Creating a Protocol for the Treatment of Inpatient Oral Mucositis: An Interprofessional Evidenced-based Quality Improvement Project

Side effects of cancer therapy continue to be a deciding factor in administration of cancer therapy agents such as chemotherapy and radiation. Ranging from mild discomfort to death, oral mucositis (OM) is one such side effect that must be managed effectively in order for patients to receive timely and dose-appropriate treatment. National and international entities such as Multinational Association of Supportive Care in Cancer/International Society of Oral Oncology (MASCC/ISOO), National Comprehensive Cancer Network (NCCN), and European Society for Medical Oncology (ESMO) have published evidence based guidelines to help clinicians choose treatments for managing OM. This quality improvement pilot project looked at the current clinical practice around management of OM on an oncology floor at a major hospital network in Austin Texas. Due to the variance in providers and treatment, management of OM was predominantly driven by provider and patient preference instead of evidence based guidelines. A focused literature review of protocols and evidence-based management for OM was conducted on Medline, CINAHL, Cochrane Library between September 2015 – October 2015 resulting in 20 articles for further evaluation. Articles were eliminated for: inappropriate population, redundancy of information, and inability of the facility to provide the intervention tested. A nurse initiated OM protocol was developed based on MASCC/ISOO, NCCN, and ESMO guidelines consisting of basic oral care, consistent grading of OM using Common Terminology Criteria for Adverse Events Grading Scale (CTCAE) grading scale, utilizing evidence based pain management therapies such as bland rinse (normal saline, sodium bicarbonate), topical morphine, doxepin mouthwash, and patient controlled analgesia with morphine. Goal for adherence to this evidence based protocol was set for 75% over the two-month pilot project.

Keywords: oral mucositis, evidence based, inpatient, management, quality improvement