

CCO Symptom Management Guidelines: Let's Take a Look...

In August 2010, **Cancer Care Ontario** completed and has made available symptom management guidelines. These guidelines are found at:

<http://www.cancercare.on.ca/toolbox/symptools>

The guidelines provide an algorithm for screening and assessment, and then provide care maps specific to the symptom severity. The guidelines were developed by a large group of experts, and while supported through CCO, these best practice documents were meant to be used by practitioners treating patients suffering from other diseases than cancer as well.

Before we look at these tools, a bit should be said about guidelines. Guidelines are being developed in many different types of business; from corporations making products, to journalists and ethical reporting, to what we see in our medical fields: best health and medical practices sifted into concise packaging of guidelines to assist us and to help *guide* our practices.

When we look at guidelines, the most important criteria in judging their merit is to question “what is the evidence?” Were the guidelines developed using the evidence of research? Cancer Care Ontario indeed has based their guidelines on very good evidence, and when the evidence is not clear to guide our practice, it states just that.

An interesting paper, *Ingredients for Change*¹ helps us put science and all of the directives being thrown at us these days into perspective for the experienced practitioner:

“While research evidence aids decision making, it does not dictate the process; clinical experience or professional craft knowledge also make a contribution.” Author Titchen defined “Professional craft knowledge or professional ”know-how” as the often tacit and sometimes intuitive knowledge that is embedded in practice, and argued that it can be made more widely available if it is “articulated, critically reviewed, generated and validated by individual practitioners and their peers, through critical reflection on practice.””

So, let's have a look: While the CCO guidelines are too large to put in our newsletters, we thought it would be helpful to bring one “pearl” from the guidelines that might be new to you in treating this symptom. This issue, we will look at Dyspnea Management. New evidence is appearing in the literature that tells us there is not good evidence to support the use of Oxygen for the non-hypoxic dyspneic patient. However, there is evidence to support the use of oxygen when the patient is hypoxic. Providing a fan, a cool room, and teaching deep breathing continue to be significant in relieving dyspnea. Studies continue to examine the use of oxygen in relieving this most difficult symptom.

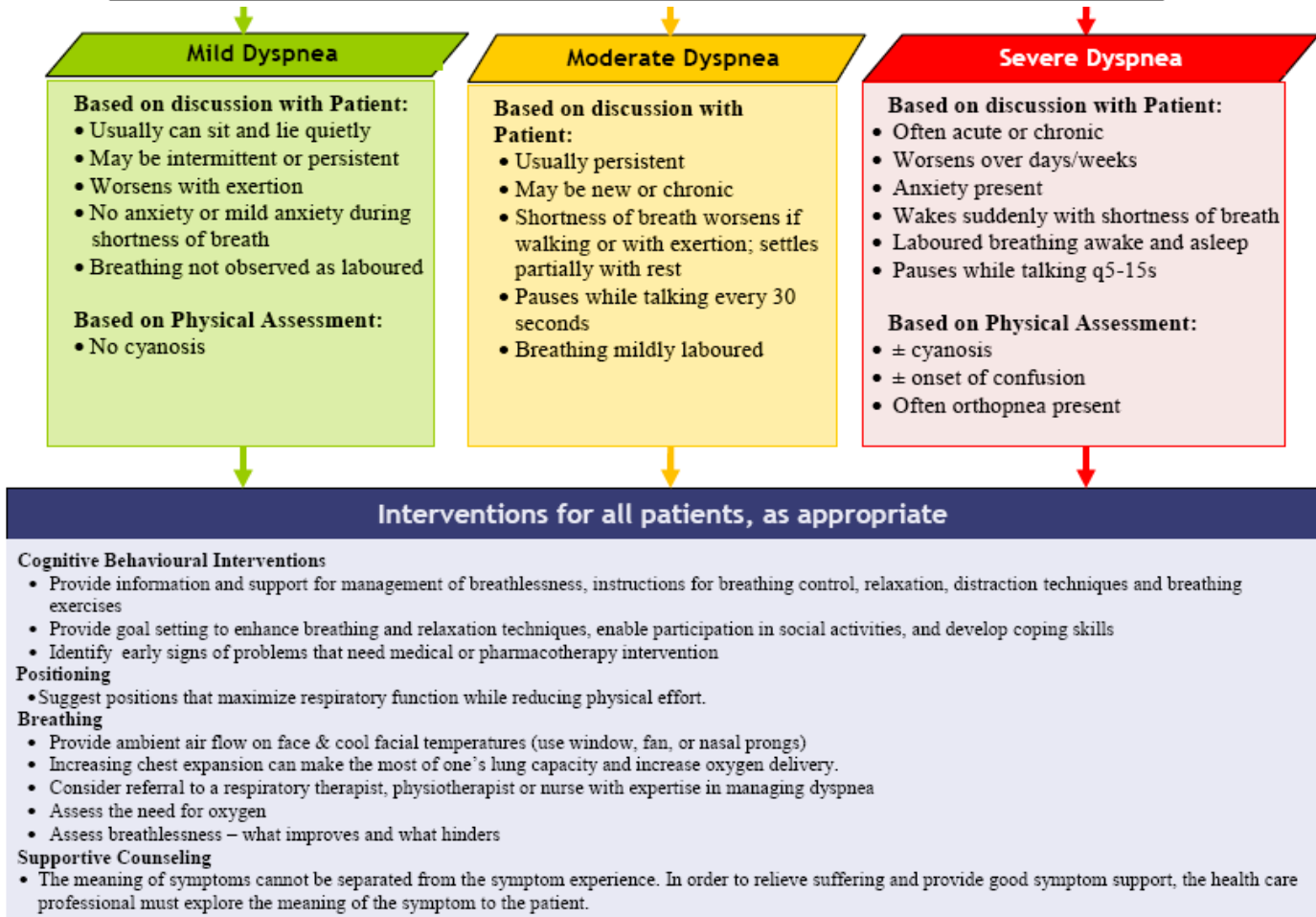
In reviewing this literature and evidence, our experienced practitioners reflect on the whole person and family situation: perhaps after trying non-pharmacological interventions such as the fan to treat severe dyspnea, the practitioner might indeed try oxygen to treat breathlessness, despite no evidence of hypoxia. The “*intuitive knowledge*” this nurse or doctor uses in making this treatment choice may be based on numerous past experiences where this treatment did provide effect, despite what the evidence says. This is the art of medicine: understanding the science, interpreting the evidence, and weighing it with, not against, wisdom and experience in caring for our suffering patients and families.

¹ Ingredients for change: revisiting a conceptual framework. *Quality and safety in health care*. 2002. 11;174-180

ALGORITHM

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Dyspnea in Adults with Cancer: Screening and Assessment



Dyspnea in Adults with Cancer: Care Map

