

Expanded Practice Protocol for a Uro-oncology Registered Nurse Specialist Led Review Clinic for the Management of Renal Cell Carcinoma Patients with Low Risk Disease

CONTROLLED DOCUMENT

CATEGORY:	Procedural Document
CLASSIFICATION:	Clinical
PURPOSE	The purpose of this expanded practice protocol is to support uro-oncology registered nurse specialists to undertake a registered nurse led review clinic for patients who have renal cell carcinoma with low risk disease
Controlled Document Number:	760 (Formerly CP 170)
Version Number:	2
Controlled Document Sponsor:	Executive Chief Nurse
Controlled Document Lead:	Lead Uro-oncology Nurse Specialist
Approved By:	Executive Chief Nurse Executive Medical Director Associate Director of Nursing Division D Matron Clinical Service Lead
On:	August 2014
Review Date:	July 2017
Distribution: • Essential Reading for: • Information for:	All urology registered nurse specialists who currently undertake the uro-oncology registered nurse specialist led review clinic for the management of renal cell carcinoma patients with low risk disease and all urology registered nurse specialists who wish to expand their practice to include this skill All registered nurses working in the urology department

EVIDENCE FOR PRACTICE

The Department of Health's Policy, Improving Outcomes: A Strategy for Cancer (2011) sets out a clear commitment to ensure people with cancer get the right professional support and care, as well as the most appropriate treatments based on each individual patient's needs. Additionally it reinforces the principle that organisations and healthcare professionals should promote innovation to improve services for all cancer patients and service users.

A recent study (Lewis et al, 2009) has demonstrated that cancer patients highly value nurse led follow up cancer clinics where patients can gain access to expertise more quickly than conventional follow up. Specialist nurses were also found to have more time for psychosocial support than doctors, and were particularly effective in providing it. According to the National Cancer Action Team (2010), the registered nurse specialist provides a service that ensures that each patient receives high quality and compassionate care, and continuity of care which is specific to individual needs.

At the uro-oncology registered nurse specialist led review clinic for the management of renal cell carcinoma patients with low risk disease, the registered nurse specialist supports not only the patient who is on active monitoring for small renal tumours but also renal cancer patients prior to and post surgery, and during investigation and diagnosis. The registered nurse specialist is present when the patient receives their post operative histology and they also attend the patient's first follow up clinic with the urology consultant. It is therefore appropriate that the registered nurse specialist continues direct contact with the patient and their family, providing a holistic, consistent and expert approach to their care.

Since the publication of the first version, this expanded practice protocol has not yet been practised against and therefore it was not possible to perform an audit. However after determining the protocol is still required, a review of the expanded practice protocol has been undertaken to ensure the practice covered by this document remains up to date. No significant changes to the protocol have been made.

CONSENT

Although formal written consent is not required for minor procedures, verbal consent for the review of renal cell carcinoma patients with low risk disease in a uro-oncology nurse specialist led review clinic must be obtained where possible and this must be documented in the patient's records. For further information regarding consent and mental capacity please refer to the following documents:

- Department of Health Reference Guide to Consent for Examination or Treatment (2009).
- The Trust's Policy and Procedural document for consent to examination or treatment (current version).
- *Mental Capacity Act (2005)*.

INDICATIONS

1. The patient with renal cell carcinoma with low risk disease.
2. The patient who has undergone either Laparoscopic or Radical nephrectomy for renal cancer.
3. The patient who requires ongoing surveillance.

CONTRAINDICATIONS

1. The patient has capacity and does not give consent for the management of their care at the uro-oncology registered nurse specialist led review clinic for the management of renal cell carcinoma patients with low risk disease.
2. The patient is under 16 years of age.
3. If there is a deterioration of the patient's disease. In this case the uro-oncology nurse specialist must immediately refer the patient back to the patient's named urology consultant.
4. The patient has existing health problems that require medical supervision.
5. The patient with complex presentations on imaging that require review by the patient's named urology consultant.

LIMITATIONS TO PRACTICE

1. If the uro-oncology nurse specialist is concerned about the patient's condition they must immediately refer the patient to the urology consultant/specialist registrar for advice on any further action to be taken, and this must be recorded in the patient's records.

The appropriate Health and Safety risk assessments must have been completed for the clinical area.

CRITERIA FOR COMPETENCE

1. A uro-oncology registered nurse specialist with a minimum of 2 years experience in urology and an extensive knowledge of renal cancer disease management.
2. Uro-oncology registered nurse specialists must have undertaken education and training recognised by the Matron.
3. Evidence of satisfactory supervised practice must be provided by the uro-oncology registered nurse specialist as witnessed by a practitioner who is already competent in undertaking a uro-oncology registered nurse

specialist led review clinic for the management of renal cell carcinoma patients with low risk disease (Appendix 1).

4. The number of supervised practices required will reflect the individual uro-oncology registered nurse specialist's learning needs.
5. Evidence of competence must be provided and a copy kept in the uro-oncology registered nurse specialist's personal file and in the ward or department where the skill is practised (Appendix 2).
6. The uro-oncology registered nurse specialist must provide evidence of competence in the performance of phlebotomy in accordance with expanded practice protocol controlled document no: 243 (formerly CP10 / current version).
7. The uro-oncology registered nurse specialist must provide evidence of competence in requesting plain film chest x-rays in accordance with expanded practice protocol controlled document no: 326 (formerly CP105 / current version).
8. Uro-oncology registered nurse specialists new to the Trust, who have been performing the skill elsewhere, must read, understand and be signed off against this protocol. Evidence of appropriate education and competence must be provided and checked by their line manager before undertaking this expanded practice at the Trust. The decision whether the uro-oncology registered nurse specialist needs to complete Trust training and competence will be at the discretion of the uro-oncology registered nurse specialist's line manager.
9. In accordance with codes of professional practice, the uro-oncology registered nurse specialist has a responsibility to recognise, and to work within, the limits of their competence. In addition, the uro-oncology registered nurse specialist has a responsibility to practise within the boundaries of the current evidence based practice and in line with up to date Trust and national policies and procedural documents. Evidence of continuing professional development and maintenance of skill level will be required and confirmed at the uro-oncology registered nurse specialist's annual appraisal by the uro-oncology registered nurse specialist's line manager.

A list of uro-oncology registered nurse specialists competent to perform this skill must be kept by the line manager.

PROTOCOL AND SKILLS AUDIT

The lead uro-oncology registered nurse specialist will lead the audit of the protocol with support from the Practice Development Team. The audit will be undertaken in accordance with the review date and will include:

- Adherence to the protocol
- Any untoward incidents or complaints

- Number of uro-oncology registered nurse specialists competent to perform the skill
- Patient Experience

All audits must be logged with the Risk and Compliance Unit.

CLINICAL INCIDENT REPORTING AND MANAGEMENT

Any untoward incidents and near misses must be dealt with by the appropriate management team. An incident form must be completed and in addition the Risk and Compliance Unit must be notified by telephone of any Serious Incidents Requiring Investigation (SIRI).

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EVIDENCE OF SUPERVISED PRACTICE

To become a competent practitioner, it is the responsibility of each uro-oncology registered nurse specialist to undertake supervised practice in order to undertake the uro-oncology registered nurse specialist led review clinic for the management of renal cell carcinoma patients with low risk disease in a safe and skilled manner.

Name of uro-oncology nurse specialist:

DATE	DETAILS OF CLINIC PROCEDURES	SATISFACTORY STANDARD MET	COMMENTS	PRINT NAME, SIGNATURE & DESIGNATION
		Yes / No		
		Yes / No		
		Yes / No		
		Yes / No		
		Yes / No		
		Yes / No		

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Appendix 2
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CRITERIA FOR COMPETENCE

END COMPETENCE: EXPANDED PRACTICE PROTOCOL FOR A URO-ONCOLOGY REGISTERED NURSE SPECIALIST LED REVIEW CLINIC FOR THE MANAGEMENT OF RENAL CELL CARCINOMA PATIENTS WITH LOW RISK DISEASE

Date(s) of Education and supervised practice:

Name of uro-oncology nurse specialist (print): **Clinical Area / Department:**

Name of Supervisor (print):

Element of Competence To Be Achieved	Date Achieved	Urology nurse specialist Sign	Supervisor Sign
Discuss and identify <ul style="list-style-type: none">• indications,• contraindications• limitations for a uro-oncology registered nurse specialist led review clinic for the management of renal cell carcinoma patients with low risk disease according to this expanded practice protocol.			
Demonstrate a working knowledge of the NMC Code: Standards of conduct, performance and ethics for nurses and midwives (2008).			
Demonstrate a working knowledge of the Trust's policy for consent to examination or treatment.			
Demonstrate a working knowledge of the <i>Mental Capacity Act</i> .			
Demonstrate accurate history taking and holistic assessment of the patient.			
Describe the process for referral to the medical staff			
Demonstrate accurate provision of information pre, during and post the review in a way that the patient understands.			

Element of Competence To Be Achieved	Date Achieved	Urology nurse specialist Sign	Supervisor Sign
Demonstrate involvement of the patient and their families/carers, in decision making about their care and treatment.			
Demonstrate application of the Trust Principles for carers.			
Demonstrate maintenance of the patient's privacy and dignity throughout the review.			
Provide evidence of competence in the performance of phlebotomy according to Trust protocol 243 (formerly CP 10 / current version).			
Provide evidence of competence in the requesting of plain film chest x-rays in accordance with protocol 326 (formerly CP 105 / current version).			
Demonstrate safe infection control practices throughout the clinic appointment. To include: <ul style="list-style-type: none"> • Standard precautions • Aseptic non touch technique (where applicable) 			
Discuss any health and safety issues in relation to this expanded practice			
Demonstrate accurate record keeping.			
Demonstrate an understanding of the incident reporting process.			

I declare that I have expanded my knowledge and skills and undertake to practice with accountability for my decisions and actions.
I have read and understood the protocol for a uro-oncology registered nurse specialist led review clinic for the management of renal cell carcinoma patients with low risk disease.

Signature of uro-oncology registered nurse specialist:**Print name:**.....

Date:

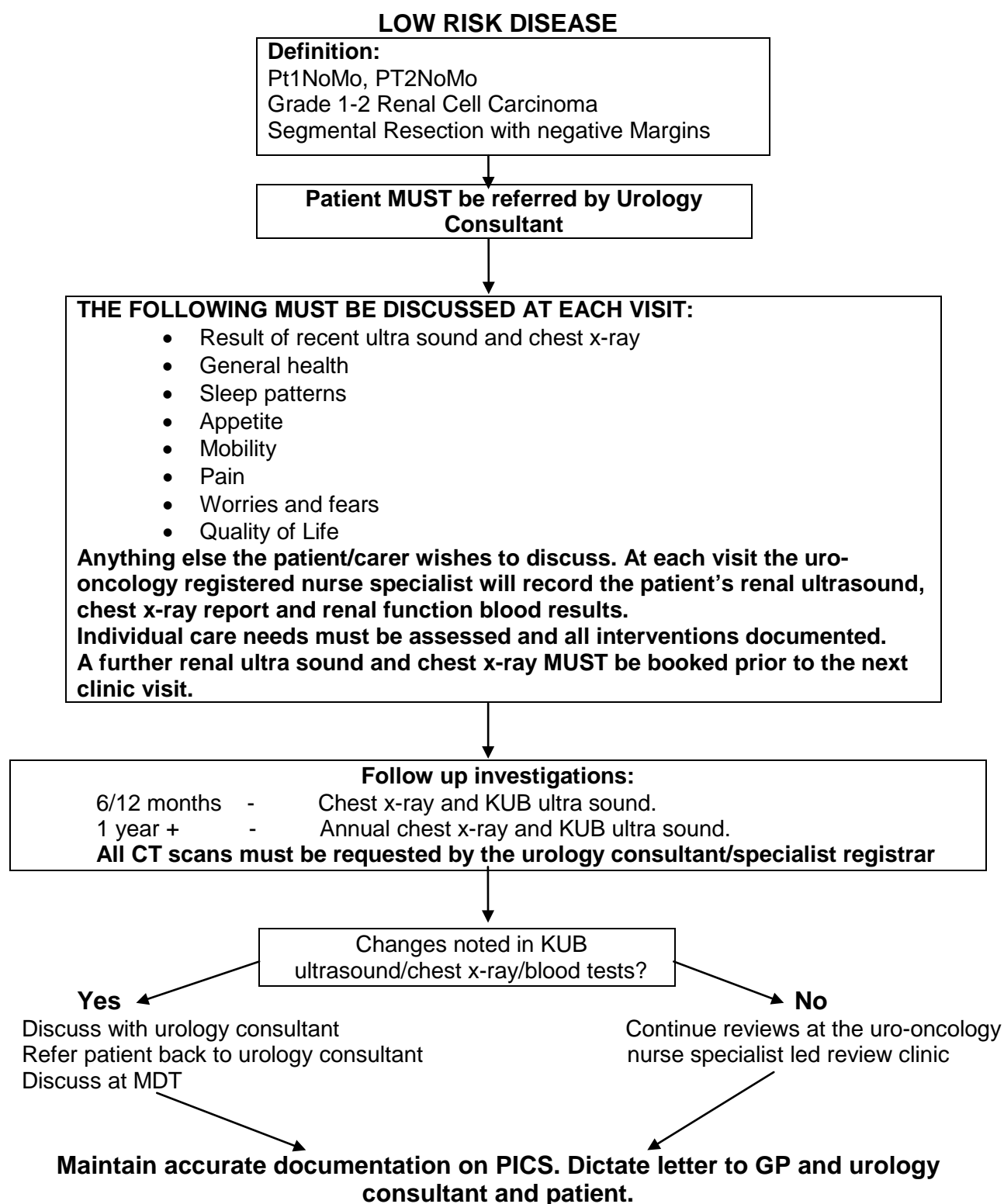
I declare that I have supervised this uro-oncology registered nurse specialist and found her/him to be competent as judged by the above criteria.

Signature of Supervisor: **Print name:**.....

Date:

A copy of this record should be placed in the uro-oncology registered nurse specialist's personal file, a copy must be stored in the clinical area by the line manager, and a copy can be retained by the individual for their Professional Portfolio.

Flow Chart for a Uro-oncology Registered Nurse Specialist Led Review Clinic for the Management of Renal Cell Carcinoma Patients



STAGING

STAGE	DESCRIPTION
I	Within the capsule
II	Invading the perinephric fat
III	Invading the renal vein or IVC (IIIa) Lymph node involvement (IIIb) Invading both (IIIc)
IV	Invading adjacent viscera

TNM CLASSIFICATION

STAGE	DESCRIPTION
T0	No evidence of tumour
T1	< 7cm
T2a	Tumour >7cm but <10cm
T2b	Tumour as > 10cm limited to the kidney
T3a	Extends into perinephric tissue, T3a tumours also include RCCs with a tumour thrombus that extends into the renal vein only
T3b	Major veins below the diaphragm
T3c	Major veins above the diaphragm
T4	Invasion beyond Gerota fascia. Adrenal invasion is now classified in the PT4 tumours, because many studies have shown that adrenal invasion carries a very poor prognosis

Follow up of renal cancer patients post surgery

Appendix 5

LOW RISK	
Definition: Pt1 NO, MO, Pt2 NO,MO Fuhrman Grade 1-2 RCC Segmental Resection with negative margins	
Follow up: 6/12 Chest x-ray and renal ultra sound scan, CT scan if segmental resection. 1 year plus Chest x-ray and renal ultra sound scan.	
INTERMEDIATE RISK	
Definition: Pt3a/ b NO, MO Fuhrman Grade 3 Segmental resection with positive margins	
Follow up: 3/12 CT 6/12 abdominal ultrasound scan 12/12 CT 18/12 abdominal ultrasound scan 24/12 CT 3 years plus – annual chest x-ray and renal ultrasound scan	
HIGH RISK	
Definition: Pt3c, Pt1-4 N1-2 M0 Pathology sarcomatoid element Fuhrman Grade 4 Micro vascular invasion	
Follow up: 3/12 CT scan 6/12 CT scan 12/12 CT scan 18/12 CT scan 24/12 CT scan 36/12 CT scan 4 years plus – annual chest x-ray and renal ultrasound scan	