Understanding: give the patients knowledge and understanding of the function and the importance of the respiratory organs. Inform which symptoms need medical care.

Coping: coping strategies which the patients can make use of.

Prevention: good advises to cope in every day life in order to prevent unnecessary dyspnoea and increase quality of life.

In our poster presentation we will present the guidelines and our experiences with the use of the guidelines in our palliative care unit.

1573 POSTER

Collaboration between two nurse coordinators: effective outcome in empowerment of patients with breast cancer

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The breast care nurse and the wound care nurse coordinators occasionally share specific patients. These patients suffer from severe wounds, either after reconstruction, radiation therapy or fungating wounds. The need to treat these women as a whole, unites the comprehensive management of these wounds. Empowerment of the patient and family is the basis of the nursing care model.Some of these patients suffer from a variety of symptoms such as: wound denial, fear from the disease outcome, treatment and uncertainty about their future.

These patients need constant guidance and availability of a supportive person.

From a retrospective follow up of 120 women with breast cancer during forty month, the average age was 45years, the youngest 26 years and the eldest 75 years, we will show a follow up of two patients.

The collaboration between the two nurse coordinators focused on: exploration of the patient';s concerns, open communication, trust, empathy, support of patient and family, and empowerment to make decisions and cope with the feared treatments in spite of the not so optimistic long term results.

Most of these patients were able to take responsibility for their self-care, including wound care and compliance with the chemotherapy. The main theme was 'getting back to normal life'.

1574 POSTER

Pain: how well do we manage it? An audit of cancer pain management at a cancer centre

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Purpose: Although effective methods of controlling pain are available, many patients continue to receive sub-optimal pain relief. The purpose of this audit was to identify the prevalence and management of chronic cancer pain in adults and current prescribing practice of analgesics within a Cancer Centre in the North West of England.

Methods: All in-patients were considered for the audit during the two week study period. Exclusion criteria included those who had undergone recent surgery (<10 days) or admission (<48 hours), and those who were too unwell or cognitively impaired. Members of the Palliative Care Support Team (PCST) distributed questionnaires for all patients to complete. A supplementary questionnaire was completed by PCST staff, based on information from each patient's drug description, medical and nursing notes. The Clinical Audit Department collated and analysed the data.

Results: 122 of the 229 adult patients admitted during the audit period were eligible for inclusion. 89 (73%) patients reported pain during their admission, of which 63 (71%) were prescribed regular analgesia. Of these 63 patients, only 46 had pain control. Regular strong opioids were prescribed for 36 patients, of which 34 (94%) had breakthrough analgesia prescribed, although only 19 were prescribed the correct dose. The remaining 15 were all prescribed inadequate breakthrough doses.

Conclusions: This audit has identified some areas of good practice and emphasised those areas where improvements have to be made. The need for regular analgesia and correct breakthrough regimes in the management of chronic cancer pain has been highlighted. These findings have given us valuable information to direct our education, training and policy developement

1575 POSTER

A helpdesk for home-care technology and palliative care in a university hospital

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Introduction: In the past 7 years the Rotterdam Cancer Institute (RCI) gained major experience with a program for home care technology in palliative care. This experience was used to set up a Helpdesk for home care technology and palliative care in the larger University Hospital Dijkzigt (UHD). The aims of the program are: 1. to support patients, their family and all health care providers in case of home care technology, 2. to offer consultation in palliative care.

Methods: The program started in May 2000. The Helpdesk was set up in co-operation with the oncologists, pain specialists and liaison nurses. Nurses on the ward were taught about home care technology and palliative care. The clinical nurse specialist (CNS) from the Helpdesk was the linking pin. In case of home care technology the CNS advised about the type of infusion pumps and their use. Before discharge of the patient the CNS informed the primary health care nurse and the general practitioner about the patient, the equipment used for symptom management and the 24-hours telephone hospital service. The CNS called the patient once a week to evaluate the care.

Results: In 9 months the Helpdesk was consulted 75 times concerning 24 patients. 80% Of the questions were technical or logistic problems. 90% Of the callers were nurses and physicians from the UHD. In October 2001 we will present more details on the program.

Conclusion: A Helpdesk for home care technology and palliative care in a university hospital is feasible and useful. Questions about technical and logistic problems predominate. An information program to broaden awareness amongst health care workers would stimulate consultation on symptom control and palliative care.

1576 POSTER

A randomised, cross over, pilot study to investigate the compliance and tolerance of itraconazole liquid when administered either at room temperature or chilled

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Fungal infections are responsible for a significant proportion of morbidity and mortality in patients with haematological malignancies and those undergoing stem cell transplantation. The risk factors for developing such infections are evident in this patient group and such infections once established, often prove difficult to eradicate.

Itraconazole (Sporanox)has a superior spectrum of activity to fluconazole and is active against both Aspergillus and Candida species. Use of the oral liquid, due to its improved bioavailability, results in more reliable serum levels than the capsules. An IV preparation is available, but treatment often needs to continue for weeks or months post chemotherapy/transplantation in the outpatient setting. Oral administration of itraconazole liquid is therefore desirable, though compliance can be poor. Up to 18% of patients refuse to take it as a result of the taste and side effects. Common side effects associated with the liquid preparation include unpleasant taste, nausea, vomiting, diarrhoea, abdominal pain, and dyspepsia. These problems affect over 50% of patients to some degree and are probably related to the cyclodextrin carrier required for this lipid-soluble drug.

At present itraconazole liquid is given twice daily as fungal prophylaxis at RFH. For those unable to tolerate the liquid, IV or capsule preparations are given.

It is proposed that altering the temperature of the liquid might affect the flavour, and may make it more tolerable, thus promoting compliance.

We are currently testing this as a pilot study in inpatients undergoing chemotherapy or stem cell transplant; 20 patients will be randomised, between 2 arms. They will receive either 4 doses of chilled liquid, followed by 4 at room temperature, or vice versa. On each day of the trial, the patient will complete a questionnaire to assess their tolerance of the previous 2 doses, and any side effects. Eight patients have completed the study so far with no obvious trend emerging. Results will be presented on completion.