we use standard patterns of antiemetic therapy relationed to the emetogenic effects of chemotherapic 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.

1326 POSTER

PATIENT CENTRED CARE: A MATTER OF CONGRUENCE

H. Peltenburg, A. Elzinga
Gynaecology Ward H5 South, Academic Medical Center (AMC) Meibergdreef 9, University of Amsterdam, PO Box 22700, 1100 DE Amsterdam, The Netherlands

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.

1327 POSTER

USE OF VASOCAN VERSUS BUTTERFLY NEEDLES DURING CHEMOTHERAPY (CT)

L. Peluffo, M. Robaldo, M. Guglielmetti, A. Montanari, A. Rutigliani, F. Brema
Med. Oncology, S. Paolo Hospital, Savona, Italy

Drug extravasation (extr) is a heavy and invalidant complication of antiblastic 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.

1328 POSTER

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

H.J. Porter
Royal Marsden NHS Trust, Surrey and London, U.K.

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, 8:81–87Eilers J., Berger A., Peterson M. Development, testing, application of the oral assessment guide, *Oncol. Nurs. Forum*, 1988, 15:325–330.

1329 POSTER

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

G. Senior-Smith
St George's Healthcare NHS Trust, London, U.K.

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.

1330 POSTER

FATIGUE IN PATIENTS UNDERGOING CHEMOTHERAPY: A NURSING INTERVENTION APPROACH

N. Smadar[1], H. Reches[2]
[1]Hematologic Clinic, Sapir Medical Center, Kfar-Saba 44281;
[2]Department of Oncology-Hematology, Shiba Medical Center, Israel

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

are undergoing CT for hematological malignancies. Initial results show a difference in pts' report about periods of fatigue occurrence and the reasons for their fatigue. The pts' experience will be the basis to identify specific effective interventions in order to improve quality of life for pts undergoing CT.

1331 POSTER

BENEFITS OF EARLY MOBILIZATION AND OF DINNER ON THE DAY OF SURGERY IN PATIENTS THAT UNDERWENT QUADRANTECTOMY AND MASTECTOMY

F. Spagnolo, A. Metica, G. Sasso, L. Giordano, S. Bianchi
Istituto Nazionale dei Tumori, via Venezian 120100 Milano, Italy

The study considers 171 patients that have undergone an operation for breast cancer at the Istituto Nazionale dei Tumori from May 1994 to March 1995. Benefits regarding early mobilization and dinner on the day of surgery have been evaluated. Mean age is 50 (from 20 years old to 80): 107 patients have undergone quadrantectomy and lymphoadenectomy, 64 Patey mastectomy. Of the patients that had conservative surgery 48 got out of bed after.

Early mobilization (getting up on the day of surgery) reduced the need of pain medication by 20%. This happened in both groups of patients considered. Eating (light dinner) on the evening of surgery eliminated completely cases of fainting.

1332 POSTER

OPTIMUM CARE FOR THE ORAL MUCOSA IN CHILDREN AND ADOLESCENTS UNDER CHEMOTHERAPY

K. Thielmann[1], H. Voss[1], M. Kunze[1], L. Schaumburg[1], Th. Wygold[1], M. Bose[2], K. Olbing[2], K. Ott[2], H. Jürgens[1]
[1]University Hospital, Department of Ped. Oncology
[2]University Hospital, Department of Operative Dentistry, 48129 Münster, Germany

Three different programs for protection of the oral mucosa were examined in 30 children and adolescents undergoing cytostatic therapy. The programs consisted of (a) a liquid of 0.1% Hexeditin + a soluble combination of an extract of rhubarb, salicylic acid and ethanol, (b) a liquid of 0.1% chlorhexidine digluconate and sugar-free chewing gum, and (c) a liquid of amino fluoride/tin fluoride and sugarfree chewing gum. All three programs seemed to protect the oral mucosa equally well. The programs also protected the teeth from increased plaque coverage in 69–90% of all examinations. However, there were striking differences in the acceptance of the three programs. Those containing sugarfree chewing gum were preferred by 83% of the examined children, frequently because of the good taste and the easy way of application. A reason for some patients to decline a program was the painful biting taste that liquids sometimes had on irritable or ulcerative districts of the mucosa. Good compliance is important and essential for protecting the oral mucosa of an immunocompromised child. Different forms of oral disinfection work well, but their acceptance depends on their taste and painless application. The combination of a mild disinfective solution and sugarfree chewing gum is recommended.

1333 POSTER

THE ROLE OF THE NURSE IN RADIOTHERAPY: UNDERVALUED?

E.M. Wells
Radiotherapy Department, Churchill Hospital, Oxford, U.K.

Over 50% of all cancer patients receive radiotherapy at some stage of their disease, the majority as out-patients. Few radiotherapy departments employ oncology trained nurses and as a result, most patients complete treatment without any nursing assessment or intervention.

The emotional and physical distress associated with radiotherapy is well documented and there is enormous potential for nursing involvement with this patient group. However, the role of the nurse in radiotherapy is poorly defined and given limited recognition. The glamour and specialism in cancer nursing is most often attached to the high-tech, intensive aspects of medical oncology, not to what is inaccurately seen as 'bread and butter' radiotherapy care. Misunderstandings about radiotherapy care are common; evidence of nursing research is particularly lacking.

This paper demonstrates and argues for the unique contribution which nurses can make to the care of radiotherapy patients; assessment of radiation reactions, skin care management, innovative symptom relief, information and support, nurse-led clinics. The complex needs of patients receiving this major treatment modality have been neglected; radiotherapy nurses now need to act.

1334 POSTER

THE USE OF ACTION RESEARCH STRATEGY TO IMPROVE NURSING CARE PLANNING AND DOCUMENTATION IN AN ACUTE CANCER HOSPITAL TRUST

E. Williams
Christie Hospital NHS Trust, Wilmslow Road, Manchester, M20 4BX, U.K.

The assessment, planning, implementation and evaluation of individualized nursing care (The Nursing Process) by nurses in an Acute Cancer Care Trust (Christie Hospital N.H.S. Trust) was affected by changes in nursing practice which were introduced to the profession over time, for example: the use of nursing models, the introduction of patient's charter and the concept of the "named nurse". This presentation illustrates the use of action research methodology to manage improvements and a variety of research strategies used, are described, which include: soft systems methodology, (Checkland and Scholes 1993) qualitative, and quantitative research strategies, the validity of the action research was addressed by triangulation. This project improved the quality of patient care documentation to meet both legal and professional requirements.

Checkland P.B. and Scholes J., *Soft systems methodology in action*, London, Wiley, 1993.

1335 POSTER

CONTEMPORARY RADIOTHERAPY AND CARE OF PATIENTS DURING TREATMENT WITH STATED THERAPY WITH LOCALLY ADVANCED ESOPHAGUS CANCER

R. Živanović, M. Jovanović, V. Simić, B. Marlinović
Institut za onkologiju i radiologiju Srbije, 11000 Belgrade, Yugoslavia

Radiotherapy is the classical method of treatment of locally advanced esophagus cancer with high symptomatic effect, but with treatment results without survival, or rarely three years at least. Due to anatomic localization of the esophagus, surrounding structures often limit radiotherapeutical doses on transcutaneous machines and in order to apply greater doses, saving surrounding healthy tissues. Microselectron for treatment of this type of cancer was introduced at our institute, in accordance with development of contemporary radiotherapeutical technique. *Patients and methods:* Endoluminal radiotherapy alone, or in combination with a transcutaneous one. For treatment of this type of cancer we introduced it at the beginning of 1993, and 21 patients have been treated by now. The most common localization was in the upper and medium toracal part of the esophagus and advanced tumors of medium length of 8 cm were in question. Almost all patients could swallow only liquid food. Endoluminal air therapy was applied most frequently in three fractions over seven days with doses of 7 Gy. Most patients were parallel treated with transcutaneous air therapy on mediastinum with dose of 45 Gy in 4.5 weeks. Mainly middle aged patients (57 years old) of male sex were treated. A nurse, as part of a team, takes part in the preparation of patients and necessary instruments and material for radiation. Endoliminal air therapy is most often applied without anesthesia with necessary premedication: Baralgin, Bensedin, Attopin. Upon application of probe (flexible catheter) and radiographic verification of its position (Simulator) radiological physician and radiotherapeutist determine probe length and dose. Upon completion of the treatment, the probe is pulled out and the patient, with accompanying letter and council, is dismissed from hospital and transferred to his department.