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

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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.

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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.

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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*

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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 multidisciplinairy 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 multidisciplinairy 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.