

EBMT ONLINE MEETING - HOW DO YOU DO IT.....?

DISCHARGE AFTER HSCT

The meeting held on 6th June 2024, sought to empower nurses by promoting collaboration between centres and fostering networking for professional growth. It also aimed to compare nursing practices across Europe to better understand different approaches to care and work towards standardising guidelines.

FROM WHICH COUNTRY WERE THE PARTICIPANTS?



UK, Italy, Belgium, Netherlands, Israel, Iraq, Spain, United Arab Emirates (UAE)

Total participants: 22 people

ON WHAT TOPICS DO YOU THINK WHEN WE TALK ABOUT DISCHARGE AFTER SCT?

1. Discharge guidelines
2. Conditions of discharge from a medical and nursing perspective
3. Preparation for discharge
4. Discharge Interview
5. Post discharge care



1) DISCHARGE GUIDELINES

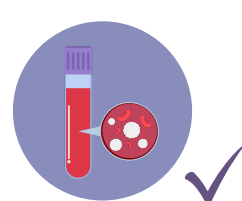
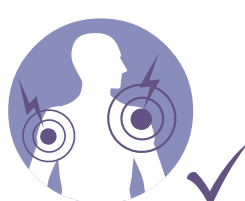


Most of the participants have **guidelines** where **discharge criteria** are outlined. Two participants indicated they did not. The **EBMT handbook (chapter 11.12)** mentions that discharge following HSCT is often an **anxious time**. It is **advisable** to **inform patients** about **general aspects** and **living rules**. However, **no specific criteria** are provided. It **could be beneficial** to make **these criteria more universal**, resulting in a **uniform policy**. Nevertheless, **this would be challenging** due to the varying hospitals and circumstances.

2) CONDITIONS OF DISCHARGE

MEDICAL

- No infection
- No Antibiotics
- No daily transfusion
- **Sufficient Intake**
- **Good intake medication** (orally or via naso gastro tube)
- **Pain under control**
- **ANC (Absolute Neutrophil Count) > 0.2 or > 0.5**
- **Platelet engraftment**



2) CONDITIONS OF DISCHARGE

NURSING

- **Comfortable**
- Knowledge of and **good medication intake**
- Parents and child **trained for tube feeding**
- **Parents trained on when to get in touch with healthcare providers**
- **Knowledge of what to do when the child becomes unwell at home**
- **Ability to perform daily care**
- **Pain under control**
- **Social support**
- Parents **feel safe** to go home and **feel in control**



3) PREPARATION FOR DISCHARGE

The **time to start preparation for discharge varies across hospitals and countries**. Most nurses indicated they begin preparation a few days before discharge, while some start from the first day of admission or immediately after transplantation.

- **Language can be a barrier to effectively informing the child and parents.**
- The use of **written information** (explanation of rules/advice) can help address this issue.



4) DISCHARGE INTERVIEW

The responses showed there is a **discharge interview with the child and parent**. In **50% of cases**, the **nurse conducts this independently**, while in the other **50%**, the **nurse conducts it together with the physician**.

5) POST DISCHARGE CARE

There are some **similar answers about the frequency of check-ups after the patient is discharged**:

- **Once or two times a week, depending on transfusion needs and medication level analysis**
- **Once a week, eventually less frequent, spreading to once every two weeks or more**
- **Twice a week initially**
- **Dependent on the child and their needs**
- **Blood is checked locally each week**

Is the patient going home with complex health needs?

Sometimes **children go home with extra needs**, such as:

- **TPN**
- **Oxygen**
- **Central line** (some do, some have it removed before discharge)

Is the patient going home after HSCT?

Most of them said yes (88%), but **some children are admitted to another ward in the hospital to recover**, or **temporarily to a charity home** when the child and parent live a long way from the hospital.



Reference:

Marianne Ifversen et al, Supportive care during Pediatric Hematopoietic Stem Cell transplantation: Prevention of infections. A report from workshops on supportive care of the pediatric diseases working party (PDWP) of the European Society for blood and Marrow Transplantation (EBMT). Front Pediatr. 2021 Jul 29;9:705179. doi: 10.3389/fped.2021.705179. PMID: 34395344; PMCID: PMC8358428.