

## ONCOLOGY DAY WARD: AN EVALUATION

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### INTRODUCTION

The important role of day ward care in psychiatric (1) and geriatric patients (2) has been well established. Substitution of day care for in-patient care has been advocated for economic reasons, since money is saved on wages for night staff, food and other hotel facilities, and units can be closed at weekends. According to a recent survey (3), day cases cost the government half as much as in-patients cases. This article evaluates the role of the Day Ward in oncological service and we believe that cancer patients will benefit from it.

## INDICATIONS FOR DAY WARD CARE IN CANCER PATIENTS

### Treatment

Most of the cancer patients require some sort of treatment either in the form of radiotherapy or chemotherapy which often extends for several weeks and months. Obviously it is impractical for the patients to stay in the hospital for such a long period of time. Moreover many of these patients have a short survival interval. It is much more humane and socially desirable for such patients to live at home, to be with their family, and to enjoy a normal life as far as possible. Both chemotherapy (4) and radiotherapy (5) may cause side-effects. These may include anorexia, nausea or vomiting, alopecia, bone marrow suppression or more specific end-organ effects. Thus these treated patients often require adequate supportive care such as anti-emetic therapy and fluid hydration, blood transfusion or antibiotic therapy. Most of the effective antiemetic therapy such as chlorpromazine often causes temporary drowsiness and the patients need to rest in bed for few hours subsequently. Some chemotherapeutic agents require to be infused slowly over several hours (6) and are best given on a ward with adequate nursing care and post treatment observation. This supporting measure cannot be provided in an ordinary out-patient clinic but can be handled by a short-stay day ward. As many chemotherapeutic drugs cause bone marrow suppression, patients may require to be admitted for blood transfusion. These patients can be blood-grouped and cross-matched in the out-patient clinic and can be admitted to day ward the next morning. 2 to 3 units of blood can be transfused safely and patients can return home the same day.

### Investigation

Investigative procedures, including tissue biopsy, lumbar puncture and marrow aspiration are best done in a day ward since these procedures are invasive and require proper after care and back-up facilities. For example, after lumbar puncture, patients are advised to lie flat in bed for few hours to minimise the incidence of post-lumbar puncture headache. Similarly patients following liver biopsy should have regular pulse and blood pressure monitoring for several hours in a ward to detect any intra-abdominal bleeding or other complications. The other types of surgical procedures considered suitable on a day basis have also been described (7). Thus these procedures, together with routine blood tests, can be part of the daily routine of the Oncology Day Ward.

### Rehabilitation

Rehabilitation is an important part of cancer treatment since so often the problem is one of physical disability after surgery or other therapies. There is prospect of improvement, though often not of recovery. It is helpful to see rehabilitation as a finite process to which there is usually an end-reached when the patient achieves his maximum degree of independence.

## REQUIREMENTS FOR AN ONCOLOGY DAY WARD

The day ward should be regarded as a ward within the hospital as it was suggested by Andrews in 1970 (8). This emphasizes that staffing should be on similar levels to that of in-patient wards and that management should be along similar lines. The day to day running of an Oncology day ward involves the oncologists,

nursing staff, social workers, administrators and volunteers. A doctor must attend daily to maintain records and to initiate investigation and treatment of patients.

In a standard day ward, there should be a treatment room for preparing drugs and setting up various intravenous fluids. Ideally there is a drug cupboard containing all the commonly used cytotoxic drugs. Standard biopsy set and cut down sets should be available. There should be ample space to stock various intravenous fluid such as normal saline, dextrose, and plasma. They are used frequently both in giving chemotherapy and supportive care.

### Advantages

The advantage of the day ward lies first in allowing the treatment of many cancer patients without hospital admission, particularly when out-patient treatment would be unsuitable. The need is for a continuing therapeutic environment where the pace is slower but activity continues throughout most of the day. The day ward also allows the earlier discharge of patients and their subsequent supervision until they are safely settled at home. Another advantage is that the hours are attractive to staff and recruitment of suitable staff is often easier than to the inpatient wards.

### Problems

Day ward are not without their problems. Probably the greatest of this lies in the transport of the patients. It is exceptional for any patient needing day ward treatment to be able to come independently. A few can be brought by relatives in cars, and in the majority, taxis are hired for this purpose. Shortage of experienced and dedicated nursing staff can of course be a major problem.

## CONCLUSIONS

The Oncology day ward is in many ways a shop window for the Oncology service and undoubtedly a good one adds immeasurably to the morale of the whole Oncology department. Oncology Day Wards make sound economic sense since much investigation and treatment can be given on an out-patient basis. This is much cheaper than using hospital inpatient beds. They also help patients to live normal lives and preserve their morale and dignity. Most of the commoner kinds of supportive care can also be handled on such a Day Ward. The authors feel this method of care should be more widely used.

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