Protocols for managing chemotherapy-induced neutropenia in clinical oncology practices

White N *et al. Cancer Nursing* 2005;**28**:62-69

The article reviews the beneficial effect that establishing new guidelines to optimize management of neutropenia had on patient outcomes in three US oncology practices.

The three oncology practices analysed their records for occurrence of neutropenia, dose reductions and treatment delays to establish baseline statistics. All three practices found that a significant proportion of patients received dose delays (up to 64%) or reductions (up to 38%) with up to 40% of patients receiving less than 85% RDI. The oncology practices then developed guidelines to identify patients at risk from CT-induced complications, and target such patients for G-CSF support. The number of patients receiving < 85% RDI and dose reduction was reduced in all three practices, and the number of dose delays and incidence of FN were reduced in 2 out of the 3 practices.

The authors concluded that standard clinical management of neutropenia did not result in optimal patient outcomes. However, the use of guidelines to determine which patients were at greatest risk for neutropenia and its complications improved clinical outcomes with fewer delays and reductions of CT doses. White *et al.* advocate broader acceptance of management guidelines and involvement of nurses in the development and implementation of these guidelines at a local level.

http://www.ncbi.nlm.nih.gov/pubmed/15681984?dopt=Citation

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