There's no place like home!

Getting children with cancer home

Dr Kit McDowell (he/they)
St George's, Epsom and St Helier University Hospitals

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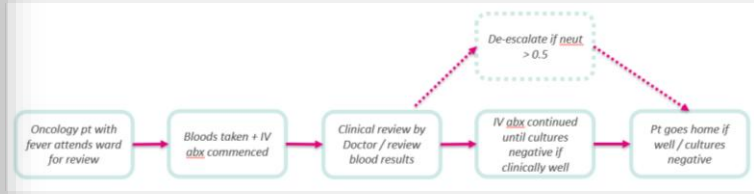
PROBLEM

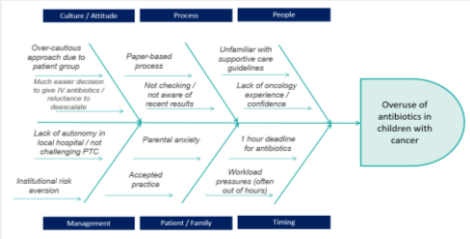
We're giving some children with cancer antibiotics when they don't need them. This leaves them stuck in hospital, missing precious time at home with their family and friends.

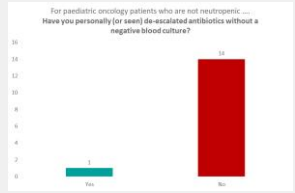
BACKGROUND & EVIDENCE

There is an increasing move towards a more risk stratified approach to febrile neutropenia in paediatric oncology with the use of oral antibiotics in treating some cases. However, we are not even de-escalating IV antibiotics for those patients who are non-neutropenic. This project sought to address this issue and get children with cancer home instead of being in hospital receiving unnecessary IV antibiotics.

DIAGNOSTICS







AIM By July 2025 all children with cancer presenting with fever who are not neutropenic and otherwise clinically well have their IV antibiotics de-escalated within 12 hours of admission

MEASURE How many IV antibiotics are continued for non-neutropenic patients after 12 hours

CHANGE IDEAS

- > Teaching session with resident doctors
- > Include information in teaching email which goes to all paeds doctors
- > Targeted email to Consultants
- > Creation of poster / infographic around de-escalation
- > Include infographic / other info on POSCU folder
- > Upskilling nurses to challenge medical team on de-escalation
- > Posters targeted at patients / families
- > Ensuring CNSs feel able to challenge medical teams on antibiotic prescribing de-escalation
- > Exploring concerns / reasons for not stopping antibiotics
- > Only allowing first dose of antibiotics to be prescribed
- > Reminders on antibiotic drug cupboards

PDSAs

PDSA Test #	PLAN	Do	STUDY	ACT
1.1	Design poster on de-escalating IV abx in febrile non-neutropenia	25/01/25 – Poster designed	Feedback obtained from two colleagues and poster adapted	**Continue**
1.2	Display poster on de-escalating IV abx in febrile non-neutropenia	26/01/25 – posters put in key clinical & other areas	Seen by several colleagues but not all; no clear call to action for changing practice	**Adapt** with clearer call to action
1.3	Redesign poster on de-escalating IV abx in febrile non-neutropenia	28/02/2025 – redesigned poster displayed in key clinical & other areas	Good feedback from colleagues – clearer call to action & more emotive	**Adopt**
2.1	Teaching session with resident doctors	04/02/25 – did teaching session around febrile neutropenia & non-neutropenia	Positive feedback from colleagues present but did not reach all doctors	**Extend** try and deliver again
3.	Conversation with Consultant	04/02/25 – spoke to co-lead for paed onc	Highlighted some potential barriers: e.g. need for 'bravery', putting name to the decision, should be a shared responsibility	**Adopt** build this into key messages
3.1	Conversation with Nikki, QIC Learn lead	06/02/25 – spoke to Nikki at PDSA QI clinic	Comments for improving messaging & call to action; more focus on shared nature of decision	**Adopt** build this into key messages
4.1	Updating teaching presentation for lead Oncology Consultant	04/02/2025 – updated presentation used in induction to better reflect guidelines on febrile non-neutropenia	Will be delivered to all new resident doctors as part of induction	**Adopt**

CONCLUSIONS

Over 7 months no non-neutropenic paediatric oncology patients had their antibiotics discontinued after 12 hours.

REFLECTIONS & LEARNING

- > Unfortunately, no clear evidence of change yet but hopefully project will continue. However much better awareness of when to safely de-escalate antibiotics for paediatric cancer patients amongst resident doctors, Consultants & nursing staff
- > Messaging should have a clear call to action
- > Getting buy-in from Consultants is key
- > Challenge in selecting a smaller group of patients meant there was insufficient data to demonstrate improvement using a run chart
- > Can be quite difficult to change practice in a patient group that is perceived as very vulnerable
- > Understanding that people have very different approaches to clinical decision-making!
- > Highlighting the importance of shared decision-making – not the responsibility of individual doctors

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Contact: kit.mcdowell@nhs.net