This teaching lecture will focus on the process of developing clinical guidelines in IV access including step-by-step instructions. Examples will be given of how to:

1. Develop clinical guidelines in IV access.
2. Produce short film cuts on management of venous access devices in order to illustrate the text in the step-by-step instructions.
3. Evaluate compliance with clinical guidelines in IV access.

Proffered papers (Wed, 26 Sep, 13.45−15.45)
Symptom and rehabilitation

8064 ORAL

Symptom care for cancer patients at home: using technology to improve outcomes

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Effective management of symptoms resulting from cancer treatment is challenging because symptoms manifest at different time periods, in varying severity and are experienced by patients at home away from immediate attention by cancer care providers. Oncology nurses give patients instructions and written materials about potential side effects but they are given during treatment when the patient is not experiencing problems and they are not tailored to the patient's individual experience. There is no effective symptom monitoring system once patients go home and when symptom control is inadequate patients must call the clinic to gain further assistance. Many patients are reluctant to bother their providers or experience delay in providers returning their calls. Therefore the development of a systematic method for monitoring symptoms at home, providing suggestions for self-care based on the individual's specific symptom pattern and automatically notifying care providers when symptoms are unrelieved would offer an important adjunct to traditional cancer symptom management. The purpose of this presentation is to describe the development and experience to date of such a program of care called Telephone Linked Care (TLC).

TLC is a telephone-based, automatic, information-technology-enabled symptom assessment and management system with integrated patient education that was developed by an oncology nursing research team. Patients call into the system from home and report symptom patterns for the previous 24 hours. Utilizing a digitized human voice, TLC responds with evidence-based, self care strategies or other instructions based on the specific symptom pattern. TLC for example, can look back over the previous week and notice a pattern of increasing fatigue or late onset nausea and then make specific recommendations for action. In addition, symptoms not responding to treatment can trigger an automated faxed or email alert to the patient's care provider notifying them of unrelieved symptoms including a report of the daily symptom patterns since receiving treatment.

To date TLC has been tested with over 150 patients receiving cancer chemotherapy and found to be reliable and readily acceptable to patients. If used correctly, technology can provide an important assist to oncology nurses so that care can be individualized and targeted to cancer patients when they need it, allowing nursing care to be extended beyond the normal reach of ambulatory services.

8065 ORAL

Survey of joint aches, pains and stiffness in women with primary breast cancer

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Background: As the detection and treatment of breast cancer is improving, more women are living with the long-term sequelae of breast cancer treatment. Joint aches, pains and stiffness are some of the most commonly described problems amongst these women, and the limited research evidence suggests these may be experienced by three quarters of women following primary breast cancer treatment (Carpenter and Andrykowski 1999). While these symptoms can be caused by ageing and/or the menopause (Franco et al 2005), there is some evidence to suggest that they are specific to or exacerbated by primary breast cancer treatment (Felson and Cummings 2005). Although they are reported as common problems, very little research has focused specifically on them and detailed information about their prevalence, causes and impact on women is not available.

Aims: To determine the prevalence of joint aches, pains and stiffness in women after treatment for primary breast cancer and to explore possible causes in this population, with particular emphasis on the role of different anti-cancer therapies.

Methods: This is a cross-sectional survey comparing 260 women who have completed treatment for primary breast cancer with an age-matched group of 260 women without breast cancer attending for mammographic screening. Measures used are the Nordic questionnaire for analysis of musculoskeletal pain [16], the Brief Pain Inventory [17] and the SF-36 general health questionnaire. A further short questionnaire collects information on conditions which could cause joint pain and stiffness, such as rheumatoid arthritis, fibromyalgia etc. and other factors which may have a bearing on these pains such as: menopausal status, lymphoedema and weight.

Results: The survey is in progress at the time of writing the abstract and results will be presented at the conference.

Conclusions: This research will for the first time provide robust evidence of the prevalence of joint aches, pains and stiffness in women after breast cancer treatment. It will establish whether they are a significant problem requiring further research and intervention. If so, hypotheses will be generated about the aetiology of these symptoms, which will provide a basis for the development of interventions for their management as well as informing further research. Future research will focus on uncovering the impact of these symptoms on women's lives, and identify and test potential interventions.

8066 ORAL

Development of an integrated psychosexual clinical assessment strategy for women receiving pelvic radiotherapy

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Background: Pelvic radiotherapy creates a number of physical effects and psychological responses that impact negatively on the sexual well-being of women and their partners. The aim of this study was to develop an assessment methodology to improve the clinical evaluation of sexual morbidity following radiotherapy in women with pelvic malignancy.

Methodology: This focused ethnography used participant observation of gynaecological and colorectal oncology follow-up clinics (50 gynaecological, 19 colorectal consultations) plus in-depth interviews with women (n = 24), partners (n = 5) and health professionals (n = 20) to explore the context and content of sexual morbidity assessment after treatment completion. Women with gynaecological (cervical, endometrial) and non-gynaecological (rectal, anal, bladder) cancer who had completed pelvic radiotherapy 3, 6, 12 and 24 months previously were included. Doctors, nurses and therapy radiographers were interviewed for professional perspectives on assessment.

This paper presents analysis (using SPSS v.14 and NVivo v.2) of observation and interview data.

Findings: Consultations focused on disease surveillance, specific aspects of toxicity monitoring and managing active symptoms. Psychosocial issues were raised in only 42% (n = 29) of consultations. Sexual concerns were not routinely assessed in gynaecological clinics (11/50) while in colorectal clinics sexual morbidity was predominantly assessed via standardised clinical trial toxicity monitoring (6/19).

Thematic analysis of patient and partner interviews revealed substantial unmet need in relation to the assessment and management of women and couple's sexual recovery. This included failure to manage radiotherapy induced menopause, inadequate knowledge of advice sources regarding sexual difficulties and distress caused by unresolved difficulties including loss of sexual desire, dyspareunia and reduced sexual satisfaction.

Health professionals felt inhibited discussing sexual concerns with older women and those with later stage disease and were unlikely to do so unless they had defined referral pathways.

Conclusions: The current model of medical follow-up may not be an appropriate clinical context for the optimal assessment and management of sexual concerns associated with pelvic radiotherapy. These findings are important for the development of supportive care services and the training of health professionals engaged in post-treatment toxicity assessment, patient information and support.

8067 ORAL

Sleep-wake disturbances: preliminary results from a study among cancer patients during active-phase chemotherapy

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Background: Sleep-wake disturbances have been recently recognized as a first priority symptom for nursing assessment and intervention in oncology patients. Although they may have an impact on functioning, mood, symptom