

TUESDAY 16 SEPTEMBER 1997

Teaching Lecture

1375

Symptom assessment – A prerequisite to achieving optimum nursing care

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Complete assessment of symptom occurrence and symptom distress is essential for proper interventions to be provided. Although oncology-nurses can perform an essential role in the identification and management of symptom experience, a comprehensive symptom assessment tool from the perspective of nursing has yet to be developed. An overview of currently used different symptom assessment instruments will be given. These instruments are particularly used in research settings and aren't very suitable for use in every day nursing practice.

By using the structural definition (the PES-format) of nursing diagnoses as a framework for developing nurse-specific assessment tools for symptom occurrence and symptom distress the oncology nurse is in the position to make an accurate and deliberate assessment of riskfactors to identify high risk nursing diagnosis. Furthermore it is possible to assess signs and symptoms of actual symptoms/nursing diagnosis. This will be demonstrated by the presentation of the development of an oral assessment tool and a self-report nursing diagnosis assessment form for the oncology patient population. The oral symptom index (OSI) is developed in accordance with the PES-structure underlying the nursing diagnoses 'altered mucous membrane'. It will be demonstrated that the OSI makes it possible to evaluate the efficacy of an oral care regimen on a daily basis.

The development of the self-report nursing diagnosis assessment form is based upon a descriptive preparatory study to identify high frequency nursing diagnosis in an oncology patient population and has proven to be very useful for comprehensive symptom assessment.

Plenary Lecture

1376

Implementing palliative care strategies in an acute cancer setting

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Purpose: To present the aspects of implementing palliative care strategies.

Methods: A multidisciplinary group was established to focus on the palliative care strategy as a special effort in the oncology center, consisting of 10 units, 4 outclinics and 1 department of radiotherapy. The first step was to compile a manual in palliative and supportive care. This manual was accepted very positively. The next step was to establish a palliative team, consisting of two nurses and one doctor. The aim was to raise the palliative care through clinical service, counselling and supervision of the staff, education and research.

Results: Shortly after the establishment of the palliative team, the purpose of the team has been changed radically. The difficult financial situation of the hospital during the last year has resulted in a 25% reduction of the staff in the department – and many unsecure situations have arisen and made things very difficult. Palliative care is no longer identified as a special effort and the palliative team is no longer responsible for research. Supervision and education has been reduced to a minimum.

Conclusions: A review of the literature on this topic will be presented and appraised in the light of own experiences. Resources, both human and financial must be available for a good palliative care service to be established.