1367 POSTER

Nursing protocols within the clinical palliative care setting

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The Centre for Development of Palliative Care (C.O.P.Z.) was opened in the Dr. Daniel den Hoedclinic in 1994. The unit for palliative care, operational since september 1995 is the centre's academic workplace. The unit has 8 beds. The nursing team is self-directed and works according to the principles of Integrated Nursing. Through the C.O.P.Z.'s steering committee, the interdisciplinary team of the unit has been given a development task.

The development task consists of being able to show the increased value gained through the development of palliative care within the unit. This development is given shape through, among other things, developing protocols for specific nursing care. Starting both the working party 'Protocol' and the working party 'Standard Nursing Care Plans' is a requirement for this. An inventary has been made of the most common nursing care problems according to Gordon's Health Patterns. Based on literature from the National Organisation for Quality Assurance (C.B.O.) and the National Centre for Nursing and Care (L.C.V.V.), guidelines have been drafted for the most suitable structure for protocols in palliative care. In connection with the unit's most common nursing care problems, the following protocols have been, or are being developed at present: (prevention of) constipation, itch, handling anxiety, nausea and vomiting.

The protocol is a good instrument for the development of nursing care in the palliative patient. Because of the presence of multidimensional problems in palliative care, specific protocalmaking is a necessity to clarify the role of nurses in palliative care.

1368 POSTER

The alleviation of suffering in the care of cancer patients with incurable illness

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Purpose: The object of the study was to find out the factors which alleviate the suffering experiences of cancer patient.

Methods: Theme-interviews with 32 patients, 13 relatives, 13 doctors and 13 nurses. From patients the information was collected also by the questionnaire.

Results: The patients' own coping methods and a large network of helpers help patients to cope with their suffering. The relatives, friends, doctors and the God were the most important supporters to the patients. In the first place the alleviation of suffering contains the factors which diminish or take totally away the physical symptoms caused by the disease or the care. Secondly the alleviation of suffering contains the mental support given to the patient so that he can live with the serious illness.

Conclusion: There is both inside and outside factors which alleviate cancer patients' suffering.

1369 POSTER

Quality of life (QoL) questionnaires: Everybody talks about them – But how to handle them?

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Problem: In our clinical practice we find it difficult to administer QoL-questionnaires. The knowledge about why, when and how to fill in the questionnaires and the motivation of the staff is low. They have problems in understanding the importance of exact timing of assessments and nobody feels responsible neither in getting them completed nor in collecting the questionnaires. We think that one of the main reasons could be that there is no identification of local person(s) responsible in most QoL-studies.

Plan: In Denmark we have a Special Interest Group (SIG) for clinical research nurses under the Danish oncology nursing society with representatives from the 6 major oncology centers This group is planning a training programme to educate clinical staff. We have therefore arranged a one day SIG-seminar in May 1997 with one of the specialists in QoL-questionnaires in Denmark in order to educate the members of the group. Furthermore one of the SIG-members participated in an EORTC seminar in Brussels in 1996 regarding development of a training programme for health care professionals in Europe on the collection of QoL-data in clinical cancer research. This seminar resulted in a manual about how to organize a training programme within QoL-data collection.

Goal: With this manual and the knowledge obtained from the seminar in May the members of the group will educate the staff at each of the 6 centers to improve the staffs understanding of the questionnaires: What is QoL? Why measuring QoL? How to organize QoL assessment? What to do with the results? With this knowledge QoL data collection might be regarded just as important as the collection of good clinical data.

1370 POSTER

Palliative home care unit (PHCU). Project of care of terminally ill cancer patients in their homes

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Purpose: In April of 1993 a Palliative Home Care Unit was activated in order to permit the terminally ill to spend their last days at home. This unit came to be thanks to the collaboration between three distinct medical services, both public and private.

Methods: criteria to determine the eligibility of patients: life expectancy of less than 4 months; no spaces for specific oncological therapies; Karnofsky performance status < 40; family environment. The PHCU is composed of: the head of the Hospital's Oncology Department and a doctor within the same Department; a doctor, two nurses, and eleven volunteers from the Oncology Institute of Romagna; the head nurse and nurses from the Department of Public Nursing. During the week, visits are programmed to meet patients' needs. During the night and on week-ends and holidays, the patients are cared for by the doctors on call at the hospital, while a nurse on call can be reached at all times. Within the Department of Oncology there are Day-Hospice beds which permit home care patients to undergo necessary tests or to receive special treatment: transfusions, *thoracenthesis, paracentesis, central venous access*, or diagnostic tests. All medicines and, when necessary, equipment (special beds, wheelchairs, etc.) are furnished by the hospital. Transportation to and from the hospital is furnished by public ambulances with no cost to the patient.

Results: 292 patients have been assisted (15–20 on line) and 55% have died at home. The average period of care within the Unit has been 53 days.

Conclusions: It is hoped provided beds in Hospice type structure and an oncologist on call at night and on holidays to interegrate the Home Care Unit.