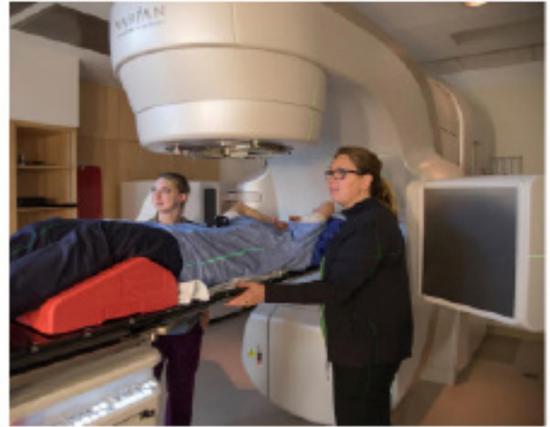


# Palliative Radiotherapy

A Guide for Inpatient Care Teams and Regional Hospitals

## ABOUT PALLIATIVE RADIOTHERAPY

- Palliative radiotherapy (PRT) is a quick, effective means of relieving symptoms and improving quality of life for patients with advanced, incurable cancer.
- PRT is delivered in short treatment courses, ranging from a single treatment to 1-2 weeks of treatment.
- Maximal PRT treatment response usually occurs 2-4 weeks after treatment is completed, and some patients may experience a temporary worsening of symptoms before improvement.
- For patients in the final weeks of life with controlled symptoms, best-supportive palliative care may be a more appropriate option.



## ABOUT THE LONDON REGIONAL CANCER PROGRAM (LRCP)



LRCP provides service for patients admitted to regional hospitals who have cancer-related symptoms and could benefit from quick access to radiation therapy. In most cases, patients are seen within 1 week of referral and can be treated on the same day as their consultation appointment, which is ideal for inpatients traveling from a distance.

## ABOUT THE TREATMENT PATHWAY

Patients will be consulted by our Radiation Oncology team and then undergo a CT simulation scan for treatment planning purposes. Both of these appointments usually take about 30-45 minutes, but there may be some waiting time in between.

After CT simulation, our team will create and perform quality assurance on a treatment plan, a process which takes several hours. During this time, we can accommodate patients in our Stretcher Bay area. Though support staff and physicians are available on site, **patients will often be unattended during this waiting period.**

## ABOUT THE TREATMENT PATHWAY (cont'd)

Once the plan is ready, treatment will be delivered. This usually takes about 20-30 minutes.

If the patient will receive more than one treatment, they will be provided with a schedule for their remaining appointments. **The home hospital is responsible for booking all transportation for subsequent treatments.**

### IMPORTANT INFORMATION

**If it is unsafe for your patient to remain unattended, or if they have complex care needs or require assistance with medications, toileting, eating, etc., they MUST be accompanied by a member of your Care Team.**

Patients (and any accompanying member of their Care Team) should **expect to spend at least 5-6 hours** at LRCP for the first PRT appointment.

On rare occasions, transfer to LHSC as an inpatient for duration of treatment may be appropriate. In these cases, transfer **must** be arranged in advance by the home hospital MRP and the treating Radiation Oncologist as bed availability is extremely limited.

## HOW TO PREPARE YOUR PATIENT

All inpatients should be sent with an information package which includes:

- A flag for any precautions, i.e. contact, droplet, etc.
- A complete medication reconciliation list.
- A copy of any resuscitation status order, if applicable.
- Relevant care notes/results of recent investigations.
- Transport instructions or arrangements, including booking confirmation numbers.
- Contact information for the home hospital MRP/Care Team.

Ensure the patient has **everything** that they will need throughout the day. This includes:

- Any and all medications they will require. **If a patient is in pain, it is imperative that they bring their analgesia in a format they can self-administer, or which can be administered by the accompanying member of your Care Team.** For patients with pain pumps, home hospitals should ensure adequate supply for a **minimum of 12 hours.**
- Any required assistive devices and/or ostomy/incontinence supplies, etc.
- A meal, snacks and/or nutritional supplements.
- Cell phone and charger (if they wish to remain in contact with family/friends)

Ensure that patients who are in pain receive the necessary analgesia to make their transport more tolerable.

## TRANSPORTATION

- It is common to experience delays with patient transport services.
- If transportation from the home hospital to LRCP is delayed, please advise us as soon as possible by calling 519-685-8610.
- End-of-day transport availability is often limited and results in delays or pick-ups times after the regular operating hours of LRCP. **Nursing support is unavailable after 6:00 pm.** Patients with after-hours pick-ups will be attended, but supports are limited and in some cases patients may be transferred to another area of the hospital while waiting for transportation.

## MANAGING SIDE EFFECTS

- Side effects are dependent upon the area being treated and the organ(s)/tissue(s) which receive a substantial dose; side effects are temporary and usually mild.
- The most common side effect of PRT, experienced by 2/3 of patients, is fatigue.
- Acute effects usually resolve within 4-6 weeks of completing treatment, and long-term effects are uncommon.
- Increased analgesia, anti-emetics, and/or corticosteroids may be prescribed to reduce discomfort and side effects during and/or after treatment.
- All patients will receive written information about their treatment area(s), possible acute reactions, and side effect management.

## FOLLOW-UP

Patients are most often discharged back to the care of their regional hospital, but in some cases the LRCP team may recommend or coordinate future follow-up or investigations.

## CONTACTING THE PALLIATIVE RADIOTHERAPY TEAM

If you have any questions or would like more information, please contact Melissa O'Neil (Palliative Care Clinical Specialist Radiation Therapist) at 519-685-8500, extension 75337, or Radiation Reception at 519-685-8610.