

Proffered papers

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ORAL

NURSING CARE FOR CHRONIC PAINFUL OUTPATIENTS

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The cancer patient with chronic pain is handled by a multidisciplinary team at the Institut Bergonié: the oncologist, the psychiatrist, the nurse. The patient's history, disease and pain are elucidated and a clinical examination is conducted. A diagnosis is made and a practical plan is proposed. During the nursing consultation, the information is collected and classified according to the Virginia Henderson fundamental needs scheme. The last details are collected and a self-evaluation sheet covering pain is filled in with the patient. A precise description of resources and a potential for adaptation to altered needs is made. An analysis is performed and the nurse diagnosis is proposed (based on the NANDA profile). The objective of therapy will be the resolution of health problems. The therapy contract comprises advices given to the patient before the treatment start.

A retrospective analysis will underline all the problems related to chronic pain in outpatients. An educational film will be projected.

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ALCOHOL ABUSE OF THE HEAD AND NECK CANCER PATIENT: A NURSING PROBLEM!

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It is commonly known that head and neck cancer is strongly related to high alcohol intake. At the otolaryngology department of our institute the majority of patients present with alcohol abuse. Alcohol abuse is associated with many physical and psycho-social problems that can contribute to recuperative complications in this patient group. These complications include delirium, increased risk of post-operative problems such as infection, as well as aggressive, passive or conflict inducing behaviors. It is very important for the nursing staff to anticipate alcohol related problems. For that reason we have developed a protocol in order to deal with these problems. The primary goal is to facilitate open discussions with patients about their drinking problem. In addition, information is made available to the nurse on strategies for dealing with patterns of altered behavior. The purpose of this presentation will be to share this protocol with fellow colleagues and assist them and their patients in coping with this serious problem.

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NURSING BREAST CANCER PATIENTS—HOW TO OPTIMIZE COMMUNICATION IN THE FIRST PHASE OF TREATMENT

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Objective: To establish a surgical unit for breast cancer patients with focus on communication with patients and relatives in crisis. **Background:** The initial diagnosis and treatment of breast cancer patients take place in a surgical framework. Here the first signs of crisis appear. The patient is confronted with a life threatening disease and has to decide upon a treatment that will change the body image. **Method:** 300 breast cancer patients are received annually. Nurses exclusively take care of breast cancer patients. Traditional boundaries between outpatient clinic and ward have been eliminated. The primary nurse follows the patient during diagnosis, while hospitalized and during the post operation follow up. Patients have easy telephone access to the unit. The primary nurse makes telephone calls to the patients and may also make house calls. A series of lectures for breast cancer patients and relatives has been established. **Results:** The success rate for the continuity of the primary nurse is 70%. Two thirds of the patients use open telephone contact. One third of the patients attend lectures. **Conclusion:** Patients respond positively to communicative intervention in order to counteract doubt, anxiety and isolation.

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INFORMATION AND PATIENT EDUCATION FOR PATIENTS RECEIVING RADIOTHERAPY TREATMENT IN AN OUT-PATIENT UNIT

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Aim: To assure quality of care for out-patients receiving radiotherapy-treatment.

Method: Doing a following up study of 391 patients over a period of 9 months, using registration forms. The registration form includes from 1-6 consultations.

Topics: Information, brochures, food, pain, nausea, diarrhea, skin problems and psychological care.

Findings: Information about the treatment and psychological support are the main topics for the first consultation. Psychological support and education about how to handle side-effects, are topics many patients need to get through all 6 consultations.

Conclusion: To assure quality of care for the outpatients receiving radiotherapy—treatment, psychological support, information and patient-education are main topics that need to be given the whole period of treatment.

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FELLOW PATIENTS—THEIR SIGNIFICANCE FOR HOSPITALIZED CANCER PATIENTS

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The reason for this study was to investigate how hospitalized cancer patients perceive, and are influenced by, the physical and social environment in the hospital.

Using a grounded theory framework and a qualitative methodological approach, 21 patients were interviewed as open-mindedly as possible.

The interviews were taped, transcribed and a continuous comparative analysis of the data was made.

One of the issues raised most frequently by the patients was their relationship with their fellow patients. This issue was subsequently chosen as the main focus for the study.

Three different topics regarding the fellow patients were emphasized by the patients;

- (1) their effect on the patient's own attitude to their illness
- (2) their interpersonal significance
- (3) their importance as an environmental factor

Fellow patients appeared to be important with regard to providing information about the illness, treatment and anticipated reactions. Moreover how the cancer developed in fellow patients had an impact on the patient's hopes regarding their own illness. Fellow patients, more than anyone else, appeared to be able to really understand the patient's situation. They also provided support and friendship. The cost, however, may be bereavement when fellow patients die.

Acknowledgement of fellow patients' significance for, and their impact on, hospitalized cancer patients should lead to changes in the planning and organization of the care provided in cancer wards.

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POSTER

COPING WITH DEATH: A STUDY OF ONCOLOGICAL-HEMATOLOGICAL NURSING, MEDICAL AND SOCIAL WORK STAFF

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Those caring for the terminally ill patient must cope with the threat of the patient and his family facing death. Each staff member finds his or her own path for caring for such patients and their families while preserving his or her own integrity and well being.

This study examines the effectiveness of the means of coping, employed by various staff members caring for oncological and hematological patients. A questionnaire was constructed and responded to by 70 nurses, 40 physicians and 30 social workers.