

Initial experience with an Oncology Emergency Center in a General Hospital

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BACKGROUND: Cancer patients need frequent visits to the Emergency Center (EC). They usually have complications from their treatments such as immunosuppression or disease progression from their tumors and, therefore, standard EC protocols don't always apply to them. This becomes a greater issue when they are seen in a general hospital with no oncology expertise in the EC. Since April 2015, all oncology patients in our institution are seen by medical oncologists in a specific EC. This summarizes our initial experience.

METHODS: Retrospective review of the charts for all patients seen in the oncology EC at our institution, from April to December 2015. Standard nurse evaluation includes cancer diagnosis, current treatments and toxicity according to the common toxicity criteria version 3.0.

RESULTS: During this time period, 416 patients were seen in the oncology EC (45% with hematologic malignancies and 55% with solid tumors) and 52% were receiving active chemotherapy. Main complains were pain, fever, nausea and vomiting. After evaluation, 32% needed hospital admission and the most common final diagnosis were: upper airway infection without sepsis (9%), sepsis (14%), febrile neutropenia (3%), dehydration (13%), chemotherapy-related nausea or diarrhea (8%), pulmonary embolism (7%) and deep vein thrombosis (4%).

CONCLUSIONS: Oncology patients seen in the EC need frequent admissions and have high rates of infectious and thromboembolic complications. The rates of EC visits for complications of chemotherapy were lower than expected.