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NURSING CARE FOR ACUTE MYELOID LEUKEMIA PATIENTS WHO SUFFER FROM EMESIS CAUSED BY CHEMOTHERAPY

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During a preceding study of 12 months a measurement is developed based on nursing diagnosis (NANDA). A four step study is designed to select nursing diagnosis which are significant for this group of patients by using three techniques resp. Delphi-round, (17 nursing scientists of the Netherlands, 9 nurses of hematology, oncology departments in the Netherlands) Depth-interviews (40 nurses of a hematology department) and contentanalysis (of 15 nursing dossiers). In the first step the categorysystem of M. Gordon is translated containing 110 nursing diagnoses. In the second and third step 2 rounds of Delphi-technique and depth interviews were done to select nursing diagnosis and to have consensus about the formulation. In step four finally 22 nursing diagnosis significant for patients who suffer from nausea and vomiting were selected. Results: Health management Deficit (Specific), Health Management Deficit (Total), Noncompliance, Alteration in Nutrition, Impaired Swallowing, Alteration in Oral Mucous Membrane, Potential Fluid Volume Deficit, Fluid Volume Deficit, Potential Activity Intolerance, Total Selfcare Deficit, Self-Bathing Hygiene Deficit, Self-Dressing Deficit, Self-Toileting Deficit, Diversional Activity Deficit, Fatigue, Sleep-pattern Disturbance, Anxiety, Anticipatory Anxiety, Hopelessness, Powerlessness, Ineffective Coping, Nausea and Vomiting by Chemotherapy. After selection of the diagnosis the interventions were selected. The nursing diagnosis and interventions will be subject in a pilotstudy which will be in April and May 1993. In June 1993 we will start with a nursing study in combination with a medical trial to measure nursing care for patients with nausea and vomiting. In this study the population will contain 80 patients. The study will take 2 years.

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THE NEED FOR AND ORGANISATION OF THE MARIE CURIE COMMUNITY NURSING SERVICE

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A history and descriptive study of the Marie Curie Community Nursing Service.

A survey carried out in 1952 showed the need for a domiciliary nursing service particularly at night for patients with cancer. A further study in 1989 concluded that the Marie Curie Community Nursing Service makes a valuable contribution to the home care of people with cancer, providing a unique partnership between a charitable organisation and statutory services and identified many educational needs for the nurses together with the necessity for some organisational changes. In response to this study in-service training opportunities have been developed and a scheme has been established in London to facilitate the utilisation of the nurses and improve the service.

In 1991/92, 817,010 nursing hours were provided to 17,687 patients by over 5,000 nurses throughout the United Kingdom and the service continues to expand.

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MULTIMEDIA AND COMPUTER TRAINING IN ONCOLOGICAL NURSING: EXPERIENCES AND PERSPECTIVES. A. Cernuschi¹, F. De Conno¹, R. Ferrario¹, G. Faravelli², P. Ghislandi², L. Matturri²

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Oncological nursing today needs constant updating in knowledge. Taking in consideration the relationship between innovation and organization, training is the most important way to face the evolving needs globally. Multimedia, that is the combined use of more elementary means of communication to transmit a message (written texts, images, sound), represents today a useful teaching instrument. The aim is to make teaching more flexible and efficient, and in order to achieve this, multimedia has to be integrated with the possibilities offered by telecommunications. We will present the multimedia experiences of the National Cancer Institute of Milan and Milan University and their relevant use in oncological nursing training, in particular in terminal patient palliative care. A general course of computer and multimedia training is necessary for the nursing personnel to improve the use of computer devices and multimedia communication. For this reason, computer and multimedia training should be included in oncological nursing permanently to adjust to the future standard of computerized health care.

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NEW QUALITIES IN CANCER NURSING

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FOLLOWING THE INSTRUCTIONS OF THE WORLD HEALTH ORGANIZATION, INSTITUTE OF ONCOLOGY AND RADIOLOGY IN BELGRADE INTRODUCED IMPROVED CANCER NURSING IN CONCORDANCE WITH THE GUIDING PRINCIPLE: HEALTH FOR ALL BY THE YEAR 2000. THE IMPROVED, NEW METHOD OF HEALTH CARE IN ONCOLOGY IS DIRECTED TO ALL THE PROBLEMS CONCERNING CONTINUOUS HEALTH CARE FOR OUR PATIENTS AND THEIR FAMILIES TOO.

THE GOAL OF OUR WORK IS:

- TO CONFIRM OR DENY NEED FOR A CONTINUOUS HEALTH CARE FOR CANCER PATIENTS
- TO DEMONSTRATE AND PROVE BETTER QUALITIES IN CANCER NURSING WITH PATIENTS BEING UNDER SUCH A TREATMENT IN RELATION TO THOSE PATIENTS WHO COULD NOT ACHIEVE CONTINUITY IN THEIR TREATMENT.

OUR INVESTIGATION INCLUDES 100 PATIENTS. THE RESULTS SHOW THAT THE PATIENTS WITH CONTINUOUS CANCER TREATMENT AND NURSING WERE MORE PROPERLY INFORMED ABOUT THEIR DISEASE, TREATMENT, NUTRITION NEEDS AND HEALTH CARE IN THEIR HOME CONDITIONS, THAN THE PATIENTS WHO HAD NO CONTINUOUS HEALTH CARE.

CANCER NURSING ORGANIZED IN SUCH WAY AT OUR INSTITUTE CONTRIBUTED THAT WE:

- HAVE RECURRENT INFORMATION ABOUT THE PATIENT
- KNOW MUCH MORE ABOUT THE PATIENT AT ANOTHER ADMISSION-HOSPITALISATION
- CAN PROVIDE ADEQUATE RESEARCH IN THE FIELD OF CANCER NURSING.

KEY WORDS: CANCER NURSING, CONTINUOUS HEALTH CARE, RESEARCH.

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RADIOTHERAPY TO THE HEAD AND NECK: EVALUATION OF A NURSING STANDARD

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We have previously described a standard of nursing care for patients undergoing radiotherapy to the head and neck. One aim was that treatment-related problems should be identified early and prompt nursing action taken. By September 1993, 40 patients will have been assessed using a tool developed to aid implementation of the standard. An analysis of the first 20 illustrates the pattern and severity of side-effects and demonstrates an increase in nurses' awareness of the patients experience of radiotherapy. The assessment tool has enabled comprehensive documentation of significant problems including mucositis, pain, skin reactions, weight loss and difficulty eating. Nursing interventions relieved discomfort and the deterioration in symptoms was often reversed. Patients had difficulty with the linear analogue scales, but their reaction to regular assessment, advice and intervention was positive. A separate audit of the standard demonstrated greater awareness and sensitivity to patients' distress. The tool has proved a valuable resource for in-service education, as well as directly benefiting patient care.

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VALIDITY AND RELIABILITY OF AN ORAL ASSESSMENT INSTRUMENT.

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The present study outlines the development of an instrument to assess the oral condition of patients treated with antineoplastic drugs. The assessment of content validity consisted of 1. the development of the instrument by the researcher and 2. the determination of the validity by 5 experts. The content was based on a review of the literature. The oral assessment instrument (OAI) consisted of 12 categories namely: pain, bleeding, salivary flow, lips, upperside and downside of the tongue, floor of the mouth, buccal mucosa, palate, gingivae, teeth and dental plaque. Per category 3 discriminating criteria were developed. Interrater reliability was determined by groups of 4 nurses who independently assessed the oral condition of a patient. 36 oral cavities were assessed. An additional 14 oral cavities were inspected by 2 nurses and 2 experts. Interrater reliability was assessed by computing overall agreement per category. The convenience sample consisted of 19 patients and 90, non specifically trained, nurses. The results showed that the OAI was valid (Content Validity Index = 0.831). The interrater reliability was moderate. The overall agreement between the nurses was 63%. The agreement between the nurses and the experts was 52% and the agreement between the 2 experts separately was 68%. These results suggest that observation of the oral cavity is very difficult. It appears to be justified to exclude the teeth as a category as it does not give information about the condition of the mucous membranes. Other problems identified were assessment of the gingivae and dental plaque. When these changes have been made, the OAI will be retested for validity and reliability.