Using COSTaRS practice guides for cancer symptom support:

A Tutorial for Nurses

October 2016

The Pan-Canadian Oncology Symptom Triage and Remote Support (COSTaRS) project has received funding from the Canadian Partnership Against Cancer (2007-2011), the Canadian Institutes of Health Research (2012-2014), and the Canadian Cancer Society (2015-2017)
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Overall Aim

The purpose of this tutorial is to prepare nurses for using the COSTaRS practice guides to enhance their knowledge and skills in providing quality and consistent cancer symptom support.

COSTaRS: pan-Canadian Oncology Symptom Triage and Remote Support
Learning Objectives

1. Describe elements of evidence-informed symptom support
2. Explain how to assess and triage clients’ cancer symptoms
3. Discuss a client-centred approach to self-care symptom support
4. Use evidence and theory-based practice guides with clients experiencing cancer symptoms and with their family
5. Document symptom assessment, triage, and self-care support

Note: At the end, we ask for your feedback on the tutorial. Feedback is not mandatory; but if provided, it will be used to make improvements.
Outline

1. **Background**

2. **COSTaRS practice guides**

3. **Tips for using them in practice**

4. **Case exemplar**

5. **Try it and reflect on your experience**
Background

- Adults with cancer:
  - Often experience symptoms at home
  - Can be supported to manage these symptoms
  - Have symptoms that can progress to being unsafe when receiving treatment

- Nurses support clients to manage cancer symptoms and many also provide telephone support

- Cancer symptom-focused clinical practice guidelines are available but not integrated in clinical practice

(Macartney et al., 2012; Stacey et al., 2007; Stacey et al., 2013)
What common symptoms do you manage...

• In person? (Specify)

• On the telephone? (Specify)
Symptoms adults on cancer treatment report to nurses.
Of 100 clients with cancer symptoms who go to the emergency department, about how many could have been managed at home?

A. None (0)
B. One-quarter (~25)
C. A half (~50)
D. About 75 (~75)
E. All (100)
A systematic review identified 12 studies that showed:

• About half of emergency department visits could have been managed at home

Supporting clients with managing symptoms at home should lead to more appropriate emergency department visits.
Nurses manage cancer symptoms and treatment side effects by...

- integrating and applying knowledge (pathophysiology, disease progression, treatment modalities, treatment side effects, complication, and symptom problems)

- assessing, planning, implementing and evaluating the outcomes of best practice/evidence-based care (Standard 3)

- engaging in critical thinking, integrating best practice/evidence-based knowledge, exercising ethical judgment (Standard 7)

(Canadian Association of Nurses in Oncology Practice Standards & Competencies)
For nurses that provide tele-practice/telephone services:

• Nurses practice in province/territory where they are located and registered despite where the client is located
• Duty to provide care is established as soon as the nurse interacts with the client
• To reduce risk of liability in tele-practice:
  – Nurses use clinical guidelines, standardized protocols, agency policies/procedures
  – Nurses document all interactions (paper/electronic)
  – Nurses participate in orientation and continuing education
  – Research is conducted to inform and evaluate these services

(Canadian Nurses Association, 2007)

Provincial Colleges: Manitoba; Ontario; Nova Scotia; Newfoundland and Labrador; British Columbia
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COSTaRS Practice Guides

• Goal: to enhance the quality and consistency of cancer symptom management by nurses

• Clinical practice guides:
  – support client-centred care by nurses
  – narrow the know-do gap by:
    ✓ presenting best available evidence
    ✓ using a format sensitive to how nurses think and what nurses do
    ✓ complements nurses’ critical thinking BUT does not replace it
COSTaRS: 15 Symptoms

Anxiety
Appetite Loss
Bleeding
Breathlessness/dyspnea
Constipation
Depression
Diarrhea
Fatigue/tiredness
Febrile neutropenia
Mouth sores/ stomatitis
Nausea/vomiting
Pain
Peripheral neuropathy
Skin reaction
Sleep problems

Developed by: researchers, advanced practice nurses, nurse leaders, graduate students, library scientist, and an information systems researcher from 8 Canadian provinces.
COSTaRS Practice Guides have 5 sections

1. Assess symptom severity
2. Triage client for symptom management based on highest severity
3. Review medications being used for the symptom
4. Review self-care strategies
5. Summarize and document the plan agreed upon with the client
A PRACTICE GUIDE IN DETAIL...
Edmonton Symptom Assessment Scale: Ask client/family to rate severity on scale of 0 (none) to 10 (worst possible).

Ask client/family about their symptom to assess severity.

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Nausea & Vomiting Practice Guide

Nausea: A subjective perception that emesis may occur. Feeling of queasiness. Vomiting: A forceful expulsion of stomach contents through the mouth and may include retching (gastric and esophageal movement without vomiting – dry heaves).

1. Assess severity of nausea/vomiting

Tell me what number from 0 to 10 best describes your nausea

- No nausea 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Worst possible nausea

Tell me what number from 0 to 10 best describes your vomiting?

- No vomiting 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Worst possible vomiting

How worried are you about your nausea/vomiting?

- Not worried 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Extremely worried

Ask patient to indicate which of the following are present or absent

- Patient rating for nausea (see ESAS above)
- Patient rating for vomiting (see ESAS above)
- Patient rating of worry about nausea/vomiting (see above)

How many times per day are you vomiting or retching?

- 1
- 2-5
- ≥6

No vomiting

Have you been able to eat within last 24 hours?

- Yes
- No

Have you been able to tolerate drinking fluids?

- Yes
- No

Are you feeling dehydrated, which can include feeling dizzy, a dry mouth, increased thirst, fainting, rapid heart rate, decreased amount of urine?

- No
- Yes, some
- Yes, significantly

Do you have any blood in your vomit or does it look like coffee grounds?

- No
- Yes

Do you have any abdominal pain or headache?

- No/Mild
- Moderate
- Severe
### 2. Triage patient for symptom management based on highest severity (Supporting evidence: 2 guidelines)^[6,7][^6,7]

<table>
<thead>
<tr>
<th>Severity Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Mild (Green)</td>
<td>- Review self-care.</td>
</tr>
<tr>
<td>2 Moderate (Yellow)</td>
<td>- Review self-care.</td>
</tr>
<tr>
<td>3 Severe (Red)</td>
<td>- Review self-care.</td>
</tr>
</tbody>
</table>
- Verify medication use, if appropriate. |
- Advise to call back if symptom worsens, new symptoms occur, or no improvement in 12-24 hours. |
- Refer for medical attention immediately. |

If patient is experiencing other symptoms, did you also refer to the appropriate practice guides? If yes, please specify:

**Additional Comments:**

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Ask client/family what medications they have/use for the symptom. Encourage use as prescribed and based on patients’ goals.

- **Engage client/family by asking what they would agree to try.**

- **Guide client/family in choosing self-care strategies.**

- **Learn about the effectiveness of medications based on the current evidence.**

### 3. Review medications patient is using for nausea/vomiting, including prescribed, over the counter, and/or herbal supplements (Supporting evidence: 8 guidelines)\(^1-5,9-11\)

<table>
<thead>
<tr>
<th>Current use</th>
<th>Examples of medications for nausea/vomiting</th>
<th>Notes (e.g. dose, suggest to use as prescribed)</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5HT(_3) antagonists (Zofran\textsuperscript{®}), granisetron (Kytril\textsuperscript{®}), dolasetron (Anszemet\textsuperscript{®})</td>
<td>Effective</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dexamethasone (Decadron\textsuperscript{®})</td>
<td>Likely effective</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fosaprepitant (Cвестim\textsuperscript{®})</td>
<td>Effective</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Metoclopramide (Stemetil\textsuperscript{®})</td>
<td>Expert opinion</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Triple drug receptor antagonists</td>
<td>Effective</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cannabis</td>
<td>Effective</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gabapentin</td>
<td>Likely effective</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other: lorazepam (Ativan\textsuperscript{®}), haloperidol (Haldol\textsuperscript{®})</td>
<td>Expert opinion</td>
<td></td>
</tr>
</tbody>
</table>

*Metopimazine is not recommended for practice.\(^5\)*

### 4. Review self-care strategies (Supporting evidence: 6 guidelines)\(^2,3,5,9,10\)

<table>
<thead>
<tr>
<th>Patient already uses</th>
<th>Strategy suggested/education provided</th>
<th>Patient agreed to try</th>
<th>Self-care strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>What is your goal for managing your nausea and vomiting?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>What helps when you have nausea/vomiting? Reinforce as appropriate. Specify:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Are you trying to drink clear fluids (e.g. water, sports drinks, broth, gingerale, chamomile tea)?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Have you tried relaxation techniques that may include guided imagery, music therapy, progressive muscle relaxation, and/or hypnosis?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Are you taking anti-emetic medications before meals or without vomiting, sip clear fluids. When clear fluids stay down, add starchy foods (e.g. crackers, dry toast, dry cereal, pretzels). If starchy food stay down, add protein rich foods (e.g. eggs, chicken).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Are you trying to:</td>
</tr>
<tr>
<td>6. No</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**Patient Name**

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\(\textsuperscript{1})\textsuperscript{1-5,9-11}\(\textsuperscript{2,3,5,9,10}\)
Document agreed upon plan to empower client/family

If not confident, explore ways to support client/family

For more information, see guidelines
When should COSTaRS be used?

1. When a client/family expresses concern about a symptom (in person or by telephone)*

   and/or

2. When face to face assessment indicates a symptom* score of ≥4/10

*If multiple symptoms, start with most burdensome or high risk (life-threatening) symptom based on the nurses’ assessment and judgment
How could you document COSTaRS use? (choose all that apply to your organization)

A. Use COSTaRS practice guides as paper-based documentation tools filed on the health record

B. Use COSTaRS practice guides embedded into the electronic health record

C. Use a dry-erase marker to document on plasticized practice guides and transfer results when documenting on usual forms and indicate COSTaRS used

D. Document what COSTaRS practice guide was used and summary of findings on usual forms standard forms
Documenting

At a minimum, documentation of symptom management includes:

1. Symptom severity (mild, moderate, severe) with findings from assessment to support the severity rating
2. Medications reviewed considering patients’ goals for symptom relief
3. Self-care strategies client agrees to try
Background on COSTaRS practice guides...

- Informed by quality rated clinical practice guidelines
  - If something is missing, it is likely because there is no supporting evidence from guidelines
- Meets AGREE II rigour criteria for guidelines by:
  - Making explicit the recommendations (Steps 1 to 5)
  - Linking to evidence (references provided)
  - Using findings from guidelines identified via systematic reviews
  - Were reviewed by experts from 8 provinces across Canada
- Are usable in practice beyond a resource on the shelf
- Use plain language – Flesch-Kincaid Grade 6.4
- Steps 4 & 5 based on brief motivational interviewing
Outline

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Tips for using COSTaRS practice guides

- After providing your name and designation, start by listening to the client/family
  
  *The first 10-20 seconds significantly impacts client’s/family’s perceptions of nurse’s desire to meet their needs*

- Ask the client if you can ask them a few specific questions

- Be familiar with practice guides to go with the flow in conversation rather than ask questions word by word

- Start with the practice guide for the most problematic symptom

- Engage the client/family by listening to their symptom description and guiding them in enhancing their self-care strategies

- Integrate motivational interviewing techniques
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Triaging symptom calls with and without practice guides: A case exemplar

- Tracey, 49 years old, with colon cancer metastases to liver
- Treatment: surgery with 6 months of chemotherapy
- At 6 months, liver disease stable and chemotherapy discontinued
- 3 months later restarted chemo for retroperitoneal progression
- Oxaliplatin IV day 1 and oral Xeloda 2 pills per day for 2 weeks
- Between day 3 and day 7, Tracey called the cancer centre 3 times regarding nausea & vomiting (N&V)
• **Call #1** – Oral chemo Day 3: Tracy called her Primary Nurse
  
  – Clerk message: “*Has not taken her chemo pill today. Medication tastes bad and stomach feels awful*”. Clerk attached N&V COSTaRS guide to the written message.
  
  – Primary nurse returned call in 2.5 hours and documented:
    
    “*Patient advised to take Xeloda if she can. Advised to try Stemetil first.*”
  
  – No documentation reflected use of the COSTaRS practice guide.
• **Call #2** – Oral chemo Day 5: Tracy called again
  – Clerk message: “Vomited last night. Not sure if she should take chemo pill”. Clerk attached the N&V COSTaRS guide.
  – Replacement nurse returned call within 2 hours and documented: “Took Stemetil once with effect. Not nauseated now. Drinking OK. Advised to proceed.”
  – No documentation reflected used of the COSTaRS practice guide
• **Call #3** – Oral chemo Day 6: Tracy called again
  – Clerk message: “*Patient requesting primary nurse call her ASAP. Feels terrible. Nauseated and medication is not helping. Has not taken chemotherapy.*” Clerk attached N&V COSTaRS practice guide to the written message
  – 2\(^\text{nd}\) replacement nurse (3\(^\text{rd}\) nurse in 4 days) documented her assessment, triage and interventions on the COSTaRS practice guide…
Nurse documentation revealed:
- Constipation was also contributing to nausea
- The nurse assessed, triaged and managed both symptoms using COSTaRS guides
- Medication review revealed:
  - She was not using stemetil as prescribed and not aware metoclopramide was also for nausea and/or vomiting
  - Granisetron with her IV chemo frequently causes constipation and she had Colace and Senokot for constipation but not using them
- Self-management strategies were reviewed and next steps agreed upon were clearly documented.

**In summary**, using COSTaRS practice guides led to improved symptom management and may have reduced the number of calls and improved communication
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Try it out with someone else!

- Get into groups of 2 to 3
  - 1 person is in the role of the client
  - 1 person is in the role of the nurse
  - 1 person is in the role of the observer/family

- Take 5 minutes to role play with a ‘client’ reporting a specific symptom (simulated client or real client)

- Discuss your experience in the role (see next slide)
Reflecting on your experience(s)

• What went well using the practice guide(s)?
  ...

• What would you do differently next time?
  ...

• What questions do you have after using the practice guide(s)?
  ...

Note: Nurses gradually feel more comfortable with using COSTaRS after repeated use
What did other nurses say?

• Overall feedback on COSTaRS practice guides:
  • clear, user-friendly, comprehensive assessment
  • very thorough; yet concise
  • offers direction without needing to seek more info
  • excellent self-care strategies

• Process of using COSTaRS practice guides:
  • tick boxes save excessive documentation
  • easy to fill out when talking
  • clear differences between mild/mod/severe symptoms

• Links evidence to practice

• Applicable to nearly every cancer
Key Messages

For good symptom management:

• Stay patient-centered:
  • Listen to the client
  • Provide guidance that is based on their priorities unless there is a clinical concern you have identified, requiring intervention

• Assess the symptom in a thorough, stepwise fashion

• Discuss evidence informed tips for managing symptoms

• Document the symptom support provided

To make it a habit, use practice guides daily