A. Introduction

Oncology patients and those in a hospice or palliative care program pose a unique challenge in the pre-hospital care setting. Not only due to their chronic condition and the possibility of new or worsening metastasis, which can create a variety of new signs and symptoms. Also, due to social issues, including who will handle their care, such as a proxy, home health care agency, or family.

Most oncology emergencies can be classified as metabolic, hematological, structural, or side effects of chemotherapy. Oncology patients also have pain related issues, which can be challenging to manage.

B. Definitions

- Breakthrough pain: A sudden flare-up of pain from a chronic condition such as cancer. Patients exhibiting this pain are already on pain medication. Still, due to the dynamics and physiology of their disease, the pain "breaks through" and becomes an unmanageable event for the patient. Treatment for this is typically a short-acting opioid to relieve the pain enough to where the patient's medication can pick up where it left off.

- Comfort Measures Only (CMO): Meaning the entire focus is on comfort and aggressive treatment of symptoms to provide comfort only. Used when no other therapies are warranted or wanted, and the patient is at the end of life. Patients typically receive fluids, basic oxygen management, and pain management. This term is most commonly used in the hospital environment.

- Palliative care: Any treatment plan used to control the symptoms of a disease. Palliative care can be during any phase of the disease, even while curative therapies are being pursued. Palliative care can be provided by the patients' primary medical team, a specialized palliative team, or a hospice agency. As the disease progresses and treatment options become limited, the focus often shifts to comfort, prioritizing pain, and symptom management.

- Hospice care: Hospice care focuses solely on symptom control, and curative treatments are no longer pursued. A hospice agency provides hospice care. Pain and other end-of-life symptoms are treated more aggressively to provide symptom management and quality of life. The patient is at end-of-life.

- Anti-cancer therapy: Includes any treatment the patient is taking or receiving for their current cancer diagnosis.

C. Procedure

General Care

EMR/BLS

1. Initial Assessment/Care **Protocol 1**.

    a) Gathering and documenting information regarding the status of the disease, involvement of the Palliative and/or Hospice agency, and the presence of a DNRO.

    b) Personnel should maintain a high index of suspicion due to the illness progressive nature and possible side effects of prescribed medications.

    c) Care should be directed at acquiring proper vital signs, which will include (glucose and body temperature) and to support these vital signs.

2. Monitor the level of consciousness and maintain a position of comfort.

3. Provide supplemental oxygen as needed and if necessary, initiate airway management **Protocol 7.**

NOTE: If agency personnel are en route with an ETA of less than 20 minutes, MDFR will remain on scene to transfer care when either the patient is alone and requires minor assistance or the proxy is uncomfortable managing care.

ALS

4. Monitor ECG rhythm, perform a 12-Lead ECG and consider monitoring capnography.

5. Establish IV access.

    NOTE: Do NOT access ports or existing lines.

6. If receiving anti-cancer treatment, and **if possible**:

    a) The patient's care team shall be contacted for further guidance.

    AND

    b) If transporting the patient to the hospital, a preferred facility that is currently managing care should be taken into consideration for reasons such as:

        1. Transplant Candidates/Recipients
        2. Recent surgery (within 30 days)
        3. Experimental medication used during a clinical trial

These reasons are some of the most common issues in which transport to the facility managing care would be beneficial in maintaining continuity in patient care.

NOTE: Any life-threatening emergency, regardless of current cancer treatment, will go to the closest or most appropriate facility according to Protocol 4. Appendix 2.1

7. Assess for and provide pain management in accordance with **Protocol 18.**

8. Assess for and treat systemic reactions in accordance of **Protocol 17**.

9. Maintain a high index of suspicion for the following conditions and treat appropriately as per MDFR protocols:

   - Hematological: Patients are at risk for DVT, Pulmonary Embolism, Arterial clots, and Disseminated Intravascular Coagulation (DIC). Cancer patients undergoing chemotherapy and/or radiation treatment are at a higher risk of bleeding and/or clotting up to 3 months (sometimes even longer) after completion of therapy. They are also more likely to be on anticoagulants. A high index of suspicion for severe intracranial or internal bleeding following a traumatic event may occur while on treatment and if on anticoagulants.

   - Infection/Sepsis **Protocol 42**: Oncology patients tend to be immunocompromised either because of treatment-related side effects or the tumor/cancer itself. **Any fever of 100.4 degrees F for over 1 hour or any measured temperature of 101 degrees F should be evaluated in ED to rule out sepsis.**

     NOTE: Patients SHOULD NOT be advised to take antipyretics.

   - Metabolic: Hyper/hypo-glycemia **Protocol 36**, hyper/hypo-: kalemia, magnesemia, calcemia, or natremia (generally diagnosed by blood, but ECG changes may be present in severe cases).

   - Neurological disorders: Stroke **Protocol 13**, spinal compression with bilateral or unilateral weakness (may be upper or lower extremities) paresthesia, or paralysis.

   - Structural: Cardiovascular- pericardial effusion, including tamponade, superior vena cava syndrome. Pulmonary- pleural effusion, bronchial obstruction, and pulmonary inflammation.

   - Generalized signs and symptoms include: Increased weakness and hypotension **Protocol 35** (typically from inadequate hydration, nutrition, nausea/vomiting, and diarrhea). Administer **Zofran 4 mg PO Medication 33** as necessary. Abdominal pain **Protocol 22** and constipation from disease, treatments, pain medication, or metabolic disorders.