



Developing a Tool for Nurses to Assess Risk of Infection in Pediatric Oncology Patients in China: a Modified Delphi Study

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Supplementary Table 1: ISS

Items	Standards for score
1. Diagnosis	2: Bone marrow transplantation or relapse cases 1: Acute myelocytic leukemia(ALL), pre-B-cell leukemia, or Burkitt's lymphoma 0: Other cancers
2. Intensity of chemotherapy (in latest 7 days)	2: Higher than ALL maintenance regimen 1: equal to ALL maintenance regimen 0: lower than ALL maintenance regimen
3. Absolute neutrophil count	4: $< 0.5 \times 10^9$ 2: $1.5-0.5 \times 10^9$ 0: $> 1.5 \times 10^9$
4. Hemoglobin	2: Moderate or severe anemia 1: Mild anemia 0: Normal
5. Serum albumin	2: 40–30 g/L 1: 20–30 g/L 0: Normal
Summary	7–14: High infection risk 0–7: Low infection risk

Supplementary Table 2: Checklist of risk factors of infection

1. Patient and guardians wash hands: using appropriate method <input type="checkbox"/> yes <input type="checkbox"/> no; at appropriate time <input type="checkbox"/> yes <input type="checkbox"/> no.
2. Patient wears mask: <input type="checkbox"/> always (for patients with high infection risks); <input type="checkbox"/> when people frequently come in and out of the ward; <input type="checkbox"/> when leaving the ward; <input type="checkbox"/> seldom; <input type="checkbox"/> never.
3. Oral mucous membrane conditions: <input type="checkbox"/> 0 (go to 5) <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV
4. Special oral care: using appropriate method <input type="checkbox"/> yes <input type="checkbox"/> no; with appropriate frequency <input type="checkbox"/> yes <input type="checkbox"/> no; using appropriate rinse <input type="checkbox"/> yes <input type="checkbox"/> no; using appropriate medicine <input type="checkbox"/> yes <input type="checkbox"/> no;

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5. Symptoms of gastrointestinal tract: <input type="checkbox"/> none <input type="checkbox"/> nausea <input type="checkbox"/> vomiting <input type="checkbox"/> diarrhea
6. IV settings: <input type="checkbox"/> Disposal peripheral venous needle <input type="checkbox"/> Peripheral venous catheter <input type="checkbox"/> Peripherally inserted central catheter <input type="checkbox"/> Central venous catheter <input type="checkbox"/> Port
7. Conditions of inserted sites: <input type="checkbox"/> normal <input type="checkbox"/> abnormal
8. Compliance of sustaining care of IV settings: <input type="checkbox"/> complying with pertinent guidance <input type="checkbox"/> partly complying with pertinent guidance <input type="checkbox"/> seldom complying with pertinent guidance
9. Conditions of skin and mucous membrane of perineum and anus: <input type="checkbox"/> 0 <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV
10. Conditions of urination: urethral irritation <input type="checkbox"/> yes <input type="checkbox"/> no urethral catheter <input type="checkbox"/> yes <input type="checkbox"/> no
11. Perineum care: using appropriate method <input type="checkbox"/> yes <input type="checkbox"/> no; at appropriate time <input type="checkbox"/> yes <input type="checkbox"/> no;
12. Conditions of skin all over body: itching <input type="checkbox"/> yes <input type="checkbox"/> no; pain <input type="checkbox"/> yes <input type="checkbox"/> no; loss of sensation <input type="checkbox"/> yes <input type="checkbox"/> no; edema <input type="checkbox"/> yes <input type="checkbox"/> no; rash <input type="checkbox"/> yes <input type="checkbox"/> no; abnormal color <input type="checkbox"/> yes <input type="checkbox"/> no; wounds <input type="checkbox"/> yes <input type="checkbox"/> no(go to 14)
13. Dressing of wounds: <input type="checkbox"/> normal <input type="checkbox"/> wet <input type="checkbox"/> bleeding <input type="checkbox"/> other symptoms
14. For bedridden children, implement physical examination of chest every day.