

Interactive Sessions

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Infection control in the neutropenic patient

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Purpose: Cancer and its treatments (chemotherapy, radiation) can predispose patients to infection, especially when the patient has a particular susceptibility to pathogenic and opportunistic micro-organisms or when their host defenses are unbalanced. In addition, others factors, such as underlying disease, a patient's altered physical barriers, and the hospital environment can cause or contribute to infections in cancer patients.

The micro organisms responsible for neutropenic patients infection come from the environment (staff, equipment, premises) and their own digestive and cutaneous flora. The type of infection (bacterial, viral, fungal) and the risk of infection vary with the conditions and procedures. It is necessary that the team can identify patients at high risk of infection and institute the appropriate measures of infection control to block the routes of micro organism transfer. Infection control procedures to manage and reduce the frequency of acquired infection are: isolation of susceptible patients, high standards of hygiene, and standards procedures of care, education of patients, assessment of the environment, food and drinks.

Aims of the Workshop: In this workshop we will exchange experiences about infection control procedure

- (a) What measures proved to be efficient in the management and control of infections?
- (b) What information and education are important for the patient and his family?
- (c) How can we assess the patient risk factor?
- (d) How can we evaluate the efficiency of infection control procedure?

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Do nursing models have a place in cancer nursing?

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Nursing is an independent and indispensable part in the treatment of oncological patients. Oncology nursing requires a differentiated knowledge about health and disease as well as various reactions of patients confronted

with these phenomena. In order to be able to analyse and understand those reactions and thus make decisions to give patients the most adequate care in any given situation, nursing needs models to describe the phenomena. With a nursing model as points of reference it is easier to find out about correlations that otherwise would probably be lost.

At the Tumor Biology Center at Freiburg (D) nursing is aligned to the nursing model of D. Orem ever since its beginning in 1993. This model has been and will be adapted to the specific requirements of the institution. Both the patient and his relatives are involved in finding out about individual self-care capabilities and self-care requisites. The aim is to support the patient's health. He will be encouraged to remain independent – despite his disease – and, if possible, not to rely on somebody else's care.

The implementation of the nursing model in the daily routine will be shown in various examples.

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Fatigue in cancer patients

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Although fatigue is the most frequent complaint in cancer patients, there is no universally accepted definition. In this workshop, different models of fatigue and assessment methods will be presented. Possibilities and limitations of nursing and other interventions will be discussed. During the workshop, the author will present three consecutive studies. *The first study* explored the concept of fatigue by comparing the personal experiences of cancer patients (n = 20) with those of healthy individuals (n = 20). Using grounded theory, themes emerged which classified fatigue into physical, affective and cognitive components. *The second study* involved the development and test of the new Fatigue Assessment Questionnaire (FAQ). Reliability and feasibility were tested in a non-randomised, prospective, cross-sectional study of cancer patients (n = 77) and healthy individuals (n = 77). It was found to discriminate between fatigue experienced by cancer patients and that experienced by healthy individuals. *In a third study*, the FAQ was subjected to further validity testing. Four hundred and ninety-nine cancer patients with a variety of tumour types and stages were included in a prospective, non-randomised, cross-sectional study. Factor analysis supported the theoretical framework and led to modifications which resulted in a multi-dimensional, 20-item instrument.