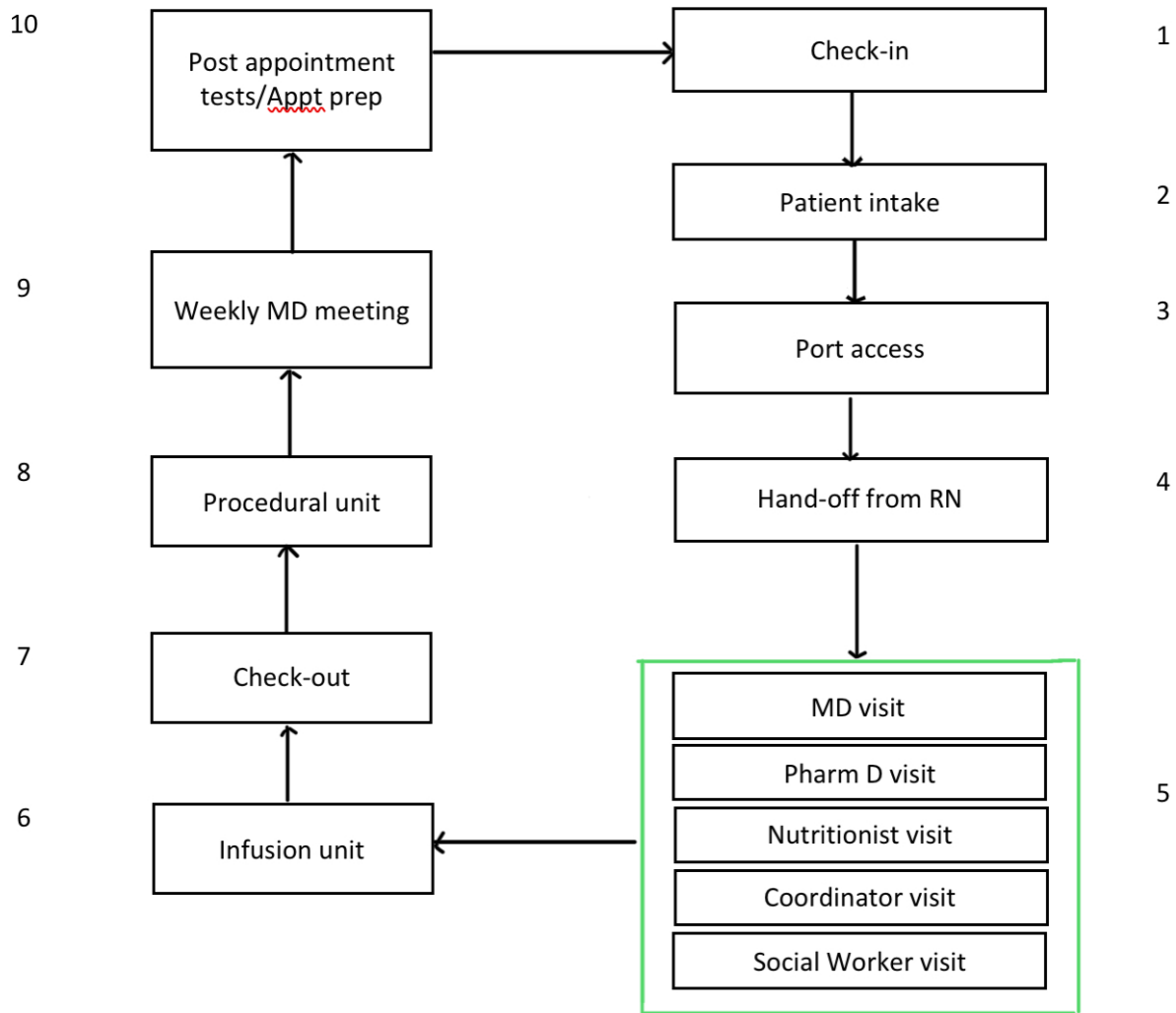


Pediatric Oncology Clinic Workflow

Elaine Fan, MD
9/13/2021



1. Patients check in at the front desk upon arrival, and then wait in the waiting room.
2. Medical assistant (MA) will obtain vitals (height, weight, temperature, heart rate, respiration rate, oxygen saturation, and blood pressure if applicable).
3. Nurse (RN) takes the patient to a private room and access the port (if applicable) and draw labs; nurse will also check in with family if there are additional concerns.
4. RN takes the patient to an examine room and hand off to the medical provider (MD)- nurse practitioner, fellow physician, attending physician
5. Then the MD will assess the patient and discuss lab/imaging results (if applicable) and plan for the day/week. If needed, other providers such as pharmacist (pharm D), nutritionist, oncology coordinator, and social worker will visit the family and provide care or coordination accordingly.
6. Patient will be brought to the infusion unit for hydration and chemotherapy if applicable.
7. Patient checks out at the front desk (usually they already have appointments made for that entire treatment phase).
8. Patient will go to the procedural unit for lumbar puncture with intrathecal chemotherapy if applicable.
9. There is a weekly oncology meeting discussing among the providers (oncologists, surgeons, radiologists, radiation oncologists about the shared patients, and discuss the overall plan including upcoming imaging, surgeries and radiation if applicable.
10. Patient completes the above imaging tests, surgery and/or radiation oncology appointment if applicable prior to the next oncology visit.

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Risk or issues

Step 5

Problem: Sometimes if patient requires input from multiple disciplines, it can be difficult to coordinate.

Solution: What worked for our clinic is the MD will be the main contact to page each provider and have them come and see patient before they leave the clinic.

Step 6 and 8

Problem: Sometimes when patient arrives late, or when clinic runs behind, patient may not be able to complete their IV chemotherapy in the infusion unit before their appointment in the procedural unit.

Solution: Our MA will write down the procedure time on the tracking board after the intake, so that MD can plan accordingly and get patient to the procedural unit on time. Occasionally, patient will need to come back to the infusion unit after the lumbar puncture if there was not enough time to complete the IV chemotherapy.