

INTEGRATED CARE PATHWAY: PRE AND POST OPERATIVE ORAL HEALTH CARE FOR HEAD AND NECK ONCOLOGY PATIENTS

ICP DEFINITION

This ICP is intended as a guide in providing care for the Service User and their family. It is a multidisciplinary document. Professionals are encouraged to exercise their own professional judgement, however any alteration to the practice identified within this ICP must be recorded. If appropriate, Service Users can come off the pathway.

OVERVIEW

This document aims to improve the quality of life for patients with malignant disease who are receiving therapy for cancer of the head and neck. The oral cavity is a site where complications frequently develop either as a direct result of the malignancy or as an unwanted side effect of the treatment. The aim is to prevent or minimise oral complications by promoting consistent high standards of oral care through a coordinated team approach, following guidelines set out by The Royal College of Surgeons of England and The British Society for Disability and Oral Health (2012)

EVIDENCE BASE

The Oral Management of Oncology Patients Requiring Radiotherapy, Chemotherapy and /or Bone Marrow Transplantation: Clinical Guidelines (Updated) 2012: The Royal College of Surgeons of England/The British Society for Disability and Oral Health

OBJECTIVE OF THE CARE PATHWAY

Key aims of the pathway/desired outcomes

To give the whole MDT a clear view of the pathway of oral care for the head and neck cancer patient
To understand the clear lines of responsibility for oral care for the head and neck cancer patient
To map the process for the patient
To ensure appropriate, patient centred care

CRITERIA FOR USE

ELIGIBILITY CRITERIA *for appropriate patients to be placed on the pathway*

When a patient is diagnosed with cancer of the head and neck they are referred to the Multidisciplinary Team who will make the treatment decisions of surgery/radiotherapy/chemotherapy.

The Clinical Nurse Specialist in Head and Neck cancer will then refer the patient to the Consultant in Restorative Dentistry and this will initiate the oral care pathway.

SERVICE USER INVOLVEMENT

This pathway should be shared with your patient and/or family and carer where appropriate. Please encourage your patient and/or family and carer to read and ask questions about this pathway and document any discussion or comments:

INSTRUCTIONS FOR USE

Before writing in this Integrated Care Pathway, please ensure you have signed the signature sheet. When using this document please ensure that you date, time and initial against each activity where indicated. It is important to remember that the aim of the Integrated Care Pathway (ICP) is to ensure the most appropriate care is given at the correct time.

If an activity outlined in the ICP has not, for whatever reason, been completed then this must be marked as **unmet** and detailed in the variance reporting section.

It is each professional's responsibility to ensure that practice is safe. This ICP is not a replacement for experienced clinical judgement and inter-disciplinary discussions. If you require further information please contact your Team Manager.

Would all professionals sign below prior to writing in this ICP.

SIGNATURE SHEET

Full Name (print)	Designation	Signature	Bleep/Tel.	Initials	Date
<i>Mr Thomas Nisbet</i>	Consultant in Restorative Dentistry				
<i>Stephanie Koniesky</i>	Head and Neck Clinical Nurse Specialist				
<i>Gwen Roberts</i>	Head and Neck Clinical Nurse Specialist				
<i>Huw Jones</i>	Consultant OMFS				

**PRE AND POST OPERATIVE ORAL HEALTH CARE
FOR HEAD AND NECK ONCOLOGY PATIENTS**

Affix ID Label

<i>Sian Wilson</i>	Specialist in Special Care Dentistry/ Speciality Doctor in Restorative Dentistry				
<i>Jennifer Smallman</i>	Dental Therapist				
<i>Michele Seager</i>	Specialist in Special Care Dentistry				
<i>Sue Hilton</i>	Dental Therapist				

FORMS/ASSESSMENT TOOLS

Insert assessment tools such as nursing assessments or forms such as consent forms

DRAFT

MULTIDISCIPLINARY INTERVENTIONS

PRE THERAPY PHASE

VARIANCE CODE	ACTION	MET	UN MET	Initial Date & Time
<i>Variances should be standards that must be met on the pathway, if UNMET then they MUST be documented on the variance tracking sheet. Not all actions will be variances.</i>				
<i>e.g. V1</i>	<i>Has patient been seen by anaesthetist?</i>			
<i>n/a</i>	<i>Is further anaesthetic assessment required? Yes / No</i>			
V1	Referral of patient to Consultant in Restorative Dentistry			
V2	Assessment by Consultant in Restorative Dentistry within the time frame			
V3	If edentulous - advice given and referral back to CSN for further advice and support			
V4	If dentate – Urgent dental care, including extractions arranged if necessary with appropriate clinician (HDS/CDS/GDS)			
V5	Referral to Speciality Doctor in Restorative Dentistry for urgent other treatment/ applicator trays, further information and advice.			
V6	Named therapist/hygienist introduced to patient for further help if needed therapy.			

MULTIDISCIPLINARY INTERVENTIONS

POST THERAPY PHASE

VARIANCE CODE	ACTION	MET	UN MET	Initial Date & Time
V1	Assessment within the Restorative Department			
V2	Advice , treatment and information as necessary			
V3	Provide applicator trays for use with Duraphat 5000 and Corsodyl gel to dentate patients			
V4	Provision of obturators/dentures as indicated			
V5	Assess/discuss implant provision as indicated			
V6	When appropriate refer back to GDP/CDS			
V7	Where necessary specialist referral			

DRAFT