____ CCAC _____ - Enterostomal Therapist for all stomas Other: _____ 	<ul style="list-style-type: none"> Follow-up with Surgeon at 6 months, 12 months and prn Gastroenterologist (or surgeon) for colonoscopy Other: _____
c) Tests	Colon Cancer: CT abdomen/pelvis Rectal Cancer: CT abdomen/Pelvis and/or MRI CBC, lytes, urea, creat, liver function every visit CEA Surveillance Endoscopy	<ul style="list-style-type: none"> CBC, lytes, urea, creat, liver function every visit CEA every 2nd visit 	<ul style="list-style-type: none"> CEA, CBC, lytes, urea, liver function, with each follow-up visit Endoscopy surveillance within 6 months of end of Tx then q3 yearly if polyp free If Polyps then schedule endoscopic exam yearly Imaging with symptoms and/or rising CEA's
d) Treatments	Venous access device prn for treatment	Venous access device prn for treatment	
e) Medications	<ul style="list-style-type: none"> Chemotherapy introduced based on clinical stage and Evidence Based Guidelines Medications for symptom management 	<ul style="list-style-type: none"> Chemotherapy Medication for symptom management 	Patient specific medications reviewed
f) Nutrition	D.A.T. OR Ostomy diet Automatic referral for all Ostomy patients to Dietitian	D.A.T.	D.A.T.
g) Activity/Safety	Activities as tolerated	Activities as tolerated	Activities as tolerated
h) Activity/Safety	Symptom assessment as per patient health history	Symptom assessment and interventions as per pt. visit and/or telephone triage	Symptom assessment and interventions as per pt. visit and/or telephone triage