Sharing the Care of Post Autologous Peripheral Blood Stem Cell Transplant Patient

Community Cancer Care 2014 Educational Conference
Presenter Disclosure

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• Relationships with commercial interests:
  – None
Mitigating Potential Bias

• Not Applicable
Learning Objectives

• Describe the routine follow up schedule at a Community Cancer Program (CCP) site for a post autologous stem cell transplant patient.

• List 3 possible complications post autologous stem cell transplant.

• Distinguish the role of the CCP staff for the post autologous stem cell transplant patient.
Sources of Stem Cells

- Umbilical Cord
- Bone Marrow
- Peripheral Blood
Different Types of Stems Cell Transplant

• Autologous Stem Cell Transplant
  – From your own body

• Allogeneic Stem Cell Transplant
  – From a donor (related or unrelated)

• Syngeneic Transplant
  – From an identical twin
Autologous Stem Cell Transplant

• High dose chemotherapy given for the treatment of:
  – Lymphomas (Hodgkin’s and Non-Hodgkin’s)
  – Multiple Myeloma
  – Less common:
    • Testicular/germ cell cancer
    • Neuroblastoma
Autologous Stem Cell Transplant Process

1. Collect Stem cells
2. Store frozen stem cells
3. Give high dose chemotherapy
4. Infuse thawed stem cells
5. Wait for engraftment
GD6 Medical Oncology/BMT
Follow Up Schedule at a CCP

- 1\textsuperscript{st} appointment with nurse and physician 48 hours post discharge.
- Nurse assessment 1 week after 1\textsuperscript{st} appointment.
- Nurse and physician 1 month post discharge.
Blood Work

- CBC, Chemistry (electrolytes, BUN, Creatinine, ALT, AST, Alk Phos, GGT, LDH, Protein, Magnesium, Phosphate, Calcium, Albumin)

- At first appointment, one week appointment and one month post discharge appointment.
- Unless otherwise indicated by clinical status.
• Will be seen by the primary transplant centre for day +100 post BMT evaluation.
Possible Complications Post Autologous Stem Cell Transplant

• Infections
• Low Counts
• Nausea & Dehydration/ Fluid & Electrolyte Imbalances
Infections post engraftment

• Community acquired respiratory viruses
• Dermatomal Zoster/VZV infections
• Central venous catheter related infections
Low/Abnormal Counts

- Septra can cause neutropenia
- Secondary Malignancy
- Relapse
Fluid & Electrolyte Imbalances

• Nausea and dehydration
  – Encourage 2L fluid intake daily
  – Assess need for short term IV fluid replacement
  – Monitor appetite, oral intake
  – Dietician consult
Role of the CCP Staff

• CCP Physician:
  – Assess patient 48 hours and one month post discharge. Sooner if clinically indicated.
  – Assess rashes, need for fluids, electrolyte imbalances.
  – Assess new/unexpected problems. Contact BMT outpatient clinic if needed
• CCP Pharmacist
  – Ensure communication has been received from inpatient pharmacist regarding discharge medications.
  – If questions arise, contact either the CCMB outpatient pharmacy or the BMT inpatient pharmacist.
• CCP Nurse
  – Assess patient 48 hours post discharge, then at one week, then at 1 month. Sooner if clinically indicated
  – Weight, Vital signs, current medications, signs/symptoms of infection, vascular access device, full head to toe assessment
Our Goal

• Post autologous stem cell transplant patients discharged to their home community will have access to a safe and consistent delivery of post transplant care across the province.
“Take home message”

• The routine follow up for the post autologous transplant patient is at 48 hours, 1 week and 1 month post discharge

• Blood work should be done at these follow up appointments, unless otherwise indicated by clinical status

• Most common complications post autologous transplant is nausea/dehydration and infections