



## Oncology Services in the Ambulatory Practice Setting

Economic, technologic, and social forces have combined to create an environment in which increasingly complex cancer therapies are administered in the ambulatory care setting. New roles, responsibilities, and challenges for oncology nurses have evolved accordingly (Ireland, DePalma, Arneson, Stark, & Williamson, 2004). The Oncology Nursing Society (ONS) has published statements on the scope and standards of oncology nursing practice (Brant & Wickham, 2004) and developed guidelines and recommendations for caring for patients with cancer that can be applied in the ambulatory practice setting (Camp-Sorrell, 2004; Polovich, White, & Kelleher, 2005). However, some considerations are unique to the ambulatory practice setting, such as staff qualifications; telephone triage of patients' problems; nurses' involvement in coding and billing documentation; chemotherapy and biotherapy preparation, handling, administration, and disposal; emergency preparedness; and the use of conscious sedation. In addition, many patients receive long-term follow-up in the ambulatory practice setting following treatment completion. Follow-up includes monitoring patients for possible sequelae of cancer and its treatment, such as secondary cancers and the development of chronic complications.

### It Is the Position of ONS That

- Quality care for individuals with cancer is accomplished best by RNs who have been educated and certified in the oncology specialty (ONS, 2005b, 2005c).
- Patient safety must be the priority in planning and providing care.
- Patients should receive information about the risks and benefits of treatments and their impact on quality of life, including financial implications, to make an informed decision to undergo treatment in the ambulatory practice setting.
- Patients and caregivers should be given verbal and written self-care instructions and have access to resources to prevent and manage side effects of cancer and its treatment.
- In accordance with institutional guidelines, oncology nurses practicing as triage nurses independently or collaboratively should assess and direct patients to appropriate treatment areas such as emergency departments, inpatient units, home care, or hospice care (Buchsel & Glennon, 2005; Hickey & Newton, 2004).
- Nurses and ambulatory practice setting staff members are responsible for documenting care provided and processing accurate billing codes for services rendered.
- Chemotherapy and biotherapy administration in the ambulatory practice setting requires that
  - Personnel prepare, handle, administer, and dispose of all antineoplastic, biologic, and hazardous medications in accordance with recommendations for the safe handling of cytotoxic drugs published by ONS (Polovich et al., 2005), the National Institute for Occupational Health and Safety (2004), and the Joint Commission on Accreditation of Healthcare Organizations (2005).
  - RNs who administer chemotherapy and biotherapy should successfully complete the ONS Chemotherapy and Biotherapy course or complete a course with comparable didactic content (ONS, 2005a, 2005b).
  - An appropriate emergency response can be readily activated and all clinical staff members are certified in basic cardiac life support.
  - Emergency medications and equipment are readily available for use.
  - Guidelines appropriate for providing quality oncology nursing care are written and followed for the management of cardiac or respiratory arrest, anaphylactic reaction, seizures, vesicant extravasations, chemical spills, and other emergency situations that may occur.
  - Prior to treatment, an RN who has experience in oncology nursing assesses patients' and their caregivers' access to transportation and home environment, ability to identify and report untoward or adverse effects, ability to engage in self-care (patients) or provide

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care (caregivers), and willingness to participate in and adhere to the treatment plan.

- Patients receiving continuous infusion therapy have an appropriate vascular access device in place and are under the care or supervision of a home infusion or homecare agency or have 24-hour access to ambulatory or office professional staff.
- Use of conscious sedation in the ambulatory practice setting requires that
  - Written guidelines and policies are followed.
  - State, governmental, and Joint Commission on Accreditation of Healthcare Organizations (2005) regulations are enforced.
  - Oxygen and sedation-reversal medications are readily available for use. Monitoring of the patient is done before, during, and after the procedure and is documented. Education is provided to the patient and family, and discharge occurs when specific written criteria are met.
  - Ongoing assessment is closely maintained by RNs who have experience monitoring patients receiving conscious sedation.

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