



Pre-Surgical Screening

Summary of Changes

	NEW	Previous
BC Cancer		

PRE-SURGICAL SCREENING

Introduction

- Brachytherapy at BC Cancer - Kelowna is either Low Dose Rate (LDR) or High Dose Rate (HDR) and patients undergoing treatment in the program can follow several streams:
- Single modality patients receive brachytherapy only
- Dual modality brachytherapy patients receive External Beam Radiation Therapy (EBRT) and brachytherapy
- Tri-modality brachytherapy patients receive Androgen Deprivation Therapy (ADT), EBRT and brachytherapy
- LDR brachytherapy is the permanent implantation of radioactive sources (seeds) and happens after External Beam Radiation Therapy (EBRT) and Androgen Deprivation Therapy (ADT)
- HDR brachytherapy is the temporary insertion of a high-dose radioactive source and occurs after ADT, but prior to EBRT

Focus

- To provide a process for the pre-surgical screening of patients eligible to receive brachytherapy

Health Organization Site Applicability

- This procedure applies to BC Cancer - Kelowna Brachytherapy program

Directives

- This procedure applies to all staff at BC Cancer who participate in the pre-surgical screening process for brachytherapy procedures
- The Registered Nurse must complete additional training and orientation outlined in the "Brachytherapy Local Orientation Guide for Pre-Surgical Screening" prior to working independently in the role of the Pre-Surgical Screening Nurse

Released:	04/03/2019	Next Review:	DD/MMM/YYYY	
				Page 2 of 9
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PRE-SURGICAL SCREENING

Practice Level

1. New Patients- RT Booking Clerk

- 1.1. Patient seen by Radiation Oncologist(RO) in Ambulatory Care Unit (ACU) and if deemed a candidate for brachytherapy RO will send an electronic requisition(e-req) in ARIA to clerks

Upon receipt of the eReq the RT Booking Clerks tasked to book:

- Prostate brachytherapy assessment (ultrasound) for implant (PBAFI) for all prostate patients
- Radiation Therapy Education (no longer booked as RTED but assumed as completed if patient passes ultrasound)

- 1.2. Patient Surgical Screening (PSS) call- booked as list only (no appointment times assigned) 1.3.

Chart/folder prep for all brachytherapy patients to include:

- BC Cancer BPMH/Medication reconciliation form
- PSS Questionnaire (blue edge)
- Anaesthesia Record (red edge)
- Pre-operative/Operating Room form (yellow edge)
- Post-Anaesthesia form (green edge)
- Name band for patient

- 1.4. Chart prep for Mono prostate trial patients only to include:

- 3 labels
- Prolaris pathology requisition
- KGH pathology requisition
- Most recent pathology report from CAIS
- Signed trials consent form

2. Pre-Surgical Screening Call Prep- Registered Nurse

- 2.1. Open CAIS and review SIPSS resource list for booked calls
- 2.2. Liaise with CNL and brachy booking clerk to triage patients
- 2.3. Open patient (Double click on patient) and review the Appointment Detail window

Released:	04/03/2019	Next Review:	DD/MMM/YYYY	
				Page 3 of 9

PRE-SURGICAL SCREENING

- Note- This helps to inform patient's appointments and trajectory

2.4. Double click the BC Cancer ID number to open the patients CAIS chart, select the Chart tab to review relevant documents including:

- Consultation (confirm patient has discussed brachytherapy with RO and consented to procedure)
- Outpatient Clinic Notes
- Medical and surgical history
- Allergies
- Medications
- Social situation or history (ability to attend appointments and have appropriate supports post-operatively)Co-morbidities
- Previous Ultrasound failure (in Outpatient clinic notes)
- Androgen Deprivation therapy (ADT)
- Height and weight (metric)

2.5. Review Meditech and Excelleris for lab/ECG/recent Echo, doppler's pacemaker reports, Nocturnal Oximetry testing, sleep studies etc.

2.6. Complete portion of PSS Questionnaire (blue edge) prior to calling patient

- Note- Look for treatment plan or modality, as this will both provide you with information about the patient, and provide insight into when it might be best to reach the patient. For example, if the patient is from outside Kelowna and is having External beam, followed by brachytherapy, they could possibly be seen by the PSS nurse on one of their external beam treatment days while already here. If the patient is having HDR and then external beam, the PSS nurse should be attempting to get the PSS done at the earliest convenience.

2.7. Double check the PBAFI or REAFI booking and adjust PSS call if possible, to align with the day the patient will be here, if from out of town.

Released:	04/03/2019	Next Review:	DD/MMM/YYYY	
				Page 4 of 9
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3. Pre-Surgical Screening Call- Registered Nurse

3.1. Call patient and go through PSS Questionnaire (PSSQ). Nurse to ensure that all information obtained in the PSS call is documented on the PSSQ. Any follow-up that is required should be documented in CAIS and on PSSQ, and appropriate follow-up appointments made.

- Introduce yourself and explain reason for the call (which is that this is part of the process for Brachytherapy planning)
- Ask if it's a good time to discuss health history and medications
- Confirm:
 - First and last name, Date of Birth
 - Address and phone numbers, alternate contact
 - Family Doctor
- Discuss brachytherapy procedure and consent – if you are unable to complete confirmation of consent, ensure that successive nurses will check for consent on the chart and that consent portion of PSSQ is finalized prior to the operative procedure
- Note to be written on chart prep tool on front of brachytherapy chart and in capitals in CAIS indicating consent portion requires completion
- At end of call, determine if patient requires an ANCON or ANREV
- For ANCON, organize with patient for a date and time to be reviewed at BC Cancer – Kelowna by an anesthetist, and book into an appropriate OR day
- For ANREV, book anesthesia review into one of each OR day ANREV slots in the SIOR resource code

3.2. Call is completed:

- Refer to BC Cancer – Kelowna: Brachytherapy Procedure ANCON/ANREV
- Book ANCON or Anaesthetic Review (ANREV) as required
- an book up to 4 ANREV patients and 2 ANCON patients per OR day
- Can book 3 ANCON if a short OR day
- NO ANCON'S IF IT IS A 3 X HDR DAY

3.3. Gather any further info that may be required to inform the ANCON or ANREV visit, i.e.:

Released:	04/03/2019	Next Review:	DD/MMM/YYYY	
				Page 5 of 9

PRE-SURGICAL SCREENING

- Cardiac consults, echo reports, pacemaker reports, sleep study or nocturnal oximetry reports
 - Nursing may need to request documents from other facilities via faxed request, or via the Electronic Health records Meditech and Excelleris
- 3.4. Note in capitals in CAIS note if unable to complete confirmation of consent, patient has Latex Allergy, ARO, Hep C+ or HIV, Diabetes, OSAM or Malignant Hyperthermia prep requirements. Ensure that these flags are carried into CAIS ANREV or ANCON note
- 3.5. Communicate with booking clerk if patient has:
- IDDM, Malignant hyperthermia, pseudocholinesterase deficiency, and blood disorders all need to be first case of the day
 - NIDDM – should not be the last case
 - Central line concerns – Nurses at IHA available at 0830 to assist
 - Patient from a care home – not first case
- 3.6. If you are unsure if patient has sleep apnea, fill out the sleep apnea questionnaire with the patient. If still subjective or positive, book a Nocturnal Oximetry test, and book further ‘check’ in CAIS to ensure the anesthetist reviews the results.
- 3.7. If the patient notifies nursing staff that they will not have anyone to assist them in the 24 hours after their procedure, nursing staff should indicate to the patient that we cannot provide brachytherapy in this instance, and that we will connect them with Patient & Family counselling (PFC) services to see if they can assist the patient in finding a solution.
- Nurse:
 - notifies Radiation oncologist, CNL
 - Documents issue on PSSQ and notes in CAIS
 - Documents that referral has been generated on PSSQ and indicates in CAIS that a referral has been made by using the ‘REFTO’ activity code in the SIPSS resource list.
 - Completes PFC referral form and takes it to the PFC office for triaging.
 - Books a ‘CHECK’ in CAIS for the next PSS nurse to follow-up and assess what has transpired.

Released:	04/03/2019	Next Review:	DD/MMM/YYYY	
				Page 6 of 9
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PRE-SURGICAL SCREENING

3.8. If you are unable to reach a patient you can leave the BRACHY CLERK desk number for them to call back – this is 250-712-3939.

- Enter a CAIS note under the CALL appointment to indicate reason for call as fyi to RT Booking Clerk
- Re-book their PSS Call to the next PSS day
- Enter any required info as CAIS note under the new CALL appointment

4. Pre-Surgical Screening In-Person Visit- Registered Nurse

4.1. Nursing to follow procedure for 'Pre-Surgical Screening – Call' except:

- Patient to be interviewed in Post-Anesthesia Room
- Blood Pressure, Heart Rate and SpO2 taken and charted
- Height and weight confirmed

5. Pre-Surgical Screening OR Chart Prep - Registered Nurse

5.1. Monday, Wednesday and long-weekend Fridays, organize charts for the next OR day, 5.2.

Print 5 copies of SIOR CAIS schedule – place in brachytherapy folder in Patient Review (PR)

5.3. Check the brachytherapy OR charts for the following:

- Surgical consent
- Bloodwork and ECG
- Mono trial forms for Mono trial patients
- Check blue PSSQ to ensure it is signed off and indicates that patient is ready for OR
- ***Verify that the "Confirmation of Consent" has been signed off on page 1 of PSSQ form**
- Check if BPMH/medication reconciliation has been given to patient
- Check Day of Surgery (DOS) orders to flag any medications required or tests that are required prior to OR and place laminated form at front of the surgical chart
- Anaesthesia record is signed and dated

5.4. Sign the back of the PSSQ form's final chart check if ready for the OR

- ***Verify that the "Confirmation of Consent" has been signed off on page 1 of PSSQ form**

5.5. Complete check of Malignant Hyperthermia cart if showing in the SIPSS CAIS schedule

Released:	04/03/2019	Next Review:	DD/MMM/YYYY	
				Page 7 of 9
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6. Pre-Surgical Screening ANCON/ANREV Chart Prep - Registered Nurse

6.1. Check the ANCON and ANREV charts for required:

- Bloodwork
- ECG
- Other documents pertinent to the case

6.2. Document completion of the chart check as per BC Cancer policy

6.3. If any documents are required, note in ANREV/ANCON NOTE FOR THE DAY (i.e. if bloodwork or ECG requires printing)

7. Pre-Surgical Screening OR Day Prep- Registered Nurse

7.1. Stock Fluid Warmer with 3 bags of 1L Lactated Ringer's solution for each OR patient

- Date each bag with marker provided on warmer

7.2. Stock linen cupboards in PARR and room 7 if time permits

Released:	04/03/2019	Next Review:	DD/MMM/YYYY	
				Page 8 of 9
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Last page of document*

First Issued:			
Approving Body:			
Final Sign Off:	Name	Title	Date Signed
Developed By:	Name	Dept.	HO
Owner(s):	Andrea Knox		
Posted Date:	04-03-2019		
Version:			
Revision:	Name of Reviser	Description	Date