

THURSDAY 18 SEPTEMBER 1997

Teaching Lecture

1446

New drug developments: Implications for nursing practice

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Purpose: To review the drug profiles and discuss the nursing implications of a number of new chemotherapeutic drugs including topoisomerase I inhibitors and novel antimitotic inhibitors called taxoids.

Description of Drugs: The presentation will include a review of two topoisomerase I inhibitors, Hycamtin (topotecan HCL) and Camptosar (irinotecan HCL), and two antimitotic inhibitors, Taxotere (docetaxel) and Taxol (paclitaxel).

Main Findings: Hycamtin's main dose-limiting toxicity is severe myelosuppression. Camptosar's includes acute cholinergic reactions, delayed diarrhoea and myelosuppression. Hypersensitivity reactions and fluid retention are associated with the taxoids.

Conclusion: Understanding the pharmacology, mechanism of action and potential toxicities of new anti-cancer drugs is vital when planning patient education interventions. The implications for nursing practice will be discussed. In addition, future new drug developments and ongoing phase I studies will be outlined

Plenary Lecture

1447

Home sweet home! Home care technology for patients with cancer or serious infectious diseases

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In 1991 the dutch government published a guideline to improve Quality Of Life (QOL) of patients and to reduce costs of public health care. Therefore a project was started in january 1992 and ended in december 1995 to develop Home Care Technology (HCT). The *aim of the project* was to investigate the possibility of early discharge and to describe the feasibility of HCT for patients with cancer or serious infectious diseases. In the evaluation of the project several aspects like QOL, costs and complexity of the provided care are taken into account. To reach the aim of the project the following conditions were found to be necessary: 24 hour service to support patients, their family and professional caregivers; admission to hospital if necessary; logistical and organizing guidelines; access device guidelines; agreement about responsibilities and law agreement; educational programs for professional health care givers. Next to direct patient care and support of general practitioners and district nurses, contacts with health care insurance companies, pharmacists and professional care givers were part of the daily practice of the project nurses.

Results: Over the four year period of the HCT project 350 patients were submitted in the HCT project. In 20% patients needed active support outside office hours. The HCT team developed an extensive educational program for district nurses and general practitioners and published a book with access device management protocols. After the project period care has continued and the number of patients is increasing rapidly (184 in 1996). Under supervision of the HCT team, hospitals within the region are registering patients for HCT. This increases the knowledge within the HCT team and prevents installing a (expensive) HCT team in every hospital.

Conclusion: The HCT project showed that it is feasible to discharge patients early with the support of care technology under defined conditions. It is clear that there is a great demand of patients in palliative and terminal stage of care to be discharged as early as possible and to live in their home environment.