CLINICAL ALGORITHM FOR LYMPHOEDEMA CARE

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BACKGROUND

There are challenges for Palliative Care services that don't have specialized personnel in lymphoedema care, and a standardized algorithm of care is needed.

AIM

To develop an instrument that will help PC professionals, particularly nurses, in the process of caring for patients with lymphoedema. This algorithm is the instrument intended to help and guide medical professionals in the process of evaluation, management and decision making.

METHOD

- Literature review in regard to the management of lymphedema.
- PC nurse experts meetings
- Development of the lymphoedema management algorithm
- Implementation and monitoring

RESULTS

STEPS IN DEVELOPING THE ALGORITHM

I. Algorithm Development

REVIEW CURRENT **ASSESS CLINICAL PRACTICES** and **NEEDS** identify learning

LITERATURE **REVIEW regarding** best practices:

-15 relevant articles - 4 guidelines have been retrieved as relevant

DEVELOP ALGORITHM

The lymphoedema care algorithm was structured in 4 sections

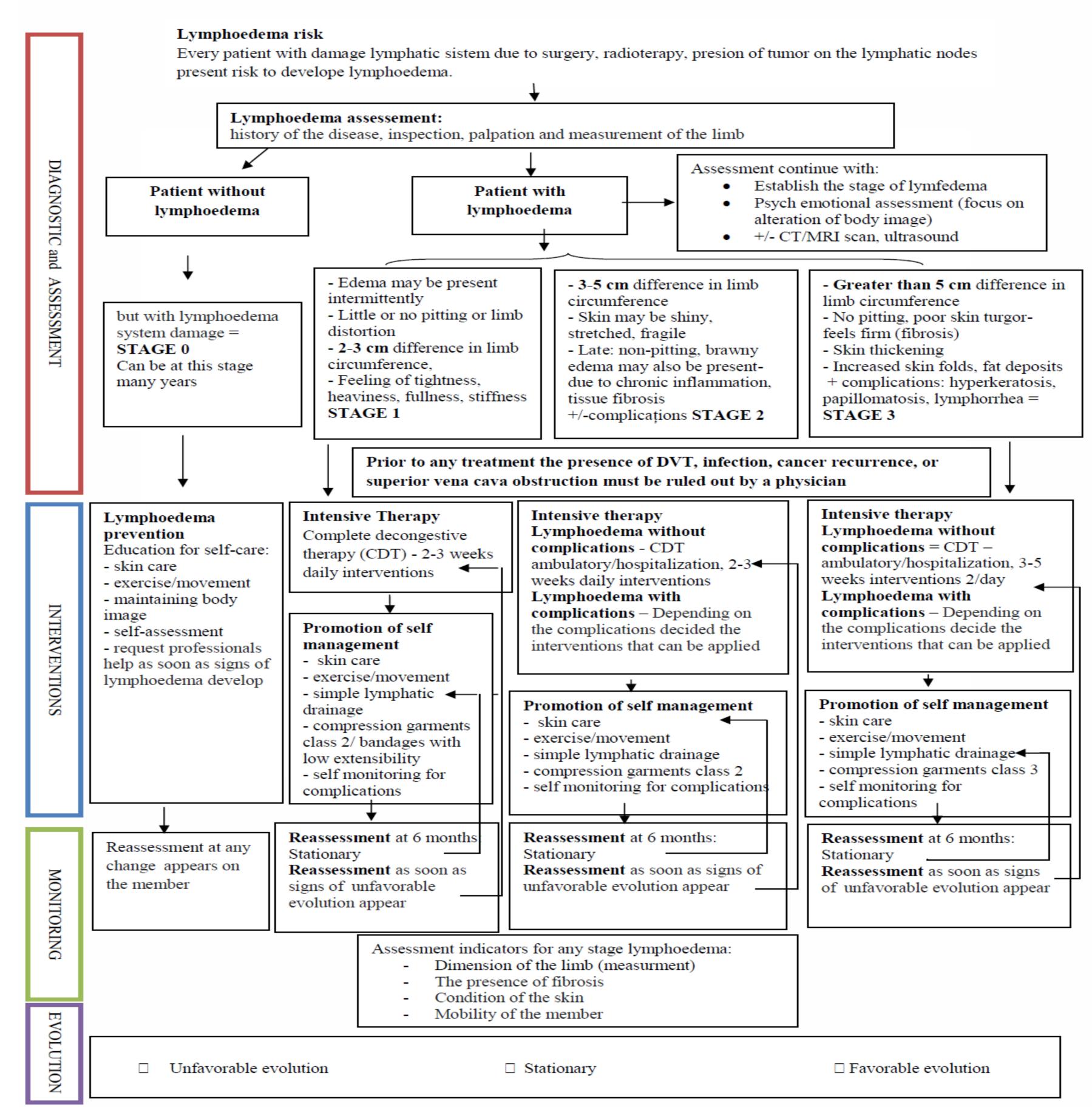
1. DIAGNOSTIC AND EVALUATION shows the steps for establishing a diagnosis and the stage of the lymphedema

2. INTERVENTIONS divided into intensive and maintenance interventions, applied in accordance to the lymphoedema stage

3. MONITORING of the lymphoedema at regular time intervals, following certain indicators

EVOLUTION OF LYMPHOEDEMA

LYMPHOEDEMA ALGORITHM



II. Strategy for Implementing the Algorithm



MEETINGS with clinical leaders for presenting the algorithm

EDUCATION PROCESSES of appropriate colleges

PILOTING the algorithm

IDENTIFY-ADDRESS CONCERNS

Discussing the pilot results in professional meetings

SOLVING **DISSENSIONS**

Consensus for: - the indicators for monitoring

- consecutive number of days of care According with organization capabilities

INCORPORATING THE **ALGORITHM IN** ROUTINE **PROCEDURES**

III. Monitoring and Evaluation

Palliative care professionals considered the lymphoedema algorithm useful in their clinical practice. Following the assessment indicators from algorithm the major's changes in clinical practice were: improvement in establish the stage of lymphedema and in management.

CONCLUSIONS: Using the algorithm help us to organize the assessment and interventions in management of patients with lymphedema. In the near future, further evaluation are required to assess the impact on patients with lymphoedema and then to make a strategic plan for disseminations in others Palliative Care services from our country.