

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.