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POSTER

Nursing interventions in the management of chemotherapy side effects in childhood hematological malignancies

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Introduction: An important role in the management of hematological malignancies has the nurses. By good nursing intervention, applied in optimal time and with good team work, nurses have a significant contribution to ameliorate the condition of these children.

Objectives: Our study objectives were as follows: 1. To describe in parallel the chemotherapeutic agents, the route of administration and the side effects; 2. To present the most efficient nursing interventions; 3. To realize the principal objectives in the nursing care: commonly nausea and vomiting are minimized or absent; child is protected from exposure to pathogenetic agents and organisms; child's oral mucous membranes remain intact.

Materials and methods: 21 children with hematologic malignancies, aged 8 months and 15 years were studied: 16 subjects had leucemia, 5 subjects had malignant lymphoma. They were admitted in Clinical Children Hospital Oradea, in period 1997-2000. The side effects of commonly used chemotherapeutic agents in the clinic are the followed: Vincristine, Cytosar, L-Asparaginase, Methotrexate, Prednisone, given by different route: PO, IV, IM, IT.

Results: At 90% of subjects, we met especially the following side effects: nausea, vomiting, alopecia, leukopenia. Others are: stomatitis, fever, headache, anorexia. The efficiency of the nursing interventions are evaluated by realization in optimal time of the objectives in nursing care.

Conclusions: In the nursing management of the side effects of chemotherapy, the major role has the following interventions: 1. Use good washing technique before and after contact with child; 2. Isolate child from individuals with upper respiratory or other infections; 3. Administer an antiemetic before and after chemotherapy is ordered; 4. Assess the oral mucosa and for signs of infection; 5. Realize an ambience like at home; 6. Involve parents, family, priest in the team work.

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POSTER

Audit of cancer related fatigue training for health care professionals

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Purpose: this paper illustrates an audit of an intervention of practical advice on fatigue to health care professionals in the support of patients experiencing cancer related fatigue.

Background: The importance and concept of fatigue has been highlighted by many authors. Whilst being a common side effect of treatment it is also one of the most disruptive. Research has revealed that fatigue may increase prior to the next course in chemotherapy. Patients will require support particularly at this time if they are to understand that this predominantly is a side effect and not their disease returning.

Intervention: We have developed a teaching plan to enable health care professionals to follow practical steps to lessen the effects of cancer related fatigue. The teaching plan incorporates a video, staff discussion and presentation by a nurse specialist and a cancer patient, on the impact of fatigue. Following this a baseline and subsequent at 3 months questionnaire was completed to evaluate the impact of practical advice on fatigue.

Results: The results of the audit will be discussed, highlighting the impact of a simple intervention on the health care professionals perception on the effect and impact on patients. This audit shows the value of teaching practical advice on fatigue to health care professionals.

Conclusion: Fatigue should not be ignored: education is needed to ensure that healthcare professionals understand the impact it can have on pt. By using simple strategies such as the teaching plan we have demonstrated a positive effect. The next stage of this project is to evaluate the effect of teaching on patients.

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POSTER

Lymphoedema management for health care professionals

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Purpose: This paper is intended to provide an overview of Lymphoedema management for health care professionals.

Background: Lymphoedema is a chronic debilitating, painful condition often becoming embarrassing and stressful, exacerbated by the knowledge that although treatment can help control symptoms the condition is usually incurable (Williams 1997). The situation may be compounded by the lack of understanding from the medical profession and limited access to treatment, indeed some doctors view lymphoedema as 'the price of cure' following surgery or radiotherapy and have little insight into the effect this condition has on the patient's quality of life.

Management: Before any form of treatment can commence a full medical history and an accurate assessment of the patient's condition must be obtained.

Skin care, massage, exercise and compression are the recommended stages of managing Lymphoedema which will be discussed.

Management is aimed at preventing further development of limb oedema, to reducing the severity of symptoms and to maximize improvement and long term control.

Conclusion: There is a need to promote a consistent approach to the management of lymphoedema and to ensure that care is evidenced-based and therefore effective. The psychosocial health of the patient with lymphoedema needs to be recognised along with an understanding on the practical approaches to the management of Lymphoedema.

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POSTER

Acupuncture may decrease severe emesis for patients receiving adjuvant anthracycline - containing chemotherapy - case reports

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Purpose: Despite the introduction of 5-H3 blocking drugs, some patients reveal severe emesis and nausea after chemotherapy, also when adequate doses of corticosteroids, methoclopramin (Primperan®) and dicyclanide (Eucos®) are used. The aim of this study was to investigate if acupuncture could decrease hyperemesis.

Methods: Two premenopausal women that received adjuvant chemotherapy with 5-fluorouracil 600 mg/m², epirubicin 75 mg/m², and cyclophosphamide 600 mg/m² (FEC), with hyperemesis more than 2 days after given therapy were subjected to treatment with acupuncture. Acupuncture was given the day before chemotherapy. The symptoms after start of acupuncture were compared to those before, eventual decreases in medication for emesis were registered.

Results: After acupuncture was given, both patients could have FEC therapy, without nausea and vomiting with standard emesis therapy, consisting of 8 mg dexametason and 5-H3 blocking drug (3 mg Kytril®) intravenously before treatment, followed by steroids given orally in decreasing doses for 4 days and Kytril® orally day II-III.

Conclusions: Treatment with acupuncture resulted in loss of nausea and vomiting after FEC courses with standard antiemesis medication, with no dose-reductions of cytotoxic agents. Acupuncture may be of value for patients with hyperemesis, which requires further investigation.

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POSTER

Empowering the cancer patient with pain by the use of a patient information booklet on analgesia

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A recent pain audit undertaken at the Christie Hospital revealed that despite analgesia being prescribed, patients were still complaining of uncontrolled pain. The reasons for this were multifarious.

The main area we wished to focus on and the one we felt was particularly lacking, was a patient centred information booklet on analgesia.

As health care professionals working in an established oncology centre, our experience showed that the hospital provided extensive treatment orientated information, but there was a lack of written information on pain management to back up verbal advice.

Our findings were supported by a recent project undertaken by the National Cancer Alliance (1996) whereby cancer patients were asked about their experiences over a sixteen month period. Patients felt that 'the best method of communicating information was a combination of written material, usually in the form of leaflets (which should be offered, not just left lying around) and the chance to discuss fully with a range of health professionals'.

It is our goal therefore to pilot a pain booklet which we hope will answer the most basic and frequently posed questions by patients. These booklets

will be issued to a randomly selected group of patients who have been referred to the Specialist Palliative Care Team for pain control.

Our overall aim is to promote the efficient use of analgesia by increasing patients understanding of their medication which is hoped will empower them.

Following the pilot study it is envisaged that a further audit will be undertaken to note the impact of the pain booklet on patients pain experiences.

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POSTER

The assessment of symptoms experienced by patients receiving cytotoxic chemotherapy - an examination of current practice in outpatient chemotherapy units in the UK

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Patients receiving cytotoxic chemotherapy may experience a variety of side-effects associated with their treatment. A wealth of experimental evidence indicates that detailed and specific knowledge of patients' experiences is vital to effective side-effects management. Different approaches to symptom assessment may be adopted, varying from unstructured communication between patient and health professional to the use of documentation such as checklists or diaries. Research suggests that the systematic assessment of symptoms is associated with reduced symptom distress over time. Structured symptom assessment encourages patients to report the symptoms they are experiencing at each treatment. This information allows clinical staff to follow patients' experiences throughout their course of treatment and to evaluate the efficacy of treatments used in symptom control. Despite apparent benefits, the extent to which systematic symptom assessment has been adopted into clinical practice is currently unclear. This project aims to explore current practice in the assessment of symptoms experienced by patients receiving chemotherapy treatment, and to establish the extent to which structured symptom assessment approaches are being used. Questionnaires were sent to the Lead Nurse and Consultant Oncologist at each of the 250 outpatient chemotherapy facilities within NHS Hospital Trusts in the UK. Participants were asked to describe the process of symptom assessment used and enclose any documentation involved. This paper describes the variations in current practice in symptom assessment within chemotherapy facilities and the extent to which a structured symptom assessment approach is practised. It is hoped that this information will be invaluable for health professionals reviewing their own facilities' current practice in this area.

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POSTER

The antiemetic card

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Purpose: Cancer patients, receiving chemotherapy, still experience nausea and vomiting as major problems. Even introduction of the new 5-HT₃ receptor antagonists has not solved this problem. Combinations of drugs are often used in non-systematic ways. By using the antiemetic card we hope for an optimal, standardised and individually adjusted antiemetic therapy (AT) in the department.

Method: The process of Quality Assurance (QA) emphasising evaluation. In defining standards, Donabedian has offered three potential targets in the assessment of care: 1) Structure: standardised antiemetic regimens consisting of basic agents, dosage guidelines and rescue medicine. 2) Process: active antiemetic approach; using prognostic factors to decide regimen - of which the patient's previous experience is the most important. 3) Outcome: successful AT; rate of success based on patients' report. Each patient fill in a questionnaire daily for 5 days, registering episodes of vomiting and degree of nausea on a four-level scale, returning it for registration. Criteria of successful AT are none or mild nausea and <2 vomiting episodes per day.

Results: Illustrated by graphic displays, are visualising the result levels and given to staff on monthly basis. The evaluations show, rather surprisingly, that patients experience day 3 or 4 as worst; that means at home - after discharge. Staff, on the other hand, has thought day 1 to be the worst. Improvement efforts have been carried out systematically, such as use of antiemetics at home, and the efforts are continuously evaluated. The programme is now summarised into an antiemetic card.

Conclusion: By using the card, staff feels more confident in dealing with AT. Feedback on own activity is a motivating factor; staff is competing with themselves, always trying to get better results. Regarding the patients,

they fill in whether they are satisfied or not with the given AT. Thus, the individual patient's experience is guiding the choice of regimen when the next course is due. The card is also an instrument for continuity, as the patients bring their antiemetic card to the local hospitals when receiving further chemotherapy.

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POSTER

Symptom distress and quality of life in patients with inoperable lung cancer: perceptions of patients, staff and family caregivers

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The main purpose of this project is to describe patterns of relative intensity of and distress from symptoms in patients with inoperable lung cancer, during the first year post diagnosis. This is an effort to provide a new framework for nursing and palliative interventions for a group of patients with very low survival rates. The assumption that symptoms with the highest intensity/frequency are also those causing the most distress, which underlies most studies, is questioned here. Over 300 consecutive patients, diagnosed at two university hospitals, are interviewed up to 6 times, using 3 structured questionnaires; the Symptom Distress Scale, the EORTC QLQ C-30 + LC 13 and a Thurstone scale developed for this study. The Thurstone scale has been developed to study ranking of relative distress from nine common symptoms. Inductively oriented interviews, with structured and unstructured components, are also conducted with a subset of patients, to investigate their situation, priorities, encounters with health care providers, and manners of reasoning when responding to the questionnaires. Additional studies have been developed in relation to this project to examine staff and family caregiver assessments of patients' symptom intensity, distress and quality of life. A replication study has begun in Winnipeg Canada.

The long term goal of this study is to improve care, by improving communication between patients, family members and health care professionals about symptom experiences. If it is found that there is a high degree of agreement between patients about what the most distressing symptoms are for them, this data can provide useful guidelines for both clinicians and educational programs. If there is a low degree of agreement between patients, further interventions to help communicate information about distress are in order. Theoretically, this data will help clarify core problematic issues which presently exist on the relationship between intensity and distress of symptoms. In addition, while clinical expertise suggests that symptoms often occur concurrently, this data can fill knowledge gaps in the literature about relationships between different symptoms.

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POSTER

Caring about patients undergoing breast cancer surgery - setting up a framework

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Purpose: Women with breast cancer often suffer from severe psychosocial problems after diagnosis and treatment. Setting up a framework that increases good care planning and focuses on psychosocial support helps patients to cope.

The conceptual framework: The nursing model is primary nursing. Each patient is allocated a named nurse, who retains overall responsibility for the patient's care during her stay on the ward and as an outpatient. The aim is that the patient sees her allocated nurse no less than 75% of the times she is in contact with the ward or the outpatients department. Nursing interventions are described in a critical pathway.

Psychosocial Support: The nurses are specially trained and have good communication skills. The nurses invite patients to express their thoughts and feelings. Telephone contact is used, while the patients are at home waiting for results of diagnostic tests. All patients are offered an educational programme that includes 8 2-hour-sessions. Some patients are offered group intervention, lead by a nurse and a psychologist.

Results: Interviews with patients, one year after surgery, show a high degree of satisfaction with the care given. Another result is the development of a happy nursing team with a high degree of commitment and job satisfaction.