Conclusion: Loperamide hydrochloride remains the first line therapy for management of radiation induced diarrhoea although further research is required to investigate the efficacy of the other agents. Whilst dietary advice is an important part of the management process, it is evident that further research is necessary in this area to provide the evidence base for the advice that is generally given to patients receiving radiotherapy. Structured care is considered to be more effective in the management of symptoms and accurate assessment forms a key part of symptom management.

1688 POSTER

Treatment of oral mucositis for head and neck cancer patients

A. Lartey. *Bristol Oncology & Haematology Centre, Bristol, United Kingdom*

Introduction: Head and neck cancer patients are being treated more successfully with combined methods including radiotherapy in combination with chemotherapy, surgery, or both (Shaha et al 2001). Radiotherapy does remain the primary method of treatment. The irradiated field often includes the salivary glands and all or a large portion of the oral mucosa, thereby increasing the risk of oral mucositis. Oral mucositis is an inflammatory reaction resulting in ulcerative lesions of the mouth and or pharynx. Morbidities include oral pain, local and systemic infections, insufficient nutritional weight loss, taste changes and xerostomia (Shih 2003).
Methods: The high prevalence of oral mucositis in patients with head and neck cancer makes it important for cancer nurses to understand the mechanisms and manifestations of the problem so they can perform more comprehensive assessments. Bristol oncology centre is the regional unit for head and neck cancers, offering a combination treatment approach. A high percentage of patients are admitted to the inpatient ward with severe oral mucositis. There are no multidisciplinary clinical guidelines, in place as to how assess to or treat mucositis for this group of patients. A retrospective audit is being conducted of both medical and nursing notes. The aim is to identify:
– Assessment on admission
– Daily assessment
– Pain Control
– Prevention of infection
– Patient education
– Documentation
Results: The interim results have shown that there is no formal assessment tool in place, and assessment is subjective rather than objective. Pharmalogical management is used, but once again there are no formal guidelines in place. Nursing documentation was very poor, with little reference to mucositis in daily reviews and evaluation of patients.
Conclusions: In today's climate practice should be evidenced based, and multidisciplinary guidelines will be developed in response to the audit. A formal assessment tool will be developed, with guidelines in place about pharmacological, pain and infection management. Teaching sessions and packs will be developed on patient education and documentation.

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1689 POSTER

A consultant nurse's experiences of the nurse's role in the administration of oral capecitabine treatment and control of adverse effects

H. Natunen. *Helsinki University Central Hospital, Department of Oncology, Helsinki, Finland*

As the number of oral treatments at the Helsinki University Central Hospital, Department of Oncology is increasing, these patients' need for guidance, support and contact during treatment has been recognised. In connection with oral treatment, the patients' regular contact with a chemo nurse decreases, but the need for information and support increases as the patients administer the therapy themselves. Symptomatic treatment of adverse effects (AE's) is not enough, and the management of chemotherapy (treatment pauses and dose adjustments) also plays an important role.
The Department started an outpatient clinic for patients receiving oral chemotherapy, where a full-time nurse with dedicated training focuses on patient guidance and follow-up. The nurse works in cooperation with the oncologist, and the contacts with the patient have been scheduled in a treatment plan made by the doctor. For example, during eight cycles there can be three doctor and eight nurse scheduled check-up's (reception, call and/or laboratory results check). The aim is to maximise the patients' quality of life and control over their lives, to ensure the success of treatment according to the plan with minimal AE's, and to reduce the incidence of adverse reactions. The methods used are pretreatment counselling, monitoring of treatment success and the patient's condition during treatment, and the nurse's availability in all queries or problems.
In my experience, patients who received thorough, appropriate pre-treatment counselling are motivated/compliant and administer treatments according to the treatment plan. If necessary, they are able to prevent and treat AE's and pause their chemotherapy independently. The existence and availability of a consultant nurse has made the patients feel secure and improved the likelihood of the treatment being administered appropriately. The fact that the patient has sufficient information about the course of treatment and a low threshold for contacting the nurse has allowed efficient intervention in toxicities, and also prevention of AE's through early timing of treatment pauses and dose adjustments.
The centralised treatment management has enabled me to gain a wide range of knowledge. Having extensive experience and training on capecitabine treatment, I am able to ensure the patients' appropriate, consistent counselling, advice during treatment and an early intervention in problematic or rare situations, as well as, the training of health care staff.

1690 POSTER

The nurse discussing self-care in breast cancer treatment

T.C. Camargo[1], M.I.R. Moita[2], M.C.R.G. Caldas[3]. [1]*National Cancer Institute, Continuing Education, Rio de Janeiro, Brazil;* [2]*National Cancer Institute, Outpatient Wards, Rio de Janeiro, Brazil;* [3]*National Cancer Institute, Nursing Division, Rio de Janeiro, Brazil*

Self-care consists in the performance on the part of the individual of activities aiming at preserving life, health, and well-being. When there is any hindrance or restriction to the attainment of self-care, there is said to exist a deficit, which points to the need for action on the part of the nurse. When dealing with women who have undergone radical breast surgery with axillary drainage at the Cancer Hospital [Hospital do Câncer III (HC III/INCA)] specializing in the treatment of breast cancer, those women, upon discharge from hospital, have been shown to need help for carrying out self-care of the surgical site and for facing the biopsychosocial effects of the surgery and of the disease. Thus, the performance of recently recommended self-care measures, which are complex and demand knowledge and development of special skills through training and experience, may overburden a person who is facing a disease both serious and disfiguring in its treatment. Resorting to some of the methods pinpointed by Orem which promote the performance of self-care: orientation and guidance; extension of physical and psychological support, and teaching; the nurses at the HC III have held operative group meetings for discharge from hospital with the women and their relatives, aiding in the development of skills for self-care, for rehabilitation, and for the improvement of life quality. In that sense, the purpose of this paper is to describe the nursing care rendered to the woman who is discharged from hospital after radical breast surgery with axillary drainage; to point out the possibilities for self-care as an effective therapeutic measure. With this report of the practical experience of caring for the woman subjected to radical breast surgery, with axillary drainage, we hope to contribute to amassing knowledge in breast cancer nursing; and to point out that the nurse does make a difference when preparing the woman for self-care, taking over the role of instructor and agent for therapeutic care.

1691 POSTER

Good practice in the manipulation of chemotherapy drugs

J. Moreira, L. Veloso. *Regional Oncology Center of Coimbra, Oncology Medicine, Coimbra, Portugal*

Background: The chemotherapy drugs have a high toxic potential. For that reason, the health professionals that manipulate these kinds of drugs, should take all the measures to avoid personal contamination in the preparation and administration stages.
The aim of this work is the following:
– to sensibilize the health professionals for the risks connected with the manipulation of chemotherapy drugs;
– to compare the different methods of preparation and administration of these kinds of drugs.
Resources and Methods: In the chemotherapy manipulation we should care about the protection, as a safety way for the health professionals, namely in what concerns the following aspects:
– individual protection equipment
– collective protection
When we manipulate the chemotherapy drugs we must use close punch systems with Luer-Lock connections and prolongers (connection system

with safety-valve and needle-free) that should be previously filled with physiological serum.
This method, compared with the previous one (in which it is used open circuits with a single way with the consequent liberation of aerosols and the leakage of chemotherapy drugs), it will guarantee a bigger safety and it will reduce the personal and environmental contamination.
Results: The use of close systems of multiple administration will raise the safety levels in the preparation and administration stages, avoiding unnecessary procedures and preventing risk situations like accidental pits, aerosols exposure and the dripping on skin of the chemotherapy drugs.
Conclusions: The use of this method raised the quality of the assisting care and as a result, it has clear benefits either for the patient or to the health professional.

1692 POSTER

Optimizing the use of Capecitabine in incurable cancer, a retrospective study evaluating the impact of nurse-mediated follow up and intervention at an outpatient cancer clinic

B. Fosheim. *Hospital in Vestfold HF, Oncology, Tønsberg, Norway*

Since more than 5 years capecitabine has been taken into increased use at our clinic. Due to an alleged beneficial ratio effect/side-effect, this treatment is offered more often to patients of high age, rediced performance status etc. than conventional chemotherapy schedules. We did however experience that capecitabine is far from free from side-effects, in the early days often limiting the use of of this agent, even in cases when achieving objective responses.
In order to improve the therapeutic ratio, and overcome side-effects hampering the potential benefit of capecitabine, over the years we have implemented several measures into our daily practice, mainly in the form of nurse-mediated followup.
Through comparing a cohort of ten patients from the early days of our practice of offering treatment with capecitabine, with ten of our most recently treated patients with this agent, we aimed to clarify relevant changes and evaluate the effect of the measures taken.
In 2000 the follow-up during treatment with capecitabine consisted mainly of eventual clinical and blood sample evaluation, and screening of toxicity every third week. Today we have implemented a check-list which include telephone contact with screening of side-efefcts, during the first two courses on a maximum of weekly intervals. In addition the patients are strongly adviced if mucositis, palmo-plantar fasceitis or diarrhoea, to halt capecitabine intake untill resolution of the side-effect and take contact with patient responsible nurse. This procedure allow us to make timely adjustments in doses and through halting tablet intake before side-effects become too severe, allows the patient to resume the medication in shorter time than before.
In conclusion, close nurse-mediated followup of patients treated with capecitabine, translates into increased median number of courses, as well as increased median dose per course. As this is achieved with stable or improved tolerance, we feel that this strategy can be warmly recommended as a general principle for followup of patients treated with capecitabine.

1693 POSTER

Patient guidelines for self referral when receiving chemotherapy

J. James[1], J. Atkinson[2], A. Fox[3]. [1]*North Durham Acute Hospitals Trust, Haematology, Durham, United Kingdom;* [2]*Northumbria University, Adult Chronic Care, Newcastle, United Kingdom;* [3]*Northern Cancer Network, Newcastle, United Kingdom*

The aim of this project was to develop a pathway that would capture the number of patients requiring self-referral for chemotherapy related problems. The information gathered included the investigations the patient required, treatments if required, subsequent admission or discharge information, time spent on nursing interventions and the resulting communication with other members of the multi-disciplinary team. Nurse led care is expanding, in particular nurse led clinics for patients receiving chemotherapy (Corner et al 1999). Nurses are seizing the opportunity to revolutionise the traditional model of follow up care within cancer services, with a supportive collaborative approach. Implementation of the Cancer Plan (DOH 2002) has led to a sharp increase in demand for chemotherapy services to be delivered locally. Current policy drivers dictates that cancer services should be redesigned to make the best use of skills, ensuring the patient and their family have appropriate and timely access to supportive care throughout their cancer journey (DOH 2000). The shock of a cancer diagnosis may well prevent the patient from being able to retain information leading to feelings of fear and isolation. The patient's under consideration were all given information related to their cancer, 24 hour self-referral contact numbers and patient held records despite this some patients did not self refer appropriately. A small working group was established to consider how care needed to be delivered and the support that was available. The various components of the patient pathway were established through the knowledge and expertise of the staff, the patients experience and reflection upon critical incidents. Patients were provided with a copy of their pathway and encouraged to share it with their carers and family. Instructions were issued alongside the pathway in order to support their self referral to the service in a time of need. Initial findings and observations related to the utilisation of the patient pathway in practice are positive. Preliminary discussions have revealed an educative element to the tool related to the multidisciplinary teams understanding of the need for urgent care for the chemotherapy patient. Patients and their carers feel a greater sense of control over their disease. There is currently an audit of activity underway and plans for a patient satisfaction survey.

1694 POSTER

Do you know what you're asking your patient? Make a difference on the topic fatigue

D. Pallesen[1], D. Koktved[1], J.F. Kortsen[2]. [1]*Aalborg Sygehus South, Oncology Department, Aalborg, Denmark;* [2]*Aarhus Universitets Hospital, Oncology Ambulatorium, Aarhus, Denmark*

For the past three years the Danish group of cancer nurses with special interest in cancer-fatigue (SIG fatigue) have held three "train the trainer" courses. Each course was two days stay-over. The participants had expectations such as – "I lack tools to uncover the fatigue of the patient", "What do I do when the patient tells me that he/she is tired?", "We think, we know something of fatigue but it is too unstructured and we miss tools". This poster is intended as a tool for the nursing staff in the care-giving for the fatigued patient. The poster gives advice to explore the patient's experience of fatigue. On a busy day in the clinic the poster can provide a quick guidance on what the staff can do when the patient tells that he/she is tired. Thus the theory gets useful in practice and encourages the nurses to further explore the patient's experience of fatigue. The result is a more individualized care-giving where the patient experiences a feeling of being heard.
It is our hope that nurses will discover that assessing fatigue bears a lot of similarity with assessing pain in practice. This will hopefully make the assessment of fatigue far simpler. We believe that using the assessment will make a major difference for the 80–90% of patients who experience fatigue. Copies for hand-out will be available.

1695 POSTER

Oral care program for cancer patients

L. Grøthe[1], V. Strømsnes[1], L. Snekvik[3], T. Hansen[2], E. Haarberg Pedersen[3], R. Isaksen[3], J.Å. Lund[1], H. Abenstein[3], E. Jacobsen[1]. [1]*St. Olavs Hospital, Department of Oncology, Trondheim, Norway;* [2]*St. Olavs Hospital, Department of Ear, Nose and Throat, Trondheim, Norway;* [3]*St. Olavs Hospital, Department of Medicine, Trondheim, Norway;* [4]*St. Olavs Hospital, Children Clinic, Trondheim, Norway*

Oral complications are common among cancer patients, depending on the disease and/or treatment. Oral care must be thoroughly performed throughout the cancer treatment in order to maintain a positive life quality, including the ability to communicate as well as adequate nutritional status. Oral care is an important component of the patient's care, but this if often underdiagnosed by the physicians and not addressed by the nursing staff and therefore inadequately managed. It is recommended that the patient's needs is best met by intergrating dental and medical programs. St. Olavs Hospital, Department of Oncology, has developed a multidisciplinary oral care program based upon research and then adapted to the local setting. The program has been developed in coorperation with the Department of Ear, Nose and Throat, the Department of Medicine and the Childrens Clinic. The program describes the pretreatment and intervention followed by oral care provided during and after the cancer treatment. The aim is to contribute in order to prevent injuries later on in life and to give patients with advanced cancer and those in the terminal phase the best oral care and palliation possible.