

## 2.3 Scope of POGO Satellite Clinic Practice

### Delivery of Chemotherapy

Delivery of chemotherapy within the scope of POGO Satellite Clinic practice is to be based upon the delivery of selected maintenance chemotherapy and elective chemotherapy. Specific guidance pertaining to administration of these selected chemotherapeutic agents, including guidance for route of administration, appropriate precautions and monitoring requirements, are detailed in [Sub-Section 2.2.1 Children Eligible for Chemotherapy Administration in a POGO Satellite Clinic](#).

### Calculation of Dose

The dose will be calculated in the specialized childhood cancer program. However, the prescribing physician or Advanced Practice Nurse/Nurse Practitioner (NP) in the POGO Satellite Clinic should re-calculate the dose prior to prescribing based on weight and height in reference to current protocol and stage of protocol. **If this re-calculated dose differs by more than 10% in either direction from that calculated by the specialized childhood cancer program, consultation with the specialized childhood cancer program is mandatory.**

**Note:** Specialized childhood cancer programs are responsible for supplying the current dose/m<sup>2</sup> and anticipated dose adjustments specified by the protocol.

### Management of Specified Oncologic Emergencies

There must be 24-hour availability of:

1. The Designated Lead Physician, or the designated backup pediatrician/NP, trained and aware of the protocols surrounding the management of pediatric oncology emergencies, most notably [fever and neutropenia \(F/N\)](#). It is acknowledged that pediatricians on the regular call roster may be responsible for the initial management of patients presenting with F/N and the POGO Satellite Clinic Designated Lead Physician must accept responsibility for ensuring the appropriate training and maintenance of competency in these matters of all staff who may be engaged in the regular on-call schedule.
2. Specialized nursing care for hospitalized patients in a pediatric inpatient setting, expertise in the management of [central venous catheters \(CVCs\)](#) and understanding of common problems in this patient population.
3. Transfer to the specialized childhood cancer program in case of emergency, as specified in [Sub-Section 4.7 Clinical Circumstances that Warrant Consultation with the Specialized Childhood Cancer Program](#).
4. Routine blood counts and chemistry, using micro-technology and cultures with appropriate access to necessary expertise – e.g., venous access personnel and blood bank technicians who can prepare specialized products.
5. On-call X-ray technician and ultrasound technician.
6. Blood products of all types (including irradiated products) within reasonable time limits.



7. Practice guidance documents for CVCs and F/N should be kept on site in the Emergency Room or the location where such after-hours patients are seen in the POGO Satellite Clinic community hospital.

With regard to the management of patients experiencing treatment complications or deteriorating health status: **Patients experiencing treatment complications whose clinical status deteriorates while being managed in the POGO Satellite Clinic MUST be transferred promptly to the appropriate specialized childhood cancer program according to the recommendations outlined in [Sub-Section 4.7 Clinical Circumstances that Warrant Consultation with the Specialized Childhood Cancer Program](#).**

### Clinical Communication between Specialized Childhood Cancer Programs and POGO Satellite Clinics

Clinical communication between the specialized childhood cancer programs and the POGO Satellite Clinics occurs via the [Initial Data Transfer Sheet](#) and dictated physician referral letter as follows:

1. The initial data transfer from the specialized childhood cancer program will include a physician's dictated referral letter and an Initial Data Transfer Sheet completed by the designated specialized childhood cancer program nurse coordinator for the case and sent to the designated nurse in the POGO Satellite Clinic. Both documents are to be faxed via a secure fax. In addition to these documents, a copy of the consent, recent clinic note and treatment schema should be sent for reference and the roadmap or treatment plan should be sent as appropriate.
2. Routine communication between the specialized childhood cancer program and the POGO Satellite Clinic will include a copy of the section of the protocol pertinent to the next POGO Satellite Clinic visit from the specialized childhood cancer program and timely transfer of relevant clinical information from both the specialized childhood cancer program and the POGO Satellite Clinic.
3. The specialized childhood cancer program will ensure timely transfer of necessary patient/family information, as specified in [Sub-Section 6.5.1 Specialized Childhood Cancer Program Partners' Role in the POGO Satellite Program](#), to ensure clinical accuracy and continuity of care of the child/family.
4. Information will be flowed from the designated specialized childhood cancer program case coordinator to the designated nurse(s) in the POGO Satellite Clinic, rather than the pediatrician.

**Note:** A small but significant number of patients not formally referred to the POGO Satellite Clinic present at the Emergency Room of POGO Satellite Clinic and other community hospitals with bleeding or fever/neutropenia. Since this often happens after hours and information is not readily available, consideration will have to be given to the creation of a minimal dataset to be retained by the families for patients who live in a geographic area with potential usage of the POGO Satellite Clinic or other local community hospitals on an ad hoc basis. This minimal dataset is NOT intended to encourage ad hoc arrangements but to facilitate care under emergent/urgent circumstances.

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**Record of Updates**

| Version Number | Date of Effect | Summary of Revisions   |
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