

The Standardization of Radiation Skin Care in British Columbia: A Collaborative Approach

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Purpose/Objectives: To develop evidence-based practice guidelines for and standardize the care of radiation skin reactions.

Data Sources: Peer-reviewed scientific journals and texts and a survey of the guidelines in use at leading cancer treatment facilities in Canada, the United States, the United Kingdom, and Australia.

Data Synthesis: A formal reference document with recommended guidelines was developed. Consensus was obtained from all relevant disciplines, and the guidelines were implemented successfully into practice.

Conclusions: The document introduced a major change in practice from the maintenance of a dry radiation treatment area to the promotion of skin cleanliness and hydration, as well as the adoption of the principles of moist wound healing. Annual review indicated that dissemination of (94%) and compliance with (78%) the guidelines were good.

Implications for Nursing: The process to develop, obtain consensus for, and implement evidence-based practice guidelines was an exemplary demonstration of teamwork and interdisciplinary collaboration.

Key Points . . .

- Information provided to patients regarding the management of radiation skin reactions is diverse and inconsistent, often based on personal opinion or experience rather than evidence-based practice.
- In addition to a scarcity of available research to demonstrate that particular products or care plans could prevent, delay, or improve radiation skin reactions, the grading scales and evaluation tools currently available are limited in number and sensitivity.
- The process to develop, gain consensus for, and successfully implement evidence-based practice guidelines is enhanced by an organized, interdisciplinary, and collaborative approach.

Patients undergoing radiation therapy receive information related to skin reactions and recommended management from radiation oncologists, RNs, and radiation therapists. Historically, at the British Columbia Cancer Agency (BCCA), the advice was experientially based and severely restricted patients' use of personal hygiene products and topical preparations. Healthcare professionals used a variety of approaches to manage reactions. In addition, debates ensued about the benefits of cornstarch for erythema and dry desquamation and the use of gentian violet for moist desquamation. Suggestions regarding the use of soaps and lotions or wearing jewelry and undergarments varied and depended on the personal beliefs and experiences of staff rather than scientific evidence. As a result, patients often received inconsistent and, at times, conflicting advice. The scarcity of available research (Wickline, 2004) demonstrating that particular products or care plans could prevent, delay, or improve radiation skin reactions only encouraged the status quo.

Recognition of the inconsistencies of practice among individuals, disciplines, and the four cancer centers of BCCA created an opportunity for improvement. In 1999, the BCCA professional practice leaders of nursing and radiation therapy proposed that interdisciplinary provincial guidelines be developed to standardize the care of radiation skin reactions across the province. This article reports the process that was

undertaken to (a) develop evidence-based practice guidelines, (b) obtain consensus from healthcare disciplines involved in patient care, and (c) implement the guidelines throughout four geographically distinct BCCA centers. The guideline development process followed by the BCCA (see Figure 1)

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