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Using standardized nursing records in patients receiving hematopoyetic stem cell transplantation

A. Domènech, R. Benet, A. Ciurana, N. Borràs, M. Valverde. *Hospital Clinic, Institute of Hematology and Oncology, Hematology De, Barcelona, Spain*

Introduction: Patients undergoing hematopoyetic stem-cell transplantation (HSCT) require close monitoring throughout all the phases of the procedure: administration of the conditioning regimen, stem-cells infusion, and bone marrow depression period, which is marked by a great risk for developing complications. The accurate recording of all transplantation events is essential to ensure their appropriate management.
Aim: To describe the development of an easy to be used inpatient documentation record system that registers nursing processes and care delivered.
Material and method: A literature review was conducted. PubMed, DOCUMED and COCHRANE databases were consulted. Search words: HSCT, nursing documents and clinical guidelines. Based on this review, new registry and flow charts were prepared. This was followed by a pilot phase study in order to allow nursing staff to make suggestions aimed at enriching these documents.
Results: Transplantation events and nursing interventions were recorded and analyzed for consistency, the results being highly satisfactory. In addition, the degree of complicance was extremely high.
Conclusion: Using standardized recording forms facilitates the nursing care of patients submitted to HSCT.

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Liverpool care pathway for the dying phase: implementation in the Netherlands by the Comprehensive Cancer Centre Rotterdam

E.M. Van den Aardweg[1], P.M. Geurts[2], S. Swart[3], C.M.P. van Zuylen[3]. *[1]Comprehensive Cancer Centre Rotterdam, Palliative Care, Rotterdam, The Netherlands; [2]Nursing Home Antonius IJsselmonde, Rotterdam, The Netherlands; [3]Erasmus MC Daniel den Hoed Cancer Centre, Rotterdam, The Netherlands*

Background: At the beginning of 2003 the research-project 'Care and quality of life in the dying phase' started in the region of the Comprehensive Cancer Centre Rotterdam. Part of this project is the implementation of the Dutch version of the Liverpool Care Pathway for the Dying Phase (LCP). We evaluated the role of the regional and local co-ordinators in the implementation process.
Method: Following the general implementation method of the Comprehensive Cancer Centre the implementation process is supervised by a regional steering committee (RSC) in which a regional co-ordinator (RC) participates. In the participating organisations a local co-ordinator (LC) is part of a local steering committee (LSC) that guides the local process. Local implementation plans were formulated and professionals involved were informed and instructed. The LSC discusses local problems on a regular base with the RC. If necessary the RSC is called in by the RC. The RC organises 3-monthly meetings during which LCs are educated and experiences are exchanged. A periodic newsletter informs all professionals involved.
Discussion: The RC co-ordinated the implementation of the Dutch LCP in eight organisations. The LCs felt supported and facilitated by the input from the RC. During the implementation process it became clear that LCs not only have a crucial function but also have a vulnerable position. Crucial because of the essential link with RC, nursing and medical staff. Vulnerable because of different or conflicting tasks, high workload and the one-man-position.
Conclusion: In this research project we demonstrated that the (general) implementation method developed and used by the Comprehensive Cancer Centre Rotterdam is a solid base for implementation of the Dutch LCP in local settings.

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Training nurses to treat patients in the UK with oral chemotherapy: the capecitabine nurse toolkit

K. Harrold[1], O. Craven[2], K. Bennett[3], V. Aston[4], P. Gent[5], A. MacLeod[6], C. Vidall[7]. *[1]Mount Vernon Cancer Centre, Oncology, London, United Kingdom; [2]Christie Hospital, Oncology, Manchester, United Kingdom; [3]Addenbrookes NHS Trust, Oncology, Cambridge, United Kingdom; [4]Velindre Cancer Centre, Patient Information Centre, Cardiff, United Kingdom; [5]Grampian University Hospitals Trust, Aberdeen, United Kingdom; [6]Beatson Oncology Centre, Oncology, Glasgow, United Kingdom; [7]Royal Devon & Exeter NHS Foundation Trust, Oncology, Devon, United Kingdom*

Background: The oral fluoropyrimidine Capecitabine has proven efficacy and tolerability in the treatment of metastatic colorectal cancer (CRC) and breast cancer (BC). In addition, in early-stage colon cancer adjuvant Capecitabine is at least equivalent to 5-FU/LV in terms of disease-free survival (DFS), with trends toward superior DFS, relapse-free survival and overall survival. Home-based therapy with oral Capecitabine has a number of advantages over i.v. hospital-based regimens, including improvement in quality of life and medical resource/cost savings vs. 5-FU/LV. However, the demands of patient (pt) management for oral therapy differ significantly from those of i.v. chemotherapy.
Materials and Methods: An oncology nurse-training programme was initiated in the UK. In collaboration with the Capecitabine National Nursing Advisory Board, Roche Products Ltd produced a Capecitabine nurse toolkit, which was distributed at a UK nursing meeting held in London in April 2005. The toolkit is also being distributed to local oncology centres across the UK.
Results: The toolkit contains the following: key contacts details for the teaching faculty and representatives from Roche Products Ltd; case studies on CRC and BC designed to provide example background information, treatment decisions and outcomes; a clinical management plan for pts receiving Capecitabine (covering dosing, side-effect management, pt education and advice on working in a healthcare team); examples of protocols developed for a Capecitabine clinic; a guide to the pathway for pts receiving Capecitabine as a single agent, in combination with i.v. chemotherapy and synchronous radiotherapy; a guide to the establishment of a clinic to treat pts receiving Capecitabine for CRC in the palliative or adjuvant setting; a protocol providing guidance and the agreed management of pts receiving Capecitabine as adjuvant therapy for Dukes' B or C CRC (for whom the treatment pathway is potentially curative); a pt management competency framework (providing a single, consistent, comprehensive and explicit framework on which to base review and development for staff working in a chemotherapy unit and giving care to pts receiving oral chemotherapy); a workmat forming part of the Capecitabine clinic workshop; a nurse training questionnaire designed to test nurses' knowledge of Capecitabine.
Conclusions: With the increasing use of oral Capecitabine there is a need to enhance pt education skills, communication and management. The Capecitabine nursing toolkit is a vital tool for training oncology nurses to play a more significant and pivotal role in the clinical oncology team to ensure the effective management of pts receiving oral chemotherapy.

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Providing advice for structured care of radiation induced diarrhoea in rectal cancer patients

K. Titmarsh. *Royal Surrey County Hospital, Clinical Trials Unit, St. Luke's Cancer Centre, Guildford, United Kingdom*

Background: The aim of this review was to consider the evidence base for supportive therapy in patients treated with external beam radiation for rectal cancer. Radiation induced diarrhoea is a common acute toxicity in this group of patients and can have a detrimental effect on their quality of life.
Method: A literature survey was undertaken to explore the evidence that is currently available to health care practitioners involved in the care of patients with rectal cancer. Pubmed, CINAHL and the Cochrane databases were searched using the following terms: "diarrhoea", "radiotherapy", "rectal cancer". The search was limited to publications between 1994 -2004 to find out how patients with rectal cancer had been managed in recent years.
Results: A total of eighteen articles were found from the Pubmed and CINAHL search. Most studies of radiation induced diarrhoea have focussed on patients treated for gyneacological or prostate malignancies. Supportive care has mainly included dietary advice and pharmacological interventions. Agents that have been used to reduce treatment related diarrhoea include sucralfate and octreotide. However few studies have focussed on the efficacy of these agents in patients with rectal cancer and even fewer have considered radiation induced diarrhoea.