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INTERVENTION PROGRAM FOR PATIENTS WITH HEMATOLOGIC MALIGNANCIES RECEIVING CHEMOTHERAPY
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Patients undergoing chemotherapy treatment for cancer, usually suffer from various agonizing side effects. The purpose of this study was to investigate the effect of nursing intervention aimed at decreasing the severity of the side effects, increasing the patient's ability to cope, and attempt to ease his general well-being. Lazarus' theory of coping and Orem's theory in self-care served as the conceptual frame. The experimental group was composed of 20 patients with Hodgkin's and non-Hodgkin's Lymphoma, and a control group of 20 patients with the same diagnosis. The intervention consisted of continuing patient guidance and education, provision of emotional support and written materials. Data was gathered by a questionnaire on symptoms control, daily functioning and well-being. It was administered during therapy and at the following three, six, and nine month periods. Co-variance was used in analysis. The major results showed that the experimental group, as compared to the control group, experienced a lower severity of the symptoms, coped better with symptoms, manage daily activities more adequately and had a more satisfactory sense of well-being.

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PREVENTIVE NURSING CARE OF THE ORAL CAVITY MAY REDUCE STOMATITIS IN METHOTREXATE-BASED CHEMOTHERAPY

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The aim of our investigation was to establish whether a preventive nursing care of the oral mucosa, combined with an appropriate supportive therapy, can reduce both frequency and severity of stomatitis and related complications in patients on chemotherapy. Our study was carried out in a group of 30 patients treated with Methotrexate and Oncovine. The nursing care plan comprised rinsing of the oral cavity, adequate hydration, good psychological preparation for treatment, and regular monitoring of oral condition. The preventive nursing care proved successful in all except two patients with poor oral condition. The results have shown that the preventive nursing care, together with a good oral/dental care and hygiene can contribute to a significant decrease in the incidence of treatment-related stomatitis and ulcerations.

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AMBULATORY INFUSIONAL CANCER CHEMOTHERAPY (ICC): PRINCIPLES FOR NURSING MANAGEMENT AT THE CANCER CENTER OF BOSTON (TCC BOSTON).

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ICC is becoming established as a common therapy using a spectrum of antineoplastic drugs for many tumor categories. Three critical elements for this practical mode of delivery in an ambulatory setting include drug stability and compatibility; portable infusion pumps; and indwelling venous access devices. Nursing guidelines for management of these elements of ICC have been developed at TCC Boston. Drug stability/compatibility studies (JIC 3: 32, 1993) have been conducted for drugs in all five anti-neoplastic drug classes and phase I studies are completed for single agent and multidrug admixtures. A new strategy for alternating multidrug admixtures enable administration of continuous dose-intensive chemotherapy. Ambulatory infusion pumps are programmable for use with various volumes, rates, and delivery patterns affording flexibility in treatment programs. Venous access device experience in >1000 patients, primarily with implantable ports, identified three important categories and VAD complications: venous thrombosis (10-15%); drug extravasation (<.5%); and catheter migration/embolus (<.5%). Prevention, detection, and management of these and other catheter complications will be discussed. The critical role of the oncology nurse in ICC and clinical trials will be presented.

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PATIENT PERCEPTION OF THE SIDE EFFECTS OF CHEMOTHERAPY: THE INFLUENCE OF THE INTRODUCTION OF 5HT3 ANTAGONISTS.

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In 1982 Coates conducted a survey in Australia on the patient perception of side effects of chemotherapy (Eur. J. Cancer Clin. Oncol. 19 (2): 203-208, 1983). Nausea (N) and vomiting (V) were identified as the most distressing symptoms of chemotherapy. In 1986 the 5HT3 antagonists entered clinical trials and today Ondansetron, Tropisetron and Granisetron are registered and commonly used to treat chemotherapy induced N and V. We presently perform a similar survey to obtain insight in the effect of these new drugs on the patient perception of the side effects of chemotherapy.

Side effects are divided in physical (group A) and non physical (group B), and are listed group by group in a questionnaire. After giving informed consent for participation, patients are asked by an interviewer to select from each group side effects they attributed to their chemotherapy. They were then asked to rank the selected side effects by relative severity from most severe to least severe. From the groups with the top 5 ranked side effects the patient is then asked to select and rank the 5 most severe symptoms regardless of group. The results will be related to the patient characteristics age, sex, marital and domestic status, diagnosis, response and type of treatment. Only patients who have received 5HT3 antagonists for the treatment of N and V are included.

At present this study is ongoing and 78 questionnaires are returned. We planned to include at least 100 patients. Overall results as well as the analyses according to age, sex, diagnoses, treatment and patient' opinions of their progress and marital and domestic status will be presented.

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A RESEARCH PROJECT BASED ON EXPERIENCES OF HOME NURSES USING A PAIN ASSESSMENT CHART

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The Comprehensive Cancer Center IKO organised on behalf of a home nursing organization a three day oncology course for home nurses. One of the subjects was pain and painmanagement. In one part of the course all aspects of pain were presented: physical, nursing, psychosocial and spiritual. Another part dealt with the use of pain management tools by home nurses. The pain assessment chart was introduced and explained.

The use of and experience with the chart were evaluated in a research project. This to detect effects of the course and the chart on pain management in home nursing. The evaluation was based on personal interviews with home nurses who followed the course. The leading questions in the interviews were:

- under which conditions the chart was used by the nurses
 - did the use of the chart lead to better nursing pain-management
 - which factors influenced the use of the chart.
- In the presentation an overview will be given of:
- the conclusions of the research project
 - the recommendations for courses in the future.

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THE AVAILABILITY OF LYMPHOEDEMA TREATMENT

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Interviews with patients having treatment for limb lymphoedema in a specialist oncology centre reveal difficulties in accessing treatment. Limb oedema is a late onset side effect of cancer therapies which damage the lymphatic system. The swelling causes anxiety in patients who associate its appearance, often incorrectly, with a re-activation of their disease. The oedematous limb is uncomfortable and sometimes painful with loss of function and immobility, the disfigurement has social consequences and skin changes are a potential source of infection.

Kissen (1985) stated that some arm oedema could be demonstrated in 25% of breast cancer patients, however the overall size of this problem is unknown.

A survey of the services available at Marie Curie Centres and their uptake by patients has revealed a considerable demand for treatment amongst terminally ill patients. Further research is needed to evaluate the benefits of this service and the wider demands for treatment.

Kissen, M W (1985) Proceedings of the British Lymphology Interest Group, Oxford.