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# OUTPATIENT CONTINUOUS INFUSION OF CHEMOTHERAPY; AN ALTERNATIVE TREATMENT MODALITY

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A continuous infusion (C.I.) program with 5-Fluorouracil or FUDR (floxuridine) was initiated for patients (pts) with progressive disseminated gastrointestinal cancer and renal cell cancer. Both drugs were given as a C.I. for 14 days every month using a subcutaneous infusion chamber and a portable infusion pump. Treatment was started at the outpatient department 10-14 days after implantation. Pts and relatives received written information and instructions from an oncology nurse how to handle in case of pump failure. They also received information about the expected toxicity of the treatment. A 24 hours service was set up in case of medical and technical problems. Until now 93 pts were treated. A total of 567 chemotherapy cycles were given with a total of 7434 infusion days (95.3% of the planned days). Complications encountered during therapy were dislocation of the needle (26x, 4.7%) and subcutaneous leaking of the drug (7x, 1.3%). Minor technical problems with the portable infusion pump occurred 8 times (1.4%). The toxicity with C.I. is somewhat higher. Toxicities observed were mucositis, diarrhoea and hand-foot syndrome. Conclusion: Continuous infusion on an out-patient basis is accepted very well by the pts. Technical problems were minimal. The value of continuous infusion therapy especially regarding the quality of life of the pts, has however yet to be determined when compared to the more conventional treatment schedules.

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## IMPROVING THE TEACHING AND LEARNING PROCESS

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### INTRODUCTION

Nurses giving care to patients with neoplastic disease should also provide information useful to enhance the capacity of patients to cope with undesirable side effects and to ensure treatment compliance. Since increasingly complex combination chemotherapy regimens are given on an ambulatory (Day Care Unit and home) basis, patients may have difficulties in following the physician's prescriptions. For all these reasons, we decided to implement some written information to reinforce the one-to-one teaching.

### OBJECTIVES

The aim of these informative forms is to help patients to understand how to take complex treatments at home and ensure they do it correctly.

### MATERIAL AND METHOD

A set of individualized drawing formats, containing daily planned information of the medications to be taken, was prepared. The design incorporates visuals of the names as well as pharmaceutical containers of the medications corresponding to the patient's treatment. In addition, a brief explanation about how the medication acts, precautions to be taken, and adverse side effects is included. Nurses from the Day Care Unit provide these information sheets to the patient or the patient's caregiver. Patients are asked to bring the information form with them at each treatment session. Reviewing the information allows the nurse evaluate the patient's compliance and reinforce the teaching if necessary.

### COMMENTS

These informative forms have shown to be a helpful tool as per the way they are accepted and followed by patients.

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## NEW PERSPECTIVE: HOME TREATMENT OF KÄHLER PATIENTS.

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Until recently patients (pts) suffering from Kähler's Disease were admitted to hospital for four or five days, in order to get the continual four-day infusion of vincristine and adriamycin, the so-called VAD-scheme. For a short time now we have been able to give this treatment on an outpatient base by means of an infusion-pump. The infusion-pump, the Pharmacia Deltec CADD-1 pump, consists of two parts: the mechanical part and the cassette. The weight is approximately 500 gr and is carried around the waist. The mechanical part is computer-controlled with opportunities for alarming and blocking. The pts can check everything on the display. It is important that pts have a Port-A-Cath, which is a synthetic catheter with a silicon membrane. The catheter is placed in a large blood vessel in the chest cavity, the reservoir is beneath the skin. Pts and their partners are instructed by the nursing staff with regard to the use of the infusion pump, the function keys and the alarm functions. Special attention for: checking once or twice a day whether the pump is still running, and for checking the insertion aperture for redness, swelling, fluid, pain or fever. In case of doubt pts should contact the nurse. Beside oral information pts were also given written information. If the pump is connected, the nurse will adjust the pump to the correct rate, the doctor will prick in the Port-A-Cath, after which the infusion pump will be connected. The pump is put into the little bag that has been supplied along with the pump, and both are carried around the waist. After four days pts returns at the outpatients' department to disconnect. The use of the infusion pump offers new perspectives in the treatment of patients suffering from Kähler's Disease, such as: freedom of movement, the ability to continue one's daily activities and lower costs.

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## WELCOME IN THE "BOX".....

**BEFORE - DURING AND AFTER AN ALLOGEN BONE MARROW TRANSPLANTATION.** *Bente Esbensen and Elisabeth Krause*, nurses in departments of hematology L - 4043, Rigshospitalet, Copenhagen, Denmark.

Through slights we will show the different facets in the treatment of leukaemia patients who receive a new foreign bonemarrow through transplantation (BMT). The way we receive the patients and the relatives in the unit before BMT. The information they get about BMT (the lapse and complications) - and the nurses job in that connection. The period of isolation in a "box" in weeks, the challenge to communicate with an isolated patient. Is it possible to take care of the isolated cancer-patient when all areas of nursing are included (ethics, technology, hematology, paediatrics, infections, relatives, hope, fear...) - caring for the patient where the treatment never stop, but 50% of them die....! When the isolation is cancelled - how to help children, young people grown up to start life again - IN FREEDOM - but with complications after BMT and with the fear of relapse... Focus on the fact that the nurses often fell isolated together with the isolated patient. How to care for her..

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## CRITICAL CARE UNIT NURSES' APPROACH TO ORTHOTOPIC LIVER TRANSPLANTED ONCOLOGIC PATIENTS.

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From 1990 32 orthotopic liver transplants were performed on 29 patients. All were admitted to the Critical Care Unit at the end of surgery.

The management of the immediate post-operative period and the immunosuppressive therapy compelled the nurses to follow precise and rigid care protocols, concerning:

- Organization of the Critical Care room and bed
- Admission of the patient from the theatre
- Mechanical ventilation
- Multiparametric control (Swan-Ganz catheter, SvO<sub>2</sub>, EtCO<sub>2</sub>, etc.)
- Drugs administration
- Hygiene (patient, room and staff)
- Dismission to the surgical ward.

These protocols permitted a real implementation of cures and confidence of the nurses to liver transplanted patients.

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## QUALITY ASSURANCE IN CANCER CARE

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The concept of 'quality' will be examined in this paper; the difficulties in making such a subjective concept objective, and within that quest for objectivity the problems of producing quantitative and qualitative quality data that are understandable and meaningful for those who receive and provide cancer care. 'Quality' in cancer care is an emotive issue where only the best is good enough. Achieving this level of care however, has a significant cost implication and it is vital, therefore, to ensure that the care received and provided is cost effective and offers value for money. Obtaining measurements as to the quality of care, both quantitative and qualitative, are critical in the assessment of such 'value'. Evidence from patient satisfaction surveys performed at The Royal Marsden Hospital in the United Kingdom and from exercises undertaken with staff suggest that their perception of 'quality' and 'value' are congruent. When compared with a national data set however, cancer patients' perceptions of 'good care' are difficult to those patients attending hospital for acute conditions. Key quality issues for the patient and their family would appear to be the relationships they establish with health care professionals; the provision of, and access to, information and support; the provision of care that offers privacy and dignity; and time - which is a valuable commodity for the cancer patient and their family. Key quality issues for health care professionals appear to be firstly, ensuring that the patient and their family have access to expertise and skills; and secondly, their responsibility in providing information to ensure continuity and consistently both within the health care organisation and on discharge of the patient to those responsible for their care and treatment in the community. The paper will explore these key quality issues for the patient and for the health care professionals responsible for their care, looking at suitable methodologies to employ and the problems of such data gathering.