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POSTER

PSYCHOLOGICAL SUPPORT TO WOMEN PATIENTS WITH BREAST CANCER BEING TREATED WITH ADJUVANT THERAPY BY FAC PROTOCOL WITH APPLICATION OF ANTIEMETIC THERAPY BY SINGLE DOSE OF ONDANSETRON

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On the basis of research carried out, emetogenicity, besides alopecia, is the most unpleasant undesirable influence of chemotherapy for women patients. Emetogenicity of chemotherapy is sometimes sufficient reason for a patient to give up treatment, taking into consideration the known fact of unavoidable presence of common state deterioration. Psychological stability of patients treated with adjuvant chemotherapy has special importance, for, at the moment of treatment, they do not have clinical signs of disease, and in fact they suffer most from toxicity of antineoplastic drugs.

Aim of Research

Is to evaluate importance and efficiency of prompt and universal information on emetogenous influence of antineoplastic drugs, as well as influence of nausea and vomiting of psychophysical state of women patients treated with adjuvant chemotherapy by FAC protocol with application of single Ondansetron dose. The most common diagnoses in health care we could make on the basis of collected data, objective state and subjective observation were:

1. Lack of knowledge concerning forthcoming treatment,
2. Anxiety—psychological disturbance,
3. Fear—feeling of imperilness and
4. Inability of adaptation to present state of health.

Evaluating nurses' diagnoses i.e. replies of women patients to given psychological support, we conclude that successful cooperation was realized concerning acceptance and endurance of women patients in therapy treatment.

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HOSPICE LOVISENBERG IS A DAY-CARE CENTER IN OSLO, CAPITAL OF NORWAY, ESTABLISHED AS AN OFFER TO PEOPLE WITH TERMINAL CANCER AND OTHER SERIOUS AILMENTS

S. Jørgensen

Hospice Lovisenberg is situated in an old beautiful estate in which we are able to pay attention to details which emphasize esthetics. The design is an integral part of our ideas and thoughts on ways of treatment.

Our goal is to provide a sound and comforting environment for patients and next of kin by:

- * providing palliative care in all senses of the word
- * offering assistance to people in crisis and in mourning
- * the opportunity of discussing spiritual and existential issues with able persons
- * giving social and cultural programme
- * giving practical information and offering sessions with patients and relatives, both individually and in groups
- * traditional practical arrangements such as assistance of social workers, physiotherapy, nutrition experts, a daily lunch, musical therapy
- * offering advice and counselling concerning personal aids and changes in living arrangements.

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RESULTS OF HEALTH CARE REALIZED AFTER ONE YEAR BY FOLLOWING WOMEN PATIENTS WITH BREAST CANCER TREATED WITH INTERARTERIAL CHEMOTHERAPY

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 Interarterial chemotherapy as a method of treatment of breast cancer has been applied at Institute for Oncology and Radiology since 1968.

Essence of application of interarterial chemotherapy is to enable maximal contact between cytostatics and tumors through magistral arterial vessel and its branches. In this way efficiency i.e. cytotoxicity of drug on malignant cell is increased, and total dose in drug application, as well as its toxic influence on healthy structures, is decreased.

The most common nurses' diagnoses after one year of following women patients with which this method was applied in health care were:

1. Lack of knowledge about this method of treatment,
2. Fear of forthcoming surgical intervention and
3. Changed comfort as consequence of presence of catheter.

Analyzing results of applied nurses' diagnosis in health care we may conclude that good cooperation was maintained which resulted in better understanding and easier acceptance of this method of treatment.

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THE MAPPING OF THE RISKS INHERENT IN ONCOLOGICAL NURSING: THE EXPERIENCE OF THE NATIONAL CANCER INSTITUTE OF MILAN (NCI)

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The making of a map of risks by the NCI of Milan follows our presentation at ECCO 7 on the emergency project of the risks inherent in oncological reality. Considering the particular structure of a cancer center, the causes of specific risks such as the large quantity of radioactive substances used in diagnosis and therapy and the utilization of aromatic solvents and inflammable products, the Emergency Team of the NCI-Milan produced a map of the risks for each specific area. By map of risks we mean the identification on planimetry and transposition on Computer Aided Design (CAD) of the areas of specific risk with a respective calculation of the possibility of fire and with specific indications of the major causes which can start a fire. The map of risks of the Division of Medical Oncology A, which has an average number of 4 nurses per shift in the span of 24 hours, was presented. The objectives of the Emergency Team will be to extend the theoretical concepts to the highest possible number of personnel in the sector, thus pointing out practical and logical tips in case of fire, as well as to produce and distribute didactic models in hospitals and professional nursing schools.

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THE IMPLEMENTATION OF A HOME CHEMOTHERAPY SERVICE—A COLLABORATIVE PROJECT BETWEEN HOSPITAL AND COMMUNITY

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The home chemotherapy service was initiated as the result of a joint project between Wandsworth Health Authority and the hospital based Oncology team. The aim of the project is to improve the quality of life for cancer patients by: (i) reducing time spent at the hospital, thus avoiding travelling and parking difficulties and preventing long waiting times in outpatients and pharmacy, (ii) improving the quality of patient care through collaborative working with the primary health care teams (PHCT).

The project is co-ordinated by the oncology specialist nurse. The post holder is based primarily at the hospital with the multidisciplinary oncology team whilst maintaining close links with the PHCT. Components of the role at home include assessment, pre-treatment blood counts, cannulation, bolus or infusional chemotherapy and platelet transfusions. Community link nurses are being established and education sessions related to cancer topics are provided in the health centres.

Detailed verbal explanations regarding disease and treatment are given which are reinforced using an individualised patient guide which includes details of the 24 hr on call telephone service. The General Practitioner is contacted prior to visiting the patient at home.

Safety issues addressed include safe transport, handling and disposal of cytotoxic waste together with the management of extravasation and possible anaphylaxis.

This collaborative working practice is a model demonstrating a seamless service for people with cancer and their families providing optimum access to expert care. The project is being audited by patients and the PHCT in order to assess the service and to make recommendations for the future.

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POSTER

THE MANAGEMENT OF ANTIEMETIC THERAPY: MEDICAL AND NURSE TEAM WORK

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Nausea and vomiting are considered by patients chemotherapeutic side effects so disabling to inspire the refusal of treatment. In our ambulatory