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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 (Eucoc®) 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