

Purpose

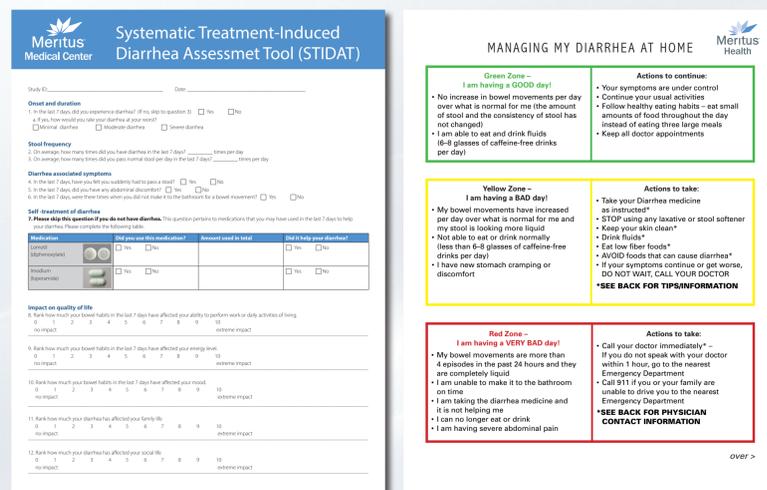
- Development and implementation of a Diarrhea Stoplight Assessment Tool (DSAT) for patient education and symptom management of chemotherapy-induced diarrhea (CID).
- Primary aim was reduction of 30-day hospital readmissions and emergency department (ED) visits for patients with colon, rectal, gastric, esophageal or pancreatic cancer receiving chemotherapy.

Significance

- Unit staff nurses identified CID as a significant reason for oncology patient ED visits and hospital readmissions.
- Prior research has explored treatment related symptoms in older cancer patients and supported the need for a patient education strategy to promote symptom management.
- Stoplight education tools have improved symptom management and reduced readmissions in chronic diseases.
- No previous research using stoplight education tools in oncology patients.

Methods

- Study design:** Quasi-experimental
- Sample:** Retrospective sample of 29 patients for baseline chart review. Convenience sample of 25 oncology patients received the DSAT.
- Procedure:**
 - Retrospective patient record reviews were done to determine baseline data for 30-day hospital readmissions and ED visits due to CID.
 - DSAT and Systemic Treatment-Induced Diarrhea Assessment Tool (STIDAT) were introduced to each patient prior to initiation of therapy, and at each treatment visit. A laminated copy of the DSAT was given for home use.



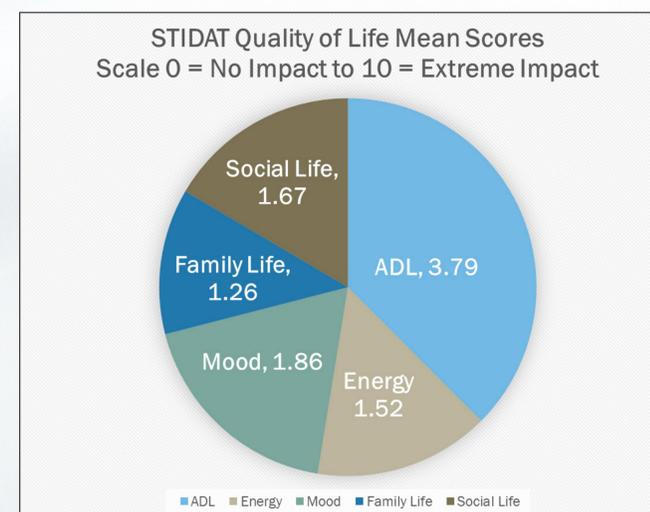
- The STIDAT is a reliable, valid patient reported diarrhea assessment tool for oncology patients used to measure the impact on patient quality of life (QOL).

Findings

- Independent t-tests were completed.
- 30-day hospital readmissions were reduced in intervention group ($p < .001$).
- ED visits were less in the retrospective group ($p < .001$).
- Post-implementation group averaged 8.5 visits with reported CID stoplight levels:

Stoplight Zones	Percent of Patients in Each Zone
Green	92.42%
Yellow	5.70%
Red	1.9%

- Bowel changes had the highest impact on ADL, averaging 3.79.



Discussion

- The stoplight tool was effective in reducing 30-day hospital readmission by empowering patients to manage CID symptoms.
- Reduction of readmissions is important for immunocompromised patients by decreasing cost and improving satisfaction.

Implications for Practice and Research

- The DSAT is a cost effective and user-friendly patient education tool for nurses to use for early identification and management of CID in the oncology population.
- Additional research is needed using the tool in a larger sample of oncology patients.

References

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