

use them to reflect on practice. In Iceland the use of the nursing process to assess, diagnose, plan and evaluate has long been established. Also, the tradition of using NANDA (North American Nursing Diagnosis Association) classification system for nursing diagnoses is nearly 30 years old, and recently the use of NIC (Nursing Interventions Classification system) has been established with recommendations from the Directorate of Health in Iceland and the nursing administration of Landspítali. The aim is to unify documentation across the whole country in order to support a nursing minimum data set.

Method. In 1999 a pilot project was initiated at the hospital's oncology ward regarding electronic nursing documentation. This included software development and the tailoring of NANDA and NIC to suit oncology nursing. The use of electronic documentation from October 2001 replaced all existing paper-based documentation. A report generated from the database reflected a whole year's nursing documentation. This made it possible to identify and quantify the type of documented diagnoses and interventions in this population along with connections between diagnoses, signs and symptoms and interventions.

Results. The use of NANDA diagnoses and NIC interventions shows that nursing in this oncology ward is holistic in nature. A large number of the 156 diagnoses in the NANDA classification and the 486 interventions in NIC are used, and from diverse aspects of nursing (physical, psychological, social). The connection between interventions and diagnoses also shows that nurses are practising many diverse interventions to treat the same problem, thus giving a picture of highly individualised nursing. It is possible to present distinct connections between diagnoses and interventions from this data.

Conclusion. Electronic nursing documentation with classification systems has the means to show the 'core' of distinct nursing specialties. Oncology nursing is very diverse in nature and is practiced in a holistic manner at Landspítali-University hospital.

1143

ORAL

Nutritional action plan

E. Gustafsson. Karolinska Hospital, Radiumhemmet - Department of Oncology, Stockholm, Sweden

Background: Cancer patients undergoing oncological treatment often suffer from weight loss and a poor nutritional status. It is therefore important to develop routines to prevent weight loss. Through good nutritional care and support the cancer patients' possibility to cope and tolerate the treatments can be improved. The aim is also to prevent a decreased quality of life due to cachexia.

Radiumhemmet, the oncology unit at the Karolinska hospital has a multi-professional group that works to improve the nutritional care of the cancer patients.

The Nutritional action plan is the result of the work from this group. The action plan contains guidelines and tools to help the caregivers to support the cancer patient with excellent nutritional and cancer care.

Guidelines for nutritional routines:

At the first visit to the clinic all patients are asked to fill out a nutritional assessment scale. This repeats at every following appointment.

The percentage weight loss is calculated the last month.

Documentation concerning weight data such as, current weight, weight six months ago, weight one month ago and percentage weight loss are made in the medical journal.

Documentation about nutritional symptoms from the assessment scale, if any, is made in the medical journal.

The nurse or the physician decides from the assessment scale if the patient fulfills the criteria of a risk patient.

Criteria for risk patients are, 10% weight loss during six months or 5% weight loss during one month or one or more nutritional symptoms.

In order to prevent weight loss, it is necessary to calculate the energy need for risk patients. The energy need (kcal/day) is calculated as follows; energy need /day = approx. 30 kcal-weight in kg, the energy need is individual and must therefore be evaluated continuously.

When the patient is moved from the oncology unit to another caregiver it is essential that a thorough history care plan with information about the patients' nutritional status and nutritional treatment is given.

Intervention plan for riskpatients:

1. Weight is measured continuously.
2. The alarm weight is calculated*.
3. The weight data is recorded in the medical journal.
4. Caregivers give food advice from a special folder.
5. At the treatment units a nutritional journal is used.
6. The nutritional assessment scale is filled out at every appointment.
7. A dietician is consulted if the patient develops several nutritional symptoms or if the weight loss is continuous.

*Alarm weight = weight one month ago minus 5% of weight one month ago.

References

- [1] Karolinska sjukhuset, Kvalitetsmål nutrition, 2001.
- [2] Orrevall-Granberg Y Den viktiga maten, Cancerfondens förlagsverksamhet, 1995.
- [3] SPRI rapport Vikt och näring under kontroll, Stockholm; SPRI, 1995.
- [4] Socialstyrelsen Näringsproblem i vård och omsorg, Prevention och behandling, SoS-rapport 2000:11

1144

ORAL

The nurse management of trastuzumab infusions for patients with breast cancer

E. Pace¹, P. McIlroy². ¹ Plymouth Hospitals NHS Trust, Chemotherapy Unit, Plymouth, United Kingdom; ² Beatson Oncology Centre, Glasgow, United Kingdom

Introduction: This presentation will examine a new monoclonal antibody drug trastuzumab for the treatment of breast cancer. It will consider the background to this work, available literature on monoclonal antibody therapy, and in particular trastuzumab. It will discuss human epidermal growth factor receptors and genes, the nature of this new drug therapy, the patient population that it is targeted toward, benefits of the drug and clinical safety. It will then discuss in more detail the nurse management of the infusion, the possible side effects and the aftercare.

Background: In December 2002, a group of 12 experienced cancer nurse specialists from around the UK were invited to a one-day nurse focus group to consider issues surrounding the use of trastuzumab. What became evident from that meeting was the need to establish core nurse guidelines for the administration and management of trastuzumab infusions.

Discussion: Treatment of cancer using monoclonal antibody therapy is an emerging technology and there are only a few licenced drugs that are in general use. Consequently, there is very little in the way of published nursing guidance. A literature search of CINAHL and the British Nursing Index since 1999 using the following search terms: Herceptin® or trastuzumab; antibodies - monoclonal; breast neoplasms; produced 31 articles of varying relevance and utility. Other sources of evidence examined were the Oncology Nursing Society, the European Oncology Nursing Society, the Cochrane Library and the National Electronic Library for Health.

A broader search of medical literature reveals a number of significant published articles that support the use of trastuzumab. These articles are cited in the first part of the presentation. This briefly discusses the development and nature of the drug, the patient population and the side effects of the treatment.

The nurse management of trastuzumab infusions is then more fully discussed including management of infusion related symptoms. Also, issues of patient education and psychological support. Moreover, the need for nurse education to support this new method of treating cancer.

It is our aim to offer these guidelines as a basis for the nurse management of trastuzumab infusions. Individual institutions may wish to adapt them to their own models and methods of nursing practice.

Acknowledgments: E Pace has received speaker's honorariums from F Hoffman-La Roche Ltd. E Pace and P McIlroy have both participated in a nurse focus group for F Hoffman-La Roche Ltd.