

Expanded Practice Protocol for Clinical Nurse Specialists in Urology to Refer Patients with Prostate Cancer for Computed Tomography (CT) Scans and Isotope Bone Scans

CONTROLLED DOCUMENT

CATEGORY:	Procedural Document
CLASSIFICATION:	Clinical
PURPOSE	This expanded practice protocol supports the Clinical Nurse Specialist in Urology to refer patients with prostate cancer for CT chest, abdomen and pelvis, and isotope bone scans.
Controlled Document Number:	945
Version Number:	2
Controlled Document Sponsor:	Executive Chief Nurse
Controlled Document Lead:	Clinical Nurse Specialist – Prostate Cancer
Approved By:	Executive Chief Nurse Executive Medical Director (or nominated deputy) Associate Director of Nursing, Division D Matron, Urology Clinical Service Lead, Urology Clinical Service Lead, Imaging Operations Manager - Medical Physics
On:	17 th January 2019
Review Date:	17 th December 2021
Distribution:	
<ul style="list-style-type: none"> • Essential Reading for: 	All Clinical Nurse Specialists - Urology who currently refer patients with prostate cancer for CT chest, abdomen and pelvis, and isotope bone scans and all Clinical Nurse Specialists - Urology who wish to expand their practice to include this skill.
<ul style="list-style-type: none"> • Information for: 	All staff who work within Urology and the Imaging Department

EVIDENCE FOR PRACTICE

The Royal College of Nursing (RCN) produced a cross-professional guidance document regarding clinical imaging requests from non-medically qualified professionals (Aston et al, 2008). It was anticipated that this would enhance the safety and delivery of patient services. The document details responsibilities and referrer eligibility criteria under the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R 2017). It also details professional requirements for referrers.

These state that referrers must:

- Be competent to assess patients in order that appropriate medical data is provided on the referral form
- Understand their professional accountability arising from their regulatory body's code of conduct
- Be familiar with the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R 2017) and aware of the risks of radiation exposure
- Engage in professional development.

A review of the literature shows support for registered nurses' ability to appropriately refer for diagnostic imaging (Free et al 2009, Hunter, 2010, Puckeridge et al, 2010, Lee et al, 2016). In particular these studies suggest that enabling registered nurses to refer selected groups of patients for imaging examinations can:

- Reduce waiting times for the patient
- Ensure appropriate practice development
- Improve the patient's healthcare journey
- Provide a holistic approach to patient care.

Effective management of patients with prostate cancer in registered nurse led clinics requires clinical staging and re-staging of the disease at various milestones in the treatment journey in order for the potential introduction of new therapies. Prostate cancer commonly metastasizes to bones and lymph nodes which can be managed with androgen deprivation treatment (ADT) for many years either continuously or intermittently, using a combination of prostate specific antigen (PSA) blood tests and imaging modalities, as a measure of disease response and failure. The follow up review of these patients makes up the majority of the caseload of the Clinical Nurse Specialist in Urology, specialising in prostate cancer.

The Clinical Nurse Specialist in Urology will review patients in the registered nurse led prostate cancer review clinic. Referral for computed tomography (CT) of chest, abdomen and/or pelvis, along with isotope bone scans will be undertaken at this clinic by the Clinical Nurse Specialist - Urology, to ensure:

- prompt referral for CT scans and isotope bone scans
- timely management of treatment and introduction of new therapies
- continuity of care.

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 referral of CT chest, abdomen and pelvis, and isotope bone scans by Clinical Nurse Specialists in Urology, 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

All referrals must be made in accordance with the University Hospitals Birmingham NHS Foundation Trust (current version) Imaging Department Protocols.

Referrals must only be made only for patients who fit the agreed criteria as illustrated in appendix 3.

The signature of the Clinical Nurse Specialist in Urology requesting the CT scan and isotope bone scan must appear on the approved specimen signatory list held in the appropriate imaging department.

CONTRAINDICATIONS

The Clinical Nurse Specialist in Urology must not refer the patient with prostate cancer for CT chest, abdomen and/or pelvis, and/or isotope bone scans if:

1. The patient has capacity and does not give consent for referral for CT scan and/or isotope bone scan.
2. The patient is under 16 years of age.
3. The patient does not fit the agreed departmental criteria.
4. The CT/isotope bone scan is being carried out for medico-legal reasons.

LIMITATIONS TO PRACTICE

If the Clinical Nurse Specialist in Urology is concerned about the patient's condition they must immediately refer the patient to the appropriate medical practitioner for advice on any further action to be taken, and this must be documented in the patient's records before the end of the clinic.

CRITERIA FOR COMPETENCE

1. A Clinical Nurse Specialist in Urology must attend an in-service IRMER lecture organised by the Imaging Department.

2. The Clinical Nurse Specialist in Urology who has undertaken education and training in relation to the management of patients with prostate cancer, as recognised by their line manager and uro-oncology consultant.
3. The Clinical Nurse Specialist in Urology must provide evidence of competence in the review of patients with prostate cancer at a registered nurse led review clinic, in accordance with expanded practice protocol controlled document no. 300 (current version).
4. Evidence of satisfactory supervised practice must be provided by the Clinical Nurse Specialist in Urology as witnessed by a practitioner who is already competent in referral of patients with prostate cancer for CT chest, abdomen and pelvis and isotope bone scan (Appendix 1).
5. The number of supervised practices required will reflect the individual Clinical Nurse Specialist's learning needs.
6. Evidence of competence must be provided and a copy kept in the Clinical Nurse Specialist's personal file and a copy sent to the imaging department (Appendix 2). Following each review and update of the protocol the Clinical Nurse Specialist in Urology has a responsibility to ensure that there is evidence that they have read and familiarised themselves with the current version of the protocol.
7. Clinical 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 the Trust IRMER Lead before undertaking this expanded practice at the Trust. The decision whether the Clinical Nurse Specialist in Urology needs to complete Trust training will be at the discretion of the Clinical Nurse Specialist's line manager and Trust IRMER Lead.
8. In accordance with codes of professional practice, the Clinical Nurse Specialist in Urology has a responsibility to recognise, and to work within, the limits of their competence. In addition, the Clinical Nurse Specialist in Urology 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 Clinical Nurse Specialist's annual appraisal by the Clinical Nurse Specialist's line manager.

A list of Clinical Nurse Specialists in Urology competent to refer for CT chest, abdomen and/or pelvis, and/or isotope bone scans must be kept by their line manager and within the imaging department.

PROTOCOL AND SKILLS AUDIT

The Clinical Nurse Specialist –Prostate Cancer 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 Clinical Nurse Specialists in Urology competent to refer
- Number of Clinical Nurse Specialists in Urology listed in imaging as being able to refer.

All audits must be logged with the Risk and Compliance Unit using the Clinical Audit Registration and Management System (CARMS).

CLINICAL INCIDENT REPORTING AND MANAGEMENT

Any untoward incidents and near misses must be reported via the Trust incident reporting system, and where required escalated to the appropriate management team. In addition, the Risk and Compliance Unit must be notified by telephone of any Serious Incidents (SI).

REFERENCES

Aston J, Murray M, Freeman C, Coats M, Wadsworth R, Jackson S, Rote S, Adam J, (2008). **Clinical imaging requests for non medically qualified referrers**. Royal College Of Nursing, London. <https://www.rcn.org.uk/professional-development/publications/pub-003101> [accessed 26.01.2018].

Department of Health (2017) **The Ionising Radiation (Medical Exposure) (Amendment) Regulations**.
<http://www.legislation.gov.uk/ukxi/2006/2523/contents/made> [accessed 26.01.2018]

Department of Health (2009) **Reference Guide to Consent for Examination or Treatment** 2nd edn. HMSO London

Free B, Lee GA, Bystrzcki, A (2009) Literature review of studies on the effectiveness of nurse's ability to order and interpret X rays. **Australasian Emergency Nursing Journal**. 12(1), 8-15.

Hunter, D. (2010) Triage nurse X-ray protocols for hand and wrist injuries. **Emergency Nurse : the journal of the RCN Accident and Emergency Nursing Association**; 17(9), 20-24.

Lee, W. W., Filiatrault, L., Abu-Laban, R. B., Rashidi, A., Yau, L., Liu, N. (2016) Effect of Triage Nurse Initiated Radiography Using the Ottawa Ankle Rules on Emergency Department Length of Stay at a Tertiary Centre. **CJEM Journal of the Canadian Association of Emergency Physicians**; 18 (2), 90-97.

Mental Capacity Act 2005,
<http://www.legislation.gov.uk/ukpga/2005/9/contents>
[accessed 26.01.2018]

Nursing and Midwifery Council. (2015). The Code: Professional standards of practice and behaviour for nurses and midwives. Nursing and Midwifery Council, London.
<https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>
[accessed 19.02.2018]

Puckeridge, D; Higgins, M; Hutton A. (2010) Nurse-initiated x-rays: a leap forward for children and nurses. **Neonatal, Paediatric and amp; Child health Nursing** 13(1), 7-12.

University Hospitals Birmingham NHS Foundation Trust (current version) **Controlled document number 300: Expanded Practice Protocol for the Review of Patients with Prostate Cancer at a Clinical Nurse Specialist - Urology Led Review Clinic**,
Document index no: 945 Version 2 Page 5 of 13

Expanded Practice Protocol for Clinical Nurse Specialists in Urology to Refer Patients with Prostate Cancer for Computed Tomography (CT) Scans and Isotope Bone Scans

University Hospitals Birmingham NHS Foundation Trust
<http://uhbpolicies/assets/EppProstaticCancerClinicRn.pdf>
[accessed 26.01.2018]

University Hospitals Birmingham NHS Foundation Trust (current version) **Policy for consent to examination or treatment**, University Hospitals Birmingham NHS Foundation Trust
http://uhbpolicies/Microsites/Policies_Procedures/consent-to-examination-or-treatment.htm
[accessed 26.01.2018]

University Hospitals Birmingham NHS Foundation Trust (current version) **Procedure for consent to examination or treatment**. University Hospitals Birmingham NHS Foundation Trust
http://uhbpolicies/Microsites/Policies_Procedures/consent-to-examination-or-treatment.htm
[accessed 26.01.2018]

University Hospitals Birmingham NHS Foundation Trust (current version) **Procedure for Medical Imaging** (as required by IRMER 2017). University Hospitals Birmingham NHS Foundation Trust. <http://uhbpolicies/irmer-procedures.htm> [accessed 26.01.2018]

University Hospitals Birmingham NHS Foundation Trust (current version) **Standards for Working with Carers**, University Hospitals Birmingham NHS Foundation Trust
http://uhbhome/Microsites/Policies_Procedures/working-with-carers.htm
[accessed 26.01.2018]

BIBLIOGRAPHY

University Hospitals Birmingham NHS Foundation Trust Risk Assessment Documentation <http://uhbhome/Resources/RiskAssessmentDocs/Home.aspx>
[accessed 26.01.2018]

PROTOCOL SUBMISSION DETAILS

Protocol reviewed by:

Richard Gledhill
Peter Guest
Prashant Patel

Clinical Nurse Specialist – Prostate Cancer
Consultant Radiologist
Senior Lecturer, Honorary Consultant Urological Surgeon

Nicholas James
Liesel Thompson
Belinda Chambers

Professor of Clinical Oncology
Practice Development Nurse
Practice Development Practitioner

Protocol submitted to and approved by:

Executive Chief Nurse

M. Kelly Green

Date:

19th January 2019

Executive Medical Director (or nominated deputy).....*M. Kelly*

Date:

17 January 2019

Associate Director of Nursing, Division D

Emma Steele

Date:

31.12.18

Matron, Urology

M. Mason

Date:

31/12/18

Clinical Service Lead, Urology

[Signature]

Date:

17/12/18

Clinical Service Lead, Imaging

[Signature]

Date:

11/12/18

Operations Manager - Medical Physics

[Signature]

Date:

01.1.19

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
EVIDENCE OF SUPERVISED PRACTICE

To become a competent practitioner, it is the responsibility of each Clinical Nurse Specialist - Urology to undertake supervised practice in order to refer for CT chest, abdomen and pelvis and isotope bone scans for men with prostate cancer in a safe and skilled manner.

Name of Clinical Nurse Specialist in Urology:

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

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

Appendix 2
(page 1 of 3)

CRITERIA FOR COMPETENCE

END COMPETENCE: Clinical Nurse Specialists in Urology to refer patients with prostate cancer for CT scans and isotope bone scans.

Date(s) of Education and supervised practice:

Name of Clinical Nurse Specialist in Urology (print): **Job title / Role:**

Clinical Area / Department: **Registration Number:**.....

Name of Supervisor (print):**Designation:**.....

Element of Competence To Be Achieved	Date Achieved	Clinical Nurse Specialist-Urology Sign	Supervisor Sign
Discuss and identify <ul style="list-style-type: none"> • indications, • contraindications • limitations for Clinical Nurse Specialists in Urology to refer patients with prostate cancer for CT scans and isotope bone scans according to this expanded practice protocol.			
Provide evidence of competence in the review of patients with prostate cancer at a registered nurse led review clinic, in accordance with expanded practice protocol controlled document no 300 (current version).			
Provide evidence of completion of Trust IRMER training.			
Demonstrate an understanding of the risks associated with CT scan and isotope bone scan referral and the need for compliance with the Trust's Procedures for Medical Imaging.			

Element of Competence To Be Achieved	Date Achieved	Clinical Nurse Specialist-Urology Sign	Supervisor Sign
Demonstrate knowledge and understanding of the appropriate department referral criteria given in Appendix 3.			
Discuss accountability in relation to the NMC Code: Professional standards of practice and behaviour for nurses and midwives (2015).			
Demonstrate maintenance of the patient's privacy and dignity throughout the referral process.			
Demonstrate accurate history taking and patient assessment before decision for referral for CT scan and isotope bone scan is made.			
Demonstrate a working knowledge of the Trust's policy and Department of Health's requirements for consent to examination or treatment.			
Demonstrate a working knowledge of the <i>Mental Capacity Act</i> .			
Demonstrate accurate provision of information in regards to the referral in a way that the patient understands.			
Demonstrate involvement of the patient and their families/carers, in decision making about their care and treatment.			
Demonstrate application of the Trust's Standards for Working with Carers.			
Demonstrate correct completion of a CT scan and isotope bone scan request form/ Prescribing Information and Communication System (PICS) referral.			
Demonstrate knowledge and understanding of what information is required on the request forms and the rationale behind it.			
Demonstrate accurate record keeping.			

Element of Competence To Be Achieved	Date Achieved	Clinical Nurse Specialist-Urology Sign	Supervisor Sign
Discuss the professional and legal issues associated with registered nurses referral for CT scan and isotope bone scan.			
Discusses the correct procedure for liaising with the medical team to review clinical findings and radiology report.			
Demonstrate the ability to check the patient's infection status on PICS and how to effectively liaise with the imaging department regarding any precautions that need to be taken prior to CT scan and isotope bone scan.			
Discuss any health and safety issues in relation to this expanded practice.			
Discuss why it is important to audit this practice.			
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 expanded practice protocol for Clinical Nurse Specialists in Urology to refer Patients with Prostate Cancer for CT Scans and Isotope Bone Scans.

Signature of Clinical Nurse Specialist in Urology:**Print name:**.....
Date: **Designation:**

I declare that I have supervised this Clinical Nurse Specialist in Urology and found her/him to be competent as judged by the above criteria.

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

A copy of this record must be placed in the Clinical 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. In addition, a copy must be taken to the Imaging Department.

CRITERIA FOR CT SCAN AND ISOTOPE BONE SCAN REFERRAL BY CLINICAL NURSE SPECIALISTS IN UROLOGY DURING <u>INITIAL</u> STAGING OF PROSTATE CANCER	
Request	Referral Criteria
CT Chest	Patients must meet one of the following criteria: <ul style="list-style-type: none"> • PSA >20ng/ml or stage >cT3 or grade Gleason 8, 9, or 10 – if the presence of nodal or visceral disease will alter management. • Where there is suspicion of pulmonary metastases
CT Abdomen	Patients must meet the following criteria: <ul style="list-style-type: none"> • PSA >20ng/ml or stage >cT3 or grad Gleason 8, 9, or 10 - if the presence of nodal or visceral disease will alter management.
CT Pelvis	Patients must meet the following criteria: <ul style="list-style-type: none"> • PSA >20ng/ml or stage >cT3 or grade Gleason 8, 9, or 10 - if nodal status will alter management.
Isotope Bone Scan	Patients must meet one of the following criteria: <ul style="list-style-type: none"> • Bony symptoms suspicious of bony metastases • Asymptomatic but PSA >20ng/ml or stage >cT3 or grade Gleason 8,9 or 10

A Clinical Nurse Specialist in Urology may request CT scans and Isotope Bone Scans in accordance with the approved referral criteria above.

Clinical Service Lead, Urology

.....



Date:

.....

11/2/18

Clinical Service Lead, Diagnostic Radiology

.....



Date:

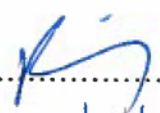
.....

11/12/18

CRITERIA FOR CT SCAN AND ISOTOPE BONE SCAN REFERRAL BY CLINICAL NURSE SPECIALISTS IN UROLOGY DURING FOLLOW-UP/RE-STAGING OF PROSTATE CANCER	
Request	Referral Criteria
CT Chest	Patients must meet the following criteria: <ul style="list-style-type: none"> • Where there is suspicion of pulmonary metastases
CT Abdomen	Patients must meet one of the following criteria: <ul style="list-style-type: none"> • Asymptomatic but 3 PSA rises and/or PSA doubling time <6 months • Suspicion of visceral disease
CT Pelvis	Patients must meet the following criteria: <ul style="list-style-type: none"> • Asymptomatic but 3 PSA rises and/or PSA doubling time <6 months
Isotope Bone Scan	Patients must meet one of the following criteria: <ul style="list-style-type: none"> • Asymptomatic but PSA >10ng/ml or PSA doubling time <6 months, or • New bony pain with PSA <10ng/ml and rising, or PSA doubling time <6 months

A Clinical Nurse Specialist in Urology may request CT scans and Isotope Bone Scans in accordance with the approved referral criteria above.


Clinical Service Lead, Urology

.....


 Date:

 17/12/18

Clinical Service Lead, Diagnostic Radiology

.....


 Date:

 11/12/18
