

In order to assess the benefit of the flow-sheet a small questionnaire consisting of five questions was distributed to medical and nursing staff in the relevant areas. This was answered by 10 women and 5 men, consisting of 11 nursing staff and 4 medical staff. Staff members were asked about their awareness of the previous and existing protocol, if they felt the flow-sheet was of benefit and for any improvements they deemed appropriate. Overall, it was felt that the flow-sheet was an excellent resource for staff and was easier to access than the previous document.

\*This project was nominated as the best Irish TITAN dissemination project during the pilot phase of the TITAN initiative, which is an innovative educational programme being implemented by EONS. More information about TITAN can be found on the EONS website at <http://www.cancereurope.org/> or by contacting Jan Foubert at [eons@village.uunet.be](mailto:eons@village.uunet.be).

1648

INVITED

**"Anaemia and me", "Thrombocyte my friend", "A little story about neutropenia"; poems to explain thrombocytopenia, anaemia and neutropenia and their symptoms to children**

S. Rodrigues. *AFIC (Association Française des Infirmier(es) en Cancérologie), Paris, France*

It is often difficult to communicate with children who have cancer in order to help them and their families cope with the disease, its treatment and side effects.

The aim of this project was to inform children of reading age (7-8 years of age), or with the help of their parents, what thrombocytopenia is and how to reduce the risk of complications due to thrombocytopenia. The same format was used to explain neutropenia and anaemia to these children. To develop this project, information was received from nurses in the paediatric oncology department. Information gathered from TITAN courses and from the initial nursing training was also used.

The project consisted of a one-sheet document containing a poem associated with cartoons. The preparation of the poem, including the graphics, the vocabulary and the possibility to use this poem as a song, was carried out in discussion with target children and their parents. The poem explains what to watch out for, e.g. bruises, keeping a clean mouth and notifying parents of strong headaches, and showed the children not to be afraid. The poem will be included in an information folder given to children with cancer. This information folder will be used by the medical staff to explain to the children their symptoms and how to cope with them. The main problems that could be encountered for carrying out this project would be finding the budget for the printing of the poem and some reticence shown by doctors. The project might be supported by the nursing staff and is in the process of being validated by the paediatric oncology department.

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1649

INVITED

**'In the picture': supporting your care of the haemato-oncology patient who has neutropenia, anaemia and thrombocytopenia**

A. Higgins, D. Brewer. *Epsom & St Helier University Hospitals NHS Trust, United Kingdom*

We work in a large National Health Service acute trust, covering a population of approximately 450,000. We provide chemotherapy and supportive treatments for patients suffering from a wide range of haematological malignancies both as in and out patients.

Our aims and objectives were to create a learning package in order to improve the knowledge and understanding and raise awareness of haematological toxicities for the trained nursing staff caring for this group of patients as they had little specialist training.

We developed an educational book and presented it using PowerPoint slides, during a four-hour informal interactive study session. Through a pre-course and post-course quiz and evaluation form, we were able to assess prior knowledge and the effectiveness of the book and teaching session. Support was obtained from pharmaceutical companies who provided both the refreshments and the prizes for the quiz.

Twenty members of staff attended over four sessions. The evaluation forms showed the sessions were well-received, with the majority of staff reporting the information was both relevant and at the right academic level. Personally, we found the project was useful as a team-building exercise and that it improved our collaborative work within the trust.

Time was a limiting factor. We found the six-month timescale quite tight. The preparation of the learning package involved much of our own time. We did not have any administration or typing support and there was a

lack of equipment available to use for the presentation. In order to meet the deadline for the project submission, it was necessary to defer other educational endeavours.

The outcome in terms of collaboration, team-work and empowerment of nurses was certainly worthwhile. We aim to continue these sessions twice a year, or more frequently, depending upon staff changes.

\*This project was nominated as the best UK TITAN dissemination project during the pilot phase of the TITAN initiative, which is an innovative educational programme being implemented by EONS. More information about TITAN can be found on the EONS website at <http://www.cancereurope.org/> or by contacting Jan Foubert at [eons@village.uunet.be](mailto:eons@village.uunet.be)

## Proffered papers

### Guidelines and tools for practice

1650

ORAL

**A critical examination and discussion on the degree to which nursing practice is based on rigorously generated evidence**

M. Morris. *Auckland City Hospital, Ward 64, Auckland, New Zealand*

'Evidence-based practice originates from the belief that health professionals should no longer base their practice on tradition and belief, but on sound information grounded in research findings and scientific development.' (Upton, 1999).

In recent years, there have been calls throughout the western world, especially within the United Kingdom's National Health Service (NHS) for evidence-based healthcare and for a focus on evaluating and improving clinical effectiveness. Alongside this work is the call for nursing to become a research-based profession. Bonell (1999) reviews evidence-based practice and suggests it could enable nurses to demonstrate their unique contribution to health care outcomes and support their seeking greater professionalization, in terms of enhanced authority and autonomy. In this presentation I plan to look at nursing practice and to determine how much, if any, of our current practice is generated by evidence.

Mulhall (1998) has defined evidence-based nursing as 'care concerning the incorporation of evidence from research, clinical expertise and patient preferences into decisions about the health care of individual patients.' (p.5).

To practice from a research base, nurses must have a good understanding of what nursing care strategies are effective as well as how research has supported and established their efficacy. Chalmers (1998) has suggested it means looking at practice, integrating proven strategies, querying practices where no evidence of effectiveness exists, and eliminating those shown to do harm. Nurses have increasingly sought to use research to assess patient's needs and to evaluate their own practice and nurses are according to Witz (as cited in Bonell, 1999), increasingly prepared to challenge tradition and medical dominance in implementing practice shown by research to be effective.

The nursing challenge is to get valid, useful and largely scientific information into use in the practice arena.

1651

ORAL

**Identifying patients with unmet supportive care needs quickly**

C. Zaza, M.I. Fitch. *Toronto Sunnybrook Regional Cancer Centre, Psychosocial & Behavioral Research Unit, Toronto, Canada*

**Background:** Cancer patients must deal with more than a physical impact from their cancer diagnosis and treatment. Many patients face social, emotional, psychological, spiritual, and practical changes as the course of their cancer unfolds. Although some patients cope well without significant intervention beyond basic or standard care, others require additional help early in the course of their experience with cancer. Unfortunately, busy clinical settings and escalating patient loads can influence how much case finding and referral occurs during patients' regular clinic visits.

**Methods and Materials:** This study was undertaken to evaluate the validity of a new supportive care needs screening tool. The tool was designed to elicit needs or issues patients might be experiencing that would benefit from professional intervention. Psychometric evaluation was conducted using appropriate standardized tools, as comparators for each of the supportive care domains (i.e., physical, social, psychological, informational, spiritual, emotional and practical) with 133 breast cancer patients.

By applying the tool in a busy clinical setting, the likelihood would be increased that patients' unmet needs could be identified and appropriate intervention offered in a timely fashion.

**Results and Conclusions:** For each of the domains, both the respective new tool items and the standardized measure categorized

similar proportions of patients at high risk for experiencing difficulties and benefiting from referral.

1652

ORAL

# Identification of the needs for organized palliative care in radiation oncology

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**Background:** Our aim is to establish a Unit for Palliative Care at the Institute of Oncology Ljubljana, Slovenia. At the Division of Radiation Oncology, a cross-sectional study has been performed in order to determine the number of patients who would require this kind of care.

**Material in methods:** A questionnaire was designed, covering the following medical and nursing domains: medical indications for admission to a hospital's department, assessment of the patient's condition from the symptoms of advanced disease, nursing indications for admission to the Unit for Palliative Care, assessment of the condition of the patient according to his nursing care requirements, the patient's knowledge and awareness of his medical condition. The study was conducted for ten running days (from Monday to Friday) at the end of March and beginning of April 2005 at the Division of Radiation Oncology with a total bed capacity of 126. Each day during the observation period, the physician and nurse filled in the questionnaire on each patient, hospitalized in the Division of Radiation Oncology.

**Results:** During the observation period, 1108 examinations were performed per day. Of these, 416 (37.5%) examinations were performed on 167 patients with advanced disease who were the subject of our study. The majority of the patients, 90 (54%) from 167, included in the study were diagnosed with lung cancer. The most frequent indications for hospitalization were symptoms of advanced disease (37.7%), radiotherapy (22%), and chemotherapy (19%). The most frequent symptoms of advanced disease described in patients were pain (38%), poor physical condition (28%), dyspnea (21%), inappetency (20%), fatigue (16%), anorexia (13%), nausea (13%), cachexia (10%), and coughing (10%). From the nursing standpoint, the most frequent interventions were required to alleviate insomnia (27%), control over analgesic therapy (21%), urinary incontinence (15%), bone injuries (11%), and bowel incontinence (11%). The mean grade of assessed pain by the patients was 6.4 (scale range 0-10). The risk for developing pressure ulcers, measured according to Waterlow scale, was 12.5.

According to the physicians' views, 81 (49%) patients were aware of the advanced stage of their disease. According to nurses' views, 34.7% of patients believed in their cure, 30.5% of patients did not want to talk about their disease, and only 7.6% did not believe in their cure. According to nurses' views, 40.7% of patients preferred home care, and the patients' relatives offered home care in 37.1 cases.

**Conclusions:** The analysis of patients day movements showed that the average standard required for medical care of patients with advanced cancer on the observed departments at the Division of Radiation Oncology would be a hospital unit with a capacity of 11 beds. In addition, we also acquired data about the symptoms prevalence of advanced disease and nursing care requirements in our patients.

1653

ORAL

# Development of a clinical pathway in a palliative care unit

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Palliative care is important in patients with advanced cancer to preserve quality-of-life. Many patients will be admitted to a palliative care unit for end-of-life care. In such a unit, caregivers of different disciplines are involved in patient care. Therefore coordination of the multidisciplinary team is of utmost importance to assure high-quality patient-centred care. This could be done by means of a clinical pathway.

The members of the palliative care unit of the ZNA Middelheim, involving physicians, nurses, psychologists, dieticians, spiritual helpers and volunteers developed a clinical pathway following the methodology suggested by the Belgian-Dutch Clinical Pathway Network.

The aim of the clinical pathway was to assure involvement of all members of the multidisciplinary team after admission in patient care; to give maximum support to the patient and family; to ensure optimal pain and symptom control; and to optimise transfer between care settings.

Three records were developed: one for admission, one for during the hospital stay and one for a possible discharge or transfer. There were several training sessions for nurses to adapt the pain treatment according to the guidelines of the pathway. After evaluation, the pathway was updated and has since been in implementation for 1.5 years.

The clinical pathway assures that all the members of the multidisciplinary team are involved in patient care and increases the independence of the nurses in relation to pain management.

1654

ORAL

# Developing evidence-based mouth care guidelines for children being treated for cancer

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**Objective:** Oral mucositis and oral candidiasis remain a major source of illness and discomfort in children treated for cancer despite the use of a variety of agents to prevent and treat them. One method of reducing confusion and conflict in management of oral care is the development and use of evidence-based guidelines.

**Method:** A multidisciplinary guideline development team was established in collaboration with the United Kingdom Childhood Cancer Study Group (UKCCSG) and the Paediatric Oncology Nurses Forum (PONF). This mouth care group used the agreed methodology of SIGN (The Scottish Intercollegiate Guidelines Network) to develop evidence-based guidelines. Three key areas were covered within the guidelines: dental care and basic oral hygiene, methods of oral assessment, drugs and therapies.

**Results:** No research evidence was identified with regard to appropriate dental care and basic oral hygiene. Expert opinion was used to develop 'best practice' recommendations. An evaluation of oral assessment tools identified 29 tools, seven of which had been assessed for reliability and/or validity. Only one was felt to be relevant for everyday clinical practice. A variety of interventions have been used for management of oral complications, few are supported by evidence. Recommendations identify interventions shown to be effective, potentially harmful or for which further research is required.

**Conclusion:** Potential benefits of guidelines include improved patient care, consistency of care, promotion of interventions of proved benefit and reduction in use of ineffective, or potentially harmful practices. For benefits to be achieved, recommendations must be explicit and, ideally, based on sound, scientific evidence.

## References

[1] The Scottish Intercollegiate Guidelines Network (SIGN) 2001, [www.sign.ac.uk](http://www.sign.ac.uk)

1655

ORAL

# Safely handling cytotoxic agents from prescription to administration: an overview of guidelines, standards of care and tools to prevent contamination with cytotoxic agents

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**Background:** To increase the knowledge of personnel handling cytotoxic agents and prevent contamination with these products.

**Material and methods:** Based on a literature review on safely handling cytotoxic agents and risks and consequences of contamination, a multidisciplinary team developed guidelines, standards of care and tools concerning the prescription, the production of cytotoxic agents in the pharmacy and the administration and care of patients receiving cytotoxic therapy. The team consisted of two nursing managers of oncology units, the quality assurance manager, hospital pharmacists, a general oncologist, a gastroenterologist, a gynaecologist and a pneumologist all specialised in oncology.

The guidelines, standards of care and tools were reviewed and approved by the multidisciplinary commission of oncology (MCO). This is a required commission by law and is responsible for the evaluation of guidelines (developed and in use) and quality improvement initiatives, organising and assuring cooperation with home health care agencies, palliative care agencies and family physicians and organising multidisciplinary patient/case discussions.