

we use standard patterns of antiemetic therapy related to the emetogenic effects of chemotherapeutic protocols. That ensures the management of protocols by paramedical staff which, helped by a more careful rating of quality of life with psychological tests as SCI and FLIC, uses the antiemetics in a good way. From September 1992 to February 1994 we evaluated the episodes of nausea and vomiting in three groups of patients. GROUP A: 5FU and Folinic Acid treatment; antiemetic Metoclopramide or Alizapride. GROUP B: CMF treatment, randomization between Anti-H3 and Metoclopramide. GROUP C: Cisplatin treatment; antiemetic: Anti-H3. *Results.* GROUP A: In a total of 78 cycles of chemotherapy we observed 50% events of nausea grade 1-2 WHO and 10% events of vomit which didn't last more than 48 hours. GROUP B: In a total of 78 cycles we observed 78% episodes of nausea grade 2-3 WHO in the subgroup Anti-H3 and 92% episodes of nausea grade 2-3 WHO, with vomiting not lasting more than 48 hours, in the subgroup Metoclopramide. GROUP C: In a total of 60 cycles we observed 60% episodes of nausea grade 3-4 WHO with 47% episodes of vomiting lasting more than 72 hours. *Conclusions:* our results underline a control of emesis slightly lower than literature data with utilization of Anti-H3. The antiemetic management employed by this nurse-team makes the support therapy easier.

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POSTER

PATIENT CENTRED CARE: A MATTER OF CONGRUENCE

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The AMC is a university hospital with 1050 beds (26,000 admissions/yr). Annually about 1100 patients are admitted to the gynaecology ward; about 60% of them have carcinoma and are treated by surgery, radiotherapy, hormonal therapy or/and chemotherapy. In 1982, Integrating Nursing Care was implemented in our ward. This model of patient centred care, developed by M. Grypdonck is based on phenomenological theories.

Characteristics are: (a) patient allocation, one nurse coordinates the care of about 4 patients from admission up to discharge; (b) problem solving process; by means of the nursing diagnosis the nurses account for their care in an individualised file. Standard nursing diagnoses, developed in the AMC, are used as reference. Apart from the advantages for the patients integrating nursing care has consequences for the role and the responsibility of the (student) nurses, the nursing staff, the medical specialists and the other disciplines involved. The model offers the possibility to create congruence in the patient-nurse relationship, and it gives nursing an autonomous identity within the hospital. The patient-allocation demands a more personal approach, the nurse cannot disregard psychosocial topics like sexuality, (anxiety of) dying, progress of the cancer. Integrating nursing implicates a change of attitude for the nurse, often the nurse starts the discussion on these topics. In this way a continued learning process is realised.

Advantages of integrating nursing for patient and nurse are:

- (1) The patient is involved in the nursing process and gains a clear insight into the treatment; and
- (2) The patient has more opportunity to actively participate in the nursing process.
- (3) The model gives us as nurses a more autonomous position in the hospital; and
- (4) The nurses are more satisfied with their work and are therefore more motivated.

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POSTER

USE OF VASOCAN VERSUS BUTTERFLY NEEDLES DURING CHEMOTHERAPY (CT)

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Drug extravasation (extr) is a heavy and invalidant complication of antitublastic CT, with a reported rate ranging from 0.1% to 6%. In our Day Hospital, from 1/92 to present, we decided to use vasocan needles (22 G) to reduce the risk of extr. These needles are less traumatic for venous wall, particularly delicate in these patients. There wasn't any extr on 11300 venous injections. Vasocan needles are more expensive than butterfly needles, but they can be used for several days and above all there aren't any additional costs for extr damages. We think that the use

of vasocan needles is recommendable in all cases of difficulty of venous access.

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POSTER

INCIDENCE AND SEVERITY OF ORAL COMPLICATIONS IN PATIENTS RECEIVING PERIPHERAL BLOOD STEM CELL TRANSPLANTATION

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Autologous and allogenic bone marrow transplantation has allowed the administration of higher doses of chemotherapy and radiation (Carl *et al.* 1985). These patients are at risk of developing life threatening oral complications which are multifactorial in origin. Rating the degree of oral complications provides the care team with valuable information. Research has been done on patients receiving bone marrow transplants to identify the frequency and severity of oral complications (Eilers *et al.* 1988, Weisdorf *et al.* 1989).

The use of peripheral blood stem cell transplantation in the place of autologous bone marrow is finding increased application. This approach offers a shortened nadir which will effect the incidence and severity of oral complications.

Using the Oral Assessment Guide developed by Eilers *et al.* (1988) this paper will report the onset, peak, severity and incidence of oral complications of patients receiving peripheral blood stem cell transplantation.

Carl W., Higby D. Oral manifestations of bone marrow transplantation, *Am J. Clin. Oncol.*, 1985, 8:81-87 Eilers J., Berger A., Peterson M. Development, testing, application of the oral assessment guide, *Oncol. Nurs. Forum*, 1988, 15:325-330.

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POSTER

IMPLEMENTATION OF A NEW NURSING DOCUMENTATION PACKAGE IN AN ONCOLOGY DAY UNIT

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A new nursing documentation package has been developed and implemented within an oncology day unit.

The aims of the initiative are to:—(1) provide a concise and time saving tool which would facilitate effective implementation of the nursing process, (2) to enhance the quality of care for patients, (3) facilitate collaborative treatment planning along with medical colleagues and other members of the multidisciplinary team, (4) help prevent/minimize potential problems associated with cancer treatment, (5) encourage prompt and appropriate management.

The documentation is used by nurses caring for patients receiving cancer treatments in the inpatient, outpatient and community setting, enabling provision for optimum continuity of care. A named nurse is identified for patient charter requirements allowing development of therapeutic relationships.

The package consists of documents for the ongoing assessment, planning, implementation and evaluation of nursing care. These include a pre-treatment patient self-assessment form, flowsheets for documentation of chemotherapy treatment and administration, a record for information and teaching given to patients and relevant family members and referral to other services or health care professionals.

This dynamic tool will hopefully ensure a high standard of nursing intervention and maximise quality of life for patients. An audit will be undertaken in the future to evaluate effectiveness and highlight any areas requiring improvement or modification.

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POSTER

FATIGUE IN PATIENTS UNDERGOING CHEMOTHERAPY: A NURSING INTERVENTION APPROACH

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A patient (pt) with cancer experiences many potential causes of fatigue. Pts who are undergoing chemotherapy (CT) have identified fatigue as a frequent and significant treatment side effect. There is a lack of empirical knowledge based on systematical approach to understand this phenomenon. The objectives of this study were: To design a questionnaire for fatigue assessment, to determine the extent of problems associated with fatigue and to develop a nursing intervention strategy to modify fatigue. Data will be collected from about thirty ambulatory pts who