CHEMOTHERAPY-INDUCED PERIPHERAL NEUROPATHY ASSESSMENT
Cherie Schumacher, RN, OCN®; Tammy Bomkamp, RN, BSN, OCN®; and Mary Pat Johnston RN, MS, AOCN®
ProHealth Care, Waukesha, WI
Cherie.schumacher@phci.org
262-928-7499

Background and Significance: Chemotherapy-induced peripheral neuropathy (CIPN) is a major side effect of several antineoplastic drugs (Cavaletti, 2007). CIPN impacts quality of life associated with pain and discomfort and may result in dose reduction, treatment delays, or discontinuation of treatment (Visovsky, 2007). Despite the prevalence of CIPN, there is a lack of a standardized assessment of CIPN in daily practice.

Purpose of the Study or Project: The purpose of this project was to identify the nursing knowledge and current practice for assessing CIPN.

Sample Description/Population: The sample included Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) from three medical oncology clinics and an inpatient oncology unit within a multi-site cancer center.

Method: Design and Procedure: A small project team completed a literature review of CIPN. From the review, a baseline survey was developed, comprised of assessment, patient teaching, and documentation questions in a multiple choice format; two demographic questions were included. The survey was reviewed by two content experts, edited to a 12-item survey, and distributed to 59 RNs and 8 LPNs (N=67) through an e-mail message with an embedded link to the survey. The survey period was from May 16-June 3, 2013.

Results/Outcomes: 35 of 67 nurses completed the survey for a response rate of 52.2%. While the majority of nurses were able to identify the top three risk factors for CIPN, including type of agent (97.1%), number of treatment cycles (94.3), and diabetes (91.4%), 31.5% of nurses did not perform a baseline screening for CIPN and 34.3% of nurses did not assess CIPN prior to each cycle of chemotherapy treatment. In addition, 25.7% of nurses did not assess CIPN with a 0-10 pain scale. Only 40% of nurses reported “always” assessing for gross motor skills. Documentation inconsistencies were revealed with nurses documenting in a flowsheet (54.4%), in a progress note (25.7%), or in a comment (20%). The barriers to documenting CIPN assessments included an inadequate grading scale (71.4%), insufficient assessment tool (65.7%), and no/limited CIPN interventions in the flowsheet (51.4%).

Conclusion/Implications: A gap was identified between the nurse’s knowledge and practice of CIPN assessment and the evidence, specifically with when to assess, frequency of assessment, and core components of CIPN assessment. This knowledge gap has the potential to impair quality of life to patients suffering from CIPN as prevention and early identification of this symptom are critical to improving the patient experience with this symptom. The next steps are to identify and standardize a CIPN assessment tool which includes grading and pain scales, develop content for the flowsheet in the EHR, educate the staff on current evidence for CIPN assessment, and identify patient teaching materials that describe this symptom and promote safety and functional improvement at home.