Using **COSTaRS** practice guides for cancer symptom support:

A Tutorial for Nurses

January 2025

The 2025 COSTaRS workshop has 2024 practice guide changes.

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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; Stacey et al. 2020)

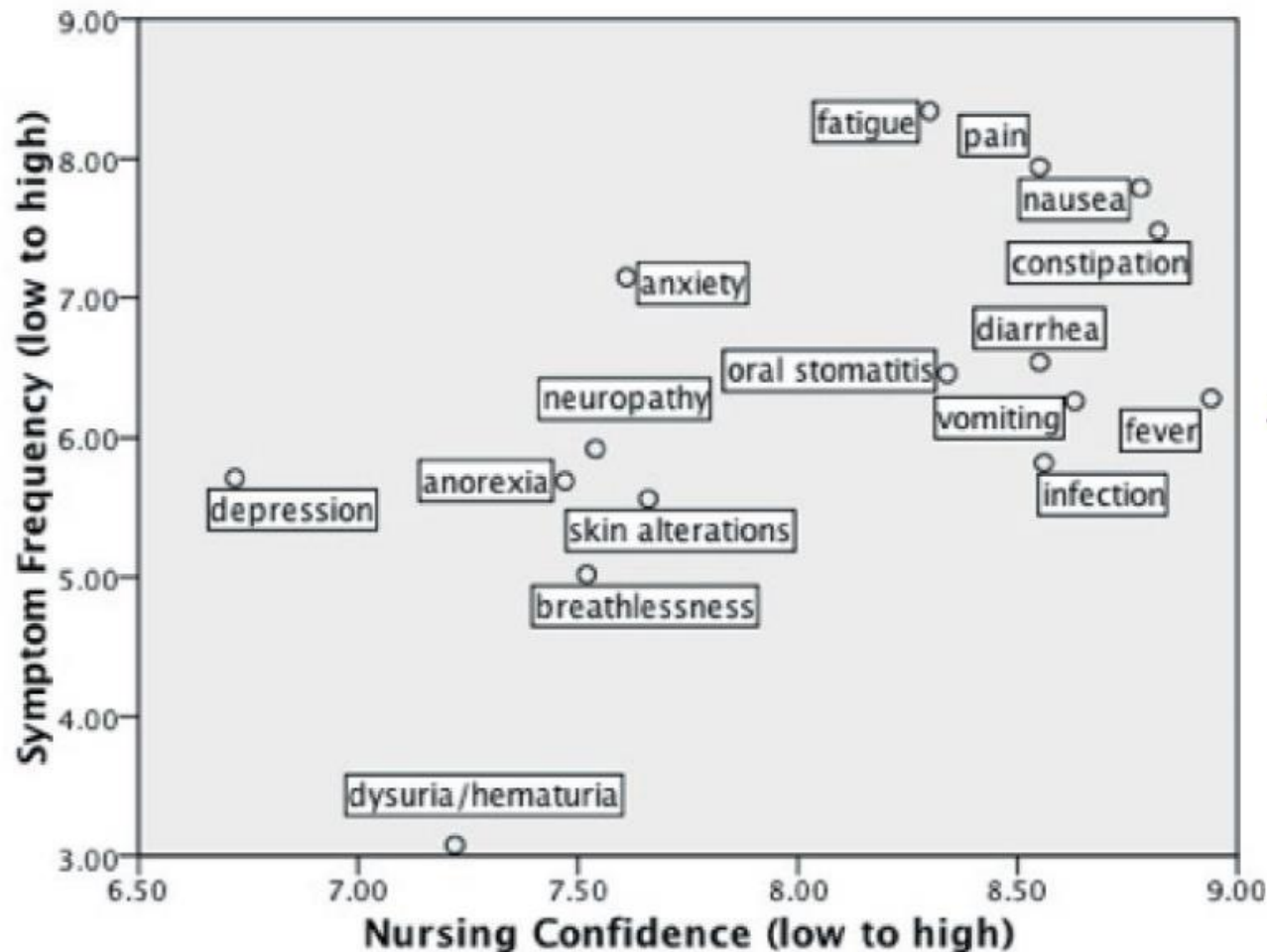# What common symptoms do you manage...

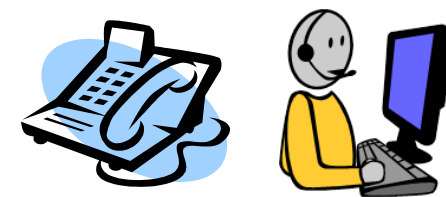- In person?

(Specify)

- On the telephone?

(Specify)

Symptoms adults on cancer treatment report to nurses

Survey of 368 Canadian oncology 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)

REVIEW ARTICLE

Emergency department visits for symptoms experienced by oncology patients: a systematic review

Amanda Digel Vandyk · Margaret B. Harrison ·
Gail Macartney · Amanda Ross-White · Dawn Stacey

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 <u>critical thinking</u>, integrating <u>best practice/ evidence-based knowledge</u>, exercising <u>ethical judgment</u> (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
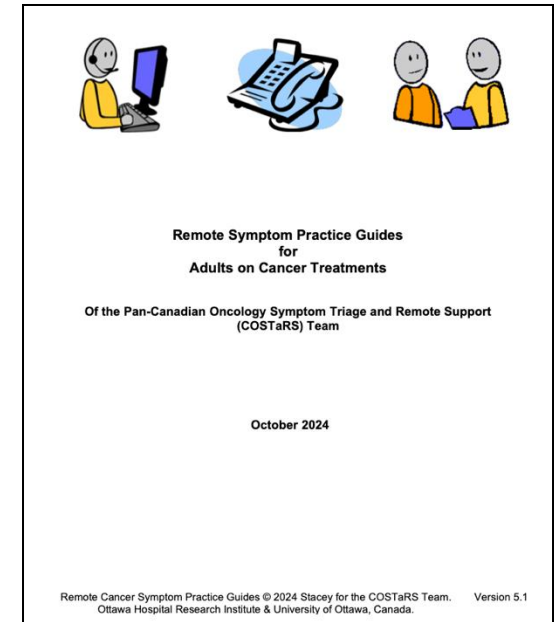
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COSTaRS Practice Guides

- 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

Remote Symptom Practice Guides
for
Adults on Cancer Treatments

Of the Pan-Canadian Oncology Symptom Triage and Remote Support (COSTaRS) Team

October 2024

Remote Cancer Symptom Practice Guides © 2024 Stacey for the COSTaRS Team.   Version 5.1
Ottawa Hospital Research Institute & University of Ottawa, Canada.

COSTaRS: 18 Symptoms

Anxiety

Appetite Loss

Bleeding

Breathlessness/dyspnea

Constipation

Depression

Diarrhea

Fatigue/tiredness

Fever with neutropenia

Mouth dryness/xerostomia

Mouth sores/ stomatitis

Nausea/vomiting

Pain

Peripheral neuropathy

Skin rash

Skin reaction to radiation

Sleep changes

Swallowing difficulty

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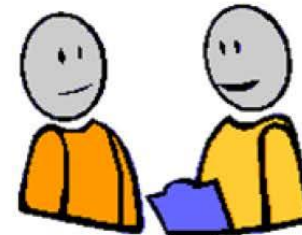
COSTaRS Practice Guides have 5 sections

1. Assess symptom severity

2. Triage client for symptom management based on highest severity

3. Review medications being used for the symptom

4. Discuss self-care strategies

5. Document the plan agreed upon with the client

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(COSTaRS) Team

A PRACTICE GUIDE IN DETAIL...

Annotations (left margin):

Ask client/ family about their symptom to assess severity

Edmonton Symptom Assessment Scale: Ask client/family to rate severity on scale of 0 (none) to 10 (worst possible).

NCI-CTCAE grading is linked to applicable assessment questions

Key assessment items for patients receiving immunotherapy are denoted with a symbol ✈ and shaded in grey

Nausea & Vomiting Practice Guide

Nausea: A subjective perception that vomiting may occur. Feeling of queasiness.[1-3] Vomiting: A forceful expulsion of stomach contents through the mouth and may include retching/dry heaves (gastric and esophageal movement without vomiting).[1-3]

1. Assess severity of nausea/vomiting[1-17]

Question	Col 1	☐	Col 2	☐	Col 3	☐
What number from 0 to 10 best describes how you are feeling 0= "No nausea" and 10= "Worst possible nausea"[1,4,18]	1-3	☐	4-6	☐	7-10	☐
Are you worried about your nausea/vomiting?[2-8]	No/Some	☐	Yes, very	☐		
If vomiting: How many times per day?[1,3-6,19]	≤1 [G1]	☐	2-5 [G2]	☐	≥6 [G≥3]	☐
What is the amount of vomit?[1,4,5]	Small	☐	Medium	☐	Large	☐
Is there any blood or look like coffee grounds?[1,4,5]	No	☐			Yes	☐
Have you been able to eat within last 24 hours?[1,2,4,5]	Yes	☐	No	☐		
Have you lost weight in the last 1-2 weeks without trying?[1,4]	0-2.9%	☐	3-9.9%	☐	≥10%	☐
How much fluid are you drinking per day?[1,2,4,5,9]	6-8 glasses	☐	1 to 5 glasses	☐	Sips	☐
Are you feeling dehydrated, which can include feeling dizzy, a dry mouth, increased thirst, feeling faint, rapid heart rate, decreased amount of urine?[1,2,4,5,9]	No	☐	Yes, some	☐	Yes, a lot	☐
Do you have any abdominal pain?[1,3-5]	No/Mild 0-3	☐	Moderate 4-6	☐	Severe 7-10	☐
Does your nausea/vomiting affect your daily activities?[1,4]	No	☐	Yes, some	☐	Yes, a lot	☐
Are you taking medicines that can cause nausea/ vomiting?[1-6,9] (e.g., opioids, antidepressants, antibiotics, warfarin)	No	☐	Yes	☐		
Do you have any other symptoms?[1-6,8,9] ☐ Pain ☐ Fever ☐ Constipation ☐ Diarrhea ☐ Anxiety ☐ Headache	No	☐	Yes, some	☐	Yes, many	☐
✈ Do you have (signs of endocrine toxicity):[10-17] ☐ fatigue/weakness, ☐ abdominal pain, ☐ headache, ☐ appetite loss, ☐ vision changes, ☐ weight gain or loss, ☐ constipation, ☐ dizziness, ☐ mood or behaviour changes, ☐ decreased libido, ☐ confusion, ☐ dry skin, ☐ hair loss, ☐ feeling cold, ☐ puffy face	No	☐			Yes	☐
✈ Do you have (signs of autonomic neuropathy):[10] ☐ constipation, ☐ urinary problems, ☐ sweating changes	No	☐			Yes	☐
✈ Do you have (signs of aseptic meningitis):[10-17] ☐ headache, ☐ eyes sensitive to light, ☐ neck stiffness, ☐ low-grade fever	No	☐			Yes	☐
✈ Do you have (signs of hepatic toxicity):[10-12,14-17] ☐ yellow skin/eyes, ☐ dark urine, ☐ fever, ☐ appetite loss, ☐ right side abdominal pain, ☐ fatigue, ☐ increase in bleeding/bruising	No	☐			Yes	☐
✈ Do you have (signs of GI toxicity):[10,11,13-16] ☐ abdominal pain, ☐ diarrhea, ☐ blood or mucus in stool, ☐ fever, ☐ weight loss	No	☐			Yes	☐
✈ Do you have (signs of hemolytic uremic syndrome):[10] ☐ blood in urine/stool or nose/mouth, ☐ less urine, ☐ new/unexplained bruises, ☐ abdominal pain, ☐ pale skin, ☐ fatigue, ☐ confusion/seizures, ☐ swelling	No	☐			Yes	☐

	1 Mild (Green)	2 Moderate (Yellow)	3 Severe (Red)
2. Triage patient for symptom management based on highest severity[1,2,4,5]	☐ Review self-care. ☐ Verify medications	☐ Review self-care ☐ Verify medications ☐ Advise to notify if symptom worsens, new symptoms occur, or no improvement in 12-24 hours.	☐ Refer for medical attention immediately and alert if on immunotherapy.

Legend: ➔ Immune Checkpoint Inhibitor therapy; NCI-CTCAE G1=Grade 1, G2=Grade 2, ≥G3=Grade 3 or higher

If patient has other symptoms, did you refer to the relevant practice guide(s)? Please specify:

Additional comments:

Rate severity and triage to highest level
(use nursing judgment)

Space to make notes

3. Review medications patient is using for nausea/vomiting, including prescribed, over the counter, traditional medicines, and/or herbal supplements[1-9,20-23]

Current use	Examples of medications for nausea/vomiting*	Notes (e.g., dose, suggest to use as prescribed)	Evidence
☐	5-HT$_3$: ondansetron (Zofran®), granisetron (Kytril®), dolasetron (Anszemet®)[1-9,20-22]		Effective
☐	Olanzapine (Zyprexa®)[1-4,6-9,20-23]		Effective
☐	Fosaprepitant (Emend® IV), aprepitant (Emend®)[1-3,5-9,20-22]		Effective
☐	Triple drug:[2,3,5-9,20-22] dexamethasone, 5 HT$_3$ (palonosetron), neurokinin 1 receptor antagonist (netupitant) for high emetic risk		Effective
☐	Cannabis/Cannabinoids[1-4,7-9,22]		Effective
☐	Netupitant/palonosetron (NEPA) (Akynzeo®)[1-3,6-9,20,22]		Effective
☐	Dexamethasone (Decadron®) alone or in combination[1-9,20-22]		Likely effective
☐	Gabapentin (Neurontin®)[7]		Likely effective
☐	Progestins[7]		Likely effective
☐	Anticipatory: Lorazepam (Ativan®), haloperidol (Haldol®)[1-9,20,22]		Expert opinion
☐	Metoclopramide (Maxeran®), prochlorperazine (Stemetil®)[1-6,9,20,22]		Expert opinion
☐	Other: Cyclizine,[5,6] dimenhydrinate,[1,3,4,8] methotrimeprazine[1]		Expert opinion

*Patients are at increased risk of opioid overdose and serious side effects when taking gabapentin with an opioid.[24] Rectal administration should be avoided if neutropenic.

4. Discuss self-care strategies[1-9,20,22,25]

- **What helps** when you have nausea/vomiting?[1,4] Reinforce as appropriate. Specify:
- What is your **goal**?[7,9]
- Have you seen or spoken to a **dietitian**?[1,4,9]
- Would **more information** about your symptoms help you to manage them better?[1,4] If yes, provide appropriate information or suggest resources.

Patient already uses	Strategy advised/ education provided	Patient agreed to try	Here are some things that may be helpful...
1. ☐	☐	☐	**Drink 6-8** glasses of clear fluids per day.[1,4,9]
2. ☐	☐	☐	**Use relaxation techniques** (e.g., guided imagery, progressive muscle relaxation, hypnosis, music therapy).[1,4,6-9,22]
3. ☐	☐	☐	Take fast-acting **anti-emetics** (e.g., ondansetron (Zofran®), granisetron (Kytril®), dolasetron (Anszemet®) 30-60 minutes **before meals** so they are effective during/after meals.[1,4]
4. ☐	☐	☐	If vomiting, **limit food and drink until vomiting stops.** After 30-60 min without vomiting, sip clear fluids. When clear fluids stay down, add dry starchy foods (crackers, dry toast, dry cereal, pretzels). If starchy foods stay down, add protein rich foods (e.g., eggs, chicken).[1,4]
5. ☐	☐	☐	If nausea, eat **small, frequent meals and snacks.**[1,4,9] Eat **foods that reduce your nausea** and are your "comfort foods" cold or room temperature.[1,4,9] Avoid greasy/fried, highly salty, spicy, and foods with strong odors.[1,4,9] Avoid tobacco and alcohol.[1,6,9]
6. ☐	☐	☐	**Sit upright or recline** with your head raised for 30-60 minutes after meals.[1,4]
7. ☐	☐	☐	If vomiting, use a **bland rinse 4 times/day.**[4] For 1 cup warm water, add table salt (2.5 ml (1/2 tsp.)), baking soda (1/2 tsp.) or both (1/4 tsp. each). Swish in your mouth for at least 30 seconds and spit out. Prepare daily.
8. ☐	☐	☐	Try **acupressure** (e.g., acupressure bracelet) or **acupuncture.**[1,4,9,22,25]

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

Learn about the effectiveness of medications based on the current evidence

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

Guide client/family in choosing self-care strategies

Document agreed upon plan to empower client/family

5. Document plan agreed upon with patient (check all that apply)

☐	No change, continue with self-care strategies and if appropriate, medication use
☐	Patient agrees to try self-care items #: How confident are you that you can try what you agreed to do (0=not confident, 10=very confident)?
☐	Patient agrees to use medication to be consistent with prescribed regimen. Specify:
☐	Referral (service & date):
☐	Patient agrees to seek medical attention; specify time frame:
☐	Advise to call back in 12-24 hours if no improvement, symptom worsens, or new symptoms occur

Name	Signature	Date

References: 1) BCCA 2018; 2) NCI 2023; 3) INESSS 2020; 4) CCO 2019… (pages 42-55 for all references).

For more information, see guidelines

If not confident, explore ways to support client/family
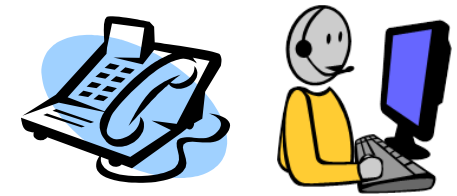
When should COSTaRS be used?

1. When a client/family <u>expresses concern</u> 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 6.3

- Steps 4 & 5 based on brief motivational interviewing

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

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

  - 2nd replacement nurse (3rd 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!

Hints
a) Introduction
b) Listen
c) Assess symptoms
d) Discuss tips for managing
e) Document

- 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***