Oncology Prioritisation guidelines

High priority (to be treated 4-5 times a week)

Clinical

- New referrals – initial assessment (within two working days of referral)
- Acute respiratory conditions
- Recent changes in mobility - deterioration
- Patients requiring prophylactic advice to prevent DVTs and pressure sores
- Active rehabilitation – Disease progression stabilised/ motivated, compliant with therapy/achieving goals
- Discharges

Non-clinical

- Documentation
- Liaison with multi-disciplinary team
- Case conferences
- Supervision
- Education – when appropriate
- Planning for following week e.g. timetabling

Medium priority (to be treated 2 – 3 times a week)

- Patients who would benefit from TENS for acute/chronic pain or for control of nausea and vomiting
- Ongoing mobility and changing (e.g. gait assessment, orthotics, stretches)
- Patients requiring the non-pharmacological approach to breathlessness
- Active rehabilitation – Achieving goals but variable due to the following factors:
  > Fatigue
  > Side effects of cancer treatment e.g. nausea, vomiting, diarrhoea
  > Acute neutropenic sepsis (neutrophil count < 1 x 10^9/L) – medical emergency
  > Pressure sores
  > Change in medication e.g. decreasing dexamethasone
  > Seizures
  > Acites
  > Pleural effusions
  > Lymphoedema
  > Psychosocial complications

Low priority (to be treated 1 –2 times a week)

- Patients requiring general maintenance exercises and mobility
- Post rehabilitation and awaiting placement
- Patients no longer having active treatment but would benefit from positioning and passive movements