

## **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 DVT s 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<sup>9</sup>/L) – medical emergency
  - > Pressure sores
  - > Change in medication e.g. decreasing dexamethazone
  - > 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