

STANDARD OPERATING PROCEDURE (SOP) W &C Division

| | |
|---------------------|---|
| Directorate | Paediatric Directorate |
| Ward/Service | Cystic Fibrosis Service |
| Title of SOP | Annual review of children and Adolescents with Cystic Fibrosis |
| SOP Number | 5 |
| Author | Pauline Singleton Pat Cole |
| Date | March 2014 |
| Review Date | March 2017 |

| | | |
|--------------------------------------|---|---|
| OBJECTIVES | To promote high quality of care and ensure patient information is consistent with CF Trust guidelines | |
| SCOPE | This SOP will describe the process for patients and families attending the Paediatric Cystic Fibrosis clinic. | |
| TARGET GROUP | This SOP applies to patients with a diagnosis with Cystic Fibrosis attending the Teesside Cystic Fibrosis Service | |
| EVIDENCE TO SUPPORT PROCEDURE | Standards for the Clinical care of Children and Adults with Cystic Fibrosis in the UK CF Trust , December 2011 | |
| CONTENTS | Responsibilities | 2 |
| | Definitions and Abbreviations | 2 |
| | Give Information | 2 |
| | Annual Review | 2 |
| | Next 6 weeks | 3 |
| | Team Meeting | 4 |
| | Feedback | 4 |

Responsibilities

The following persons have responsibilities within the SOP

- Paediatric Consultant with responsibility for Children with CF
- Specialist Nurse for Cystic Fibrosis
- Clinical Specialist Physiotherapist
- Senior Clinical Specialist Dietician
- Outpatient nursing Staff
- Clerical staff

Definitions and Abbreviations

| Abbreviation | Definition |
|--------------|-----------------------------------|
| SOP | Standard operating procedure |
| CF | Cystic Fibrosis |
| SpN | Specialist Nurse |
| POPD | Children's Out Patient Department |
| A/R | Annual Review |
| CXR | Chest X-Ray |

| | Sequence of Clinical Procedure | Rationale/Additional Information | Lead |
|---|---|---|-----------------|
| Identify the Clinic pre and post Annual review day. | | | |
| 1 | Give information – at Pre annual review Clinic appointment | | |
| 1.1 | Discuss the A/R and give parents information | A/R information Leaflet CXR & U/S Form sent Knowledge / Social history update form given Topical anaesthetic cream and application information Check Port CF Status Food diary | SpN |
| | | Information reinforced regarding exercise testing and equipment | Physiotherapist |
| | | Discuss how to complete Food Diary that has been given to family | Dietitian |
| | | Medical review DEXA Scan >11yrs (Every 3 years) Consider HRCT scan on individual basis | Consultant |
| 2 | Annual review – 1 week following pre annual review clinic | | |
| 2.1 | Record Height and Weight | | SpN |

| | | | |
|------|---|--|-------------------------------------|
| 2.2 | HADs Score | Psychology assessment | Psychologist |
| 2.3 | Obtain Blood samples | FBC Smac including Liver Function Clotting Studies HbA1C < 10yrs Oral Glucose Tolerance Test >10 yrs Immunoglobulin including IgE and Rast to Aspergillus Aspergillus Antibodies Pseudomonal Antibodies Vitamin A, D & E Parathyroid hormone Genotype (if not previously done) | SpN |
| 2.4 | Exercise Test | Ensure patients have had time to eat prior to run especially if following OGTT | Physiotherapist |
| 2.5 | Obtain Sputum or cough swab | C&S Sputum for Atypical Mycobacterium if expectorates Check if other sensitivities are required | SpN / Physio |
| 2.6 | Over 5 years | Reversibility Test | Physiotherapist |
| 2.7 | Nutrition Review | Analyse food Diary and obtain further dietetic information Review Fat soluble vitamin status and supplementation Review growth and weight gain Review pancreatic replacement therapy and bowel habits | Dietitian |
| 2.8 | Social Review | Review Social History Form | SpN |
| 2.9 | Education | Review Education / Knowledge | SpN Physiotherapist Dietician |
| 2.10 | Medication | Review of Medication | Pharmacist / SpN |
| 3 | Next 6 weeks | | |
| 3.1 | Collect Information over the past year | Microbiology Check Blood results No. of IVAB courses No. of Oral AB courses In- patient Days Transition Status | Team |
| 3.2 | Write reports and complete results record | Save onto shared drive at least two weeks prior to feedback date | Team |

| | | |
|-----|---|------------------|
| 4 | Team Meeting | |
| 4.1 | Formulate Action Plan | Team |
| 5 | Feedback - Out Patient Appointment | |
| 5.1 | Feedback information to Patient/Carers and agree Action Plan Give written Copy to Patient/Carers | Team |
| 5.2 | Input information into Port CF | SpN / Data Clerk |

| | | |
|----------------------|-------------------------------|--|
| Developed By: | AUTHOR TITLE (NAME) | JOB TITLE |
| | Pauline Singleton Pat Cole | Specialist Nurse Clinical Specialised Physiotherapist |
| Approved By: | APPROVAL GROUP NAME | DATE |
| | Teesside Cystic Fibrosis Team | March 2014 |