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

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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

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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

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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

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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.