

# Shared Care in Paediatric Haematology

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# History of the Service

- Why it was needed
- When it began
- How it has evolved

# Areas of Involvement

- At diagnosis
- During treatment
- At relapse
- Palliative Care
- Bereavement

# At Diagnosis

- Helping the family come to terms with diagnosis
- Informing Primary Health Care Team
- Setting up 'Shared Care'
- Co-ordination of discharge planning
- Support following discharge by telephone contact
- Home Visit

# Shared Care

- 16 designated centres

Letterkenny, Sligo, Galway, Portlincula,  
Castlebar, Limerick, Tralee, Cork,  
Waterford, Clonmel, Kilkenny, Wexford,  
Portlaoise, Drogheda, Cavan and  
Mullingar

# Levels of Shared Care

## Supportive Care:

- Blood counts pre and post chemo/radiotherapy
- Transfusions of RCC and Platelets
- Management of Febrile Neutropenia
- Replacing Naso-gastric tubes

Peg Asparaginase for Leukaemia patients:

IM injection given in 15 centres

# Administration of Chemotherapy:

Cytarabine given in 15 centres

Vincristine and Vinblastine in 4 centres

Mercy University Hospital: Cyclophos,  
Doxo, Etoposide

# Benefits

## Patient and Family:

- Closer to home, less travelling
- School and work
- Siblings and friends
- Support from extended family
- Away from 'cancer' environment

## Local Hospital:

- Involvement with patient and family
- Support from OLCCHC
- Increases skills and knowledge

# The down side.....

For Families:

Isolation: physical and psychological

Communication: verbal and written

Burden of responsibility can increase

Variations between hospital policies

Variations in facilities and MDT

For local centres:

Numbers of patients unpredictable

Wide variety of malignant conditions

Parental involvement and knowledge  
intimidating

Communication

Labour intensive - staffing levels

Isolation facilities and age limits

Educational needs

# OLCHC - pro's and con's

- Referral numbers
- Reduced workload
- Reliable resource
  
- Continuity
- Communication
- Data collection for trial patients

# Trying to help.....

- Early 1<sup>st</sup> discharge planning - CNS
- Early Consultant's discharge letter
- Discharge summary following each admission

- Phone call to units re unplanned visits
- Pre-booked routine visits
- 24 hour phone call support available
- Shared Care Manual

- Key nurse and named Consultant
- Shared Care Manager post
- Study days regional and national

# Palliative Care

"The last thing he could be given was a quality of life. The only place we could do that was at home. You can do things at home that you can't do in hospital, your own way. You could get into bed beside him, hold him, cuddle him, all the physical contact ..... all the natural things"

Cronin 2000

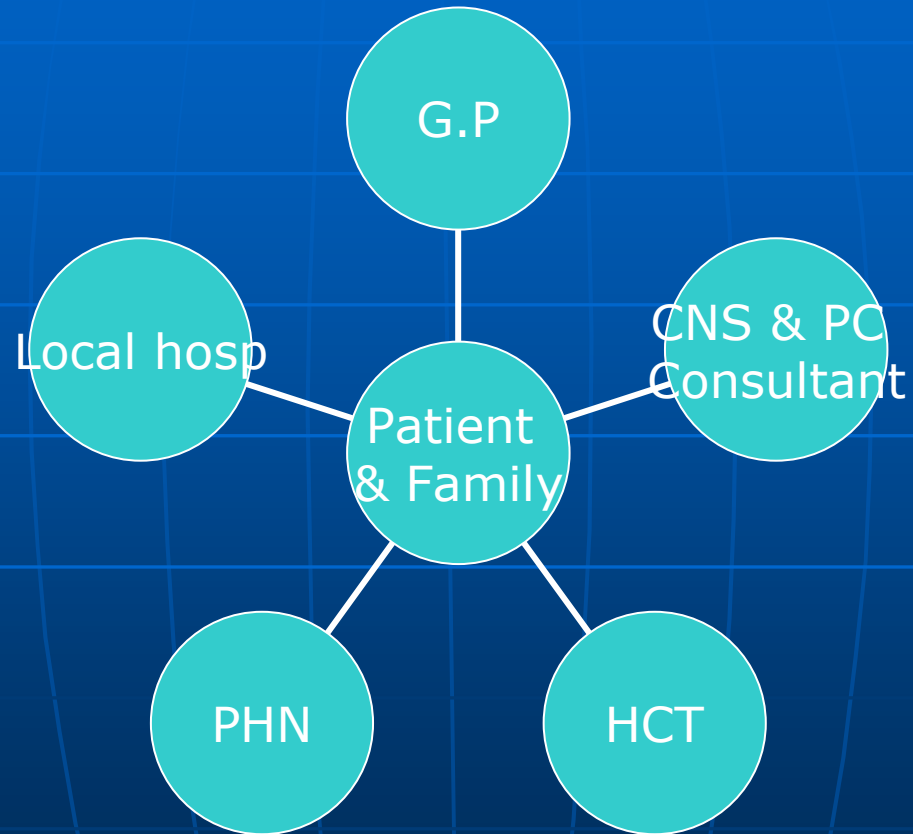
# Referral to local Home Care Team

- Outline services available
- GP consent
- Organise referral and consultant letter
- Organisation of Case Conference

What's different?

- Symptom management
- Communication
- Emotional impact

# Case Conference



**Empowerment** - patient, family,  
professionals

**Advocacy** - patient, family, professionals

**Negotiation** - patient, family,  
professionals

Tread  
carefully,  
because you  
tread on my  
dreams.

(W. B. Yeats.)

