

Standard Operating Procedure

The operating procedure set out below must comply with the Data Quality Principles set out within Trust Data Quality Policy

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Please refer to [Koha Policies and Guidelines Catalogue](#) for the most recent version.

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1. Introduction

Some patients with a toxicity related to their immunotherapy (checkpoint inhibitor) will require Intravenous Methylprednisolone (IV Methylpred) to suppress the immune mediated toxicity. A proportion of these patients are well enough to receive these in the ambulatory setting and admission to the ward, for daily blood tests and treatment, does not provide a good patient experience or effective use of inpatient beds.

2. Purpose

To describe the criteria and process for otherwise well patients receiving IV Methylpred in the ambulatory setting. This will reduce bed days and provide a better patient experience.

3. Scope

All patients who are generally fit and well i.e. not requiring admission for any other reason, require IV Methylpred to treat an immunotherapy (checkpoint inhibitor) toxicity in the oncology setting.

Patients with diabetes will require individualised advice on blood glucose monitoring from a diabetic specialist (either their own or the hospital team).

It is the responsibility of the referrer to ensure that the initial dose is clearly prescribed and that all investigations as per the UKONS initial management guidelines have been requested and where possible reviewed.

Weekdays it will be the responsibility of the Immunotherapy CNS (IO CNS) team to ensure that there is a prescription, and that the appropriate treatment area has the stock of the Methylprednisolone ready for the patients first attendance, that all investigations have been requested and to carry out the daily blood test review. Any outstanding investigation results will be discussed by them with the patient's parent team/ on call consultant, as will the review of the treatment plan at least every 3 days.

On the weekend (and in the absence of the IO CNS's e.g. due to sickness etc) the ACP team will be responsible for the above, IO CNS responsibilities, handing over to the IO CNSs during their working hours.

4. Abbreviations and Definitions

<i>IO CNS</i>	<i>Immunotherapy Clinical Nurse Specialist</i>
<i>IV Methylpred</i>	<i>Intravenous Methylprednisolone</i>
<i>ACP</i>	<i>Advanced Clinical Practitioner</i>
<i>CTAU</i>	<i>Combined Triage Assessment Unit</i>
CDU	Combined Day Unit
QHB	Queens Hospital Burton

5. Responsibilities

Oncology Consultants, Oncology Registrars, Oncology Specialty Doctors, ACP, IO CNS, Registered staff in CTAU and Registered staff in CDU/QHB Chemo Suite.

6. Procedure

Please see flow chart appendix 1 in conjunction with this procedure

The patient presents with an immunotherapy toxicity on either site requiring IV methylpred (via clinic, CTAU, or IO CNS follow up) if they are assessed as medically fit for the ambulatory pathway and agrees to daily attendance at 8am to CDU at RDH Mon- Fri or 9am Chemo Suite Burton Mon-Fri and 8am CTAU Sat and Sun. If the patient is unable to attend daily or is unfit for the ambulatory pathway then they will be admitted as per the standard pathway and referred to the IO CNS team for standard follow-up.

On a weekday the referrer calls the IO CNS team to alert them to the fact that there is a patient requiring IV methylpred on the ambulatory pathway. The referrer will then complete a referral and ensure that a prescription is generated for at least 3 days of methylpred.

The IO CNS will then arrange for the patient to be booked in at 8am to the appropriate area (see flow chart appendix 1) they will ensure that the department has IV methylpred in stock, the prescription has been done, investigations (including daily blood tests required) have been ordered and reviewed as appropriate and that the patient is aware of the appointment.

The patient will attend the appropriate area and have blood taken on cannulation and sent off urgently (in a red bag) as ordered by the IO CNS/ACP team.

The IO CNS or at the weekend the ACP team will be responsible for reviewing the daily blood tests and discussing the plan with the patient's parent team/on call consultant. Depending on the trend the IO CNS/ACP can decide whether the patient is required to wait in the hospital for the results or go home and document this on ChemoCare so that the administrating team are aware.

The administrating team may give IV methylpred when the blood tests have been taken as the results from that day are to inform the dose going forward.

The IO CNS/ACP will review the results and where necessary but at least every 3 days discuss with the parent team/on call consultant whether steroids should be stepped up or down.

When the immunotherapy toxicity resolves to the point that the patient can have oral steroids, the patient will be converted to these and will be converted to outpatient follow-up with the IO CNS team.

7. Information Governance

There are no additional IG considerations as individuals will adhere to existing IG guidance documented in the Trust policy for Information governance

8. References and Associated/Linked Documents

Acute Oncology Initial Management Guidelines - Version 4 available on Koha

9. Appendices

