- Transfusion of blood products
- Blood draws for diagnostic testing

Problems can, however, occur during or after placement of a CVAD, e.g.:

- Hemo-/pneumothorax – Collapse of the lung or bleeding into the chest because of injury to the blood vessels from the needle at insertion
- Cellulitis – Infection of the skin around the catheter
- Catheter infection – An actual infection of the device itself inside the vein
- Sepsis – Release of bacteria into the bloodstream from the device, causing a life-threatening infection.
- Endocarditis – Bacteria travel through the bloodstream to the heart valves, where they form an infection that can destroy the valve.

It is therefore necessary to be very observant and alert for such complications when handling the CVAD. The Hematological Department in Odense, Denmark, decided on improving all aspects of managing CVADs in the wards.

Methods: Initially search was made for up-to-date sources of the best available evidence, existing recommendations and manufacturers' recommendations. In collaboration with the unit that inserts the CVADs, with a doctoral infection specialist, as well as the hygiene section of Odense University Hospital, standards were produced.

Results: 12 standards were produced along with new patient information booklets. The exact procedures in short from each standard were also made in coated paper in a booklet to bring along when you work bedside-wise. Ways of managing CVADs were changed and new devices related to the CVADs were introduced.

The standards describe in specific details each and every possible handling of a CVAD, e.g. changing of dressings, drawing blood tests, attaching IV tubes, medication in the CVAD, preparing the patient for insertion, how to handle the CVAD or not handle it if mechanical problems arise, etc.

Conclusion: The handling of CVADs in the department is now more homogeneous, consistant and above all evidence-based, as well as safer for the patient and more secure and easier for the staff to adapt to.

4270 POSTER

Nursing management of skin toxicity in patients receiving cetuximab

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Introduction: The most important and often dose-limiting side-effect of cetuximab is skin toxicity which is seen in 80% of patients (severe in 10−20%). Dose reduction or interruption reduce severity but probably at the cost of reduced efficacy, and therefore prevention or effective therapy during treatment is important.

Since January 2005 we have treated more than 230 gastrointestinal cancer patients with cetuximab: 2nd or 3rd line cetuximab (with irinotecan) but also 1st line cetuximab with oxaliplatin and 5-FU. Presently, cetuximab is routinely administered at a double dose every second week (Pfeiffer et al, Ann Oncol 2008).

From the beginning we learned to deal with a number of new side-effects, especially acne-like rash grade 3−4 which meant social isolation for a number of patients. Therefore we found it interesting to evaluate if early treatment and self-administration of tetracycline could minimize the severity of rash.

Methods: Tetracycline (333 mg × 1−3/day) is routinely used as part of our treatment strategy for rash. Initially patients were evaluated weekly and tetracycline was prescribed by a physician but since June 2008 nurses could prospectively grade, register and prescribe initial therapy for rash.

In Nordic 7.5 patients with KRAS wildtype metastastic colorectal cancer receive cetuximab in combination with chemotherapy every 2nd week.

Results: 17 patients received at least 8 courses of cetuximab according to Nordic 7.5 and 17 patients (100%) commenced oral tetracycline at second course when acne-like rash was grade 1 or 2.

2 patients (10%) experienced skin toxicity grade 3. 15 patients (90%) received cetuximab at a dose of 100%.

In our experience reduction of severity of acne-like rash improves patient's quality of life.

Conclusion: We routinely administer cetuximab every 2nd week. Evaluation of rash is not performed until first treatment is completed which may be too late and after development of severe rash. Proper education of patients by nurses will promote self-administration of tetracycline. We recommend patients to start tetracycline immediately at the first outbreak of rash. This strategy will reduce severity, but not incidence, of rash and ensure an optimal dosing of cetuximab.

Randomized studies have shown that prophylactic tetracycline reduces severity of skin toxicity but early self-administration will ensure that 10−20% of patients (who do not develop skin toxicity) will be spared prophylactic therapy.

4271 POSTER

Improving clinical based practice in mouth care

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Background: Although much has been written recently on exploring best practice in treating oral mucositis, other oral complications continue to be over looked. Oral problems such as – taste changes, altered secretions, pain and ulceration may lead to communication problems, reduced nutritional intake and an overall impact on the quality of life. As a result many people with cancer report oral complications as one of the most distressing side effects of the disease and treatment. The purpose of this local based project was to explore ways of improving an oncology teams' assessment, care and treatment of oral related problems. The focus was aimed not only at self caring patients receiving cytotoxic treatments but also on those who were no longer able to care for themselves and those receiving terminal care.

Methods: A baseline audit of patients' oral care and support was carried out on both an oncology in-patient unit and a day care unit over a 2 week period. During that time, members of the nursing and medical oncology team were surveyed to explore their knowledge and practice of oral care and treatments. A teaching package was established lead by senior members of the team with extensive knowledge in oral assessment, care and treatment. This consists of weekly teaching sessions and workshops on the pathophysiology of oral damage caused by disease and treatments, a critical exploration of existing assessment tools and their use; best practice in mouth care and discussions on evidenced based treatments. A workshop focuses on training members of the team to correctly assess the oral cavity. Some changes were made to existing documentation to aid assessment and direct care.

Results and Discussion: Initial findings indicate that patients do not always receive optimum care and often care plans focussing on oral care are missing, both nurses and doctors have a lack of knowledge leading to inconsistencies in clinical practice resulting in oral care not always being assessed and treated based on evidenced based practice. Following the teaching package and the updated documentation the care of patients' oral problems is to be re-audited and the full findings will be presented. It is anticipated that these measures will improve the assessment of the mouth and the correct practice of oral care. Some concerns remain over the choice of treatments. Team members will have increased knowledge of oral problems in the clinical setting and an increased ability to deal with them.

4272 POSTER

Health related quality of life during adjuvant treatment of breast cancer among postmenopausal women

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The purpose of the present study was 1) to describe changes of HRQoL during adjuvant treatment among postmenopausal women with breast cancer. 2) to identify the best predictors of overall Quality of Life (QoL) after treatment from perceived functioning, symptoms, emotional distress and clinical/demographic variables measured at baseline. The study group was 150 women (⩾55 years of age) scheduled for adjuvant chemotherapy (CT, n = 75) or radiotherapy (RT, n = 75). They were examined before (baseline), during and after completed treatment. Data about QoL, perceived functioning, symptoms and emotional distress was collected with the EORTC-QLQ-C30, BR23 and HADS questionnaires. The finding showed that adjuvant treatments were associated with decrease in overall QoL, physical and role functioning, anxiety and body image. We also found an increase in fatigue, dyspnoea, pain, nausea/vomiting, constipation and systemic therapy side effects measured over time. When looking for what predicted better QoL at the end of treatment we found that for women receiving CT it was; better emotional functioning and less pain at baseline. For women receiving RT it was better physical and emotional functioning, less breast symptoms and lower tumour stage at baseline.