Clinical Guideline
THE ACUTELY UNWELL PATIENT ON THE
HAEMATOLOGY/ONCOLOGY UNIT

SETTING
Bristol Royal Hospital for Children

FOR STAFF
Staff involved in the clinical management of children and young adults under the care of the Paediatric Haematology and Oncology Team

PATIENTS
All children, teenagers and young adults under the care of the Paediatric Haematology and Oncology team

Guidance
This document should act as a guideline on the initial management of a seriously ill patient on the haematology and oncology unit. Apart from death from tumour progression, sepsis is the commonest cause of death in children with malignancy.

For further information on specific oncological emergencies, please refer to the following guidelines:

1. MANAGEMENT OF INFECTIONS IN PAEDIATRIC HAEMATOLOGY AND ONCOLOGY PATIENTS
2. MANAGEMENT OF TUMOUR LYSIS SYNDROME
3. MANAGEMENT OF SPINAL CORD COMPRESSION
4. MANAGEMENT OF THE ENCEPHALOPATHIC CHILD
5. MANAGEMENT OF SUPERIOR VENA CAVA OBSTRUCTION
6. MANAGEMENT OF VENO-OCLUSIVE DISEASE

Introduction
☐ It is expected that all staff are familiar with Advanced Paediatric Life Support (APLS) guidelines, and the assessment of the unwell child.
☐ This document highlights specific issues that need consideration in children and young people with a malignant condition.
☐ If it is clear you are dealing with a specific oncological emergency then please refer to the most appropriate guideline listed above.
☐ The Consultant on-call should always be contacted in the case of an acutely unwell patient.
☐ Appropriate referral to other specialist teams such as neurology, nephrology, Paediatric Intensive Care Unit (PICU) and paediatric outreach team should be initiated promptly following discussion with the on-call Consultant.

Secondary Assessment
Further information relating to the diagnosis and treatment may help in the management of a sick oncology/haematology patient.
<table>
<thead>
<tr>
<th>POINT IN DIAGNOSTIC OR TREATMENT</th>
<th>CONSIDER</th>
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</table>
| **Site of tumour and effects of presence of tumour mass/infiltration** | Specific anatomical site, anticipate problems associated e.g.:  
- Brain tumour – raised intracranial pressure, seizures  
- Mediastinal mass – respiratory compromise, pleural effusion, SVC obstruction  
- Abdominal/Pelvic tumour – renal obstruction |
| **Tumour/leukaemia burden** | Tumour-related complications:  
- Infiltration  
- Tumour lysis syndrome (TLS)  
- Disseminated Intravascular Coagulopathy (DIC)  
- Metabolic complications |
| **Stage of treatment** | Newly diagnosed, at relapse or disease progression, e.g.:  
- TLS |
| Document stage in treatment:  
- Diagnosis  
- On treatment  
- Relapse  
- Disease progression  
- Off treatment  
- Palliation |  
- DIC  
- Leucostasis  
- Intracranial bleeds post-op  
- Intra-tumour bleed/rupture  
- Bone marrow infiltration/failure  
- Central Nervous System (CNS) disease  
- Sepsis  
- Venous thrombosis |
| **Current drugs and infusions** | Numerous drug side-effects, some examples  
|  
| Allergy  
Encephalopathy | Asparaginase, carboplatin, antifungals. Ifosfamide, melphalan, busulphan, cytarabine, methotrexate, cyclosporin, sedative analgesia, steroids. Diabetes Insipidus (DI) and Syndrome of Inappropriate Anti-Diuretic Hormone (SIADH). |
| Metabolic |  
- Liver  
- Renal  
- Pancreas  
- Cardiac  
|  
- Blood products  
| **Bone Marrow suppression** | Bone Marrow suppression: Infection, bleeding, anaemia. |
| **Recent interventions** | Neurosurgery (tumour resection, shunt): intracranial bleed  
Line insertion/removal: temperature  
Lumbar puncture: headache, sepsis  
Biopsy: bleed, infection |
### Table A

<table>
<thead>
<tr>
<th>REFERENCES</th>
<th>If you have referenced any external papers or websites, enter them here.</th>
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</thead>
</table>
| RELATED DOCUMENTS AND PAGES | 1. MANAGEMENT OF INFECTIONS IN PAEDIATRIC HAEMATOLOGY AND ONCOLOGY PATIENTS  
2. MANAGEMENT OF TUMOUR LYSIS SYNDROME  
3. MANAGEMENT OF SPINAL CORD COMPRESSION  
4. MANAGEMENT OF THE ENCEPHALOPATHIC CHILD  
5. MANAGEMENT OF SUPERIOR VENA CAVA OBSTRUCTION  
6. MANAGEMENT OF VENO-OCCCLUSIVE DISEASE  
7. RECORDING INPATIENT PAEDIATRIC PHYSIOLOGICAL OBSERVATIONS PAIN AND EARLY WARNING SCORES |

<table>
<thead>
<tr>
<th>AUTHORISING BODY</th>
<th>Paediatric Haematology, Oncology and Bone Marrow Transplant Quality Assurance Forum (Quaf)</th>
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<tbody>
<tr>
<td>SAFETY</td>
<td>Not applicable</td>
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<tr>
<th>QUERIES AND CONTACT</th>
<th>For clinical concerns please contact any of the following for advice:</th>
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<tbody>
<tr>
<td></td>
<td>□ Paediatric Haematology Registrar: bleep 3495</td>
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<tr>
<td></td>
<td>□ Paediatric Oncology registrar: Bleep 2950</td>
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<tr>
<td></td>
<td>□ Paediatric BMT registrar: Bleep 2240</td>
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<tr>
<td></td>
<td>□ Ocean Unit (8am-6pm): 28145</td>
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<td></td>
<td>□ Starlight Ward: 28334</td>
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<td></td>
<td>□ Apollo 35: 28335</td>
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<td>□ Haematology or Oncology consultant (via switchboard)</td>
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<tr>
<td></td>
<td>□ Clinical site team: Bleep 3217</td>
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<td></td>
<td>□ Outreach team: Bleep 2068</td>
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