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Chemotherapy administration by nurses: An audit of practice and educational preparation

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Purpose: Little in known about the current practice of nurses in cytotoxic drug administration in the UK or indeed Europe. This Scotland wide audit examined the practice and educational preparation of hospital nurses currently involved in the administration of cytotoxic drugs.

Methods: Telephone interviews were undertaken with 62 nurses in 33 centres. Nurses involved with cytotoxic drugs administered via intravenous bolus, intravenous infusion and intravesical routes were included.

Results: Overall little consistency was found in any aspect of cytotoxic drug administration. Variations were demonstrated in the protective clothing worn, procedures for checking drugs, actions taken in the event of spillage and extravasation, information given to patients and disposal of cytotoxic waste. Education was identified by slightly under half the sample as a means of enhancing their practice. Many insightful comments were also made by participants regarding their lack of education and preparation for their role with cytotoxic drugs.

Conclusion: Great inconsistencies in practice were demonstrated reflecting the lack of a generally agreed standard of care and highlighting the need for quality improvement. The differences in knowledge levels and handling procedures demonstrated in this study are of concern given the potential hazards of cytotoxic drugs to both patients and staff. The need for education underpinning practice cannot be overemphasised and results of this study support the need for national guidelines and examination of local policies and procedures to improve the quality and consistency of practice.

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Important remarks by the preparation and administering of cytotoxic drugs

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As members of the O.N.S. V.V.R.O., we all are directly or more from a distance involved in the manipulation, preparation or administration of cytotoxic medication.

These drugs are all more or less irritating, carcinogen, mutagen or teratogen and can be found in urine samples of health care workers. In literature we found that there are health risks for the persons who have to manipulate these cytotoxic products.

A little inquiry in our working environment learned us that there is a certain nonchalance by the health care workers as well as by the responsable persons regarding this material.

The results of different investigations show us that the possible risks are not to be neglected. When we compare these risks and results with the possible risk of the exposition to radioactive materials after controlled manipulation, we see that regulation for comparable risks differ a lot.

Because we wanted to convince our collegues of the importance of save handling of cytotoxic drugs by following save procedures, we thought it would make sense to draw up a poster and make a presentation in which we clearly present the risks involved in the manipulation of these drugs.

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The audit results of in-patient chemotherapy management in an acute medical ward

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Purpose: Following the reorganisation of in-patient chemotherapy management to improve waiting times, information, support and decrease delays in administration, an audit tool has been devised to ascertain the effectiveness of the chemotherapy team. (The study was originally two-fold, however it has now be split into two separate studies, one examining the operational mechanism of the team, the other at patient satisfaction, the results of which will be presented concurrently.)

Method: As chemotherapy delivery involves the services of many disciplines, an interprofessional tool was devised to assess all areas of the process. Forms were completed by nurses, doctors and pharmacists and the data cross-referenced using the patient's name. Waiting times were then calculated from the patient's time of arrival to various points within the process ending at patient discharge.

Results: Although pending the latest data evaluation, preliminary findings demonstrate a continuing decreasing trend in patient waiting times and unnecessary cancellations and an increase in the efficiency of the services provided.

Conclusion: This validated tool enables the services provided to be continuously evaluated land modified, increasing the efficiency of the process. It has been utilised regularly and updated accordingly to accurately reflect the data required. The patient perspective has also assisted the modification of the service.

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Qualifying clinical trail nurses – A danish case stoty

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Background: During the last few years, the increased research activities paired with the gradient demands of quality made on clinical research has resulted in the employment of a conciderable number of Clinical Trail Nurses (CTN) in oncological departments. Consequently, the need for special training is ever prominent as a means of promoting the learning and updating of the latest knowledge and theories developed within the field. Moreover, the carrying out of clinical trails puts forth a great deal of practical problems whose sussessful management, evidence suggests, largely relies on the learning of appropriate skills and tools.

Methods: In Denmark we have a Special Interest Group (SIG) for CTN with representatives from the 6 major oncology centers. In co-operation with and sponsorship by 3 medical compernies, and this group has formulated 3 courses of 2 days duration each. The courses are to be launched recurrently every 6 months, with 25 participants attending each cource. The major themes to be dealt with during the courses are GCP/ICH, informed concent, characteristics of trails in phase I, II and III, research methodology and research statistics, as well as a scrutiny of the part casted for CTN, currently and in the future.

Conclusion: The first 3 courses were launched during 1997 and 1998, and the results have been very satisfactory. The participants acquired increased knowledge as well as improved skills and tools upgrading their performance as CTN. Last but not least, the courses have contributed to enhance the valuable interchange of oppinions and experiences of the professionals involved.

114 POSTER

A prospective survey of patient satisfaction with the information provided prior to admission to the H.D.U. following major surgery for cancer

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At the Royal Marsden NHS Trust patients who have undergone major surgery spend 18–48 hours or more in the High Dependency Unit. It has been our practice to ensure that patients are given information concerning the following issues in the pre-admission clinic and on the ward before theatre.

- Pain management issues
- the environment of HDU
- equipment used and therapy given
- information re visiting and telephone access.

In an effort to evaluate the efficacy of this service a project was designed to interview the patients post-operatively with a semi-structured questionnaire.

Listed below are some examples of the questions posed:

- Prior to this admission had you ever experienced a High Dependency Unit?
- What do you understand by High dependency care?
- Did you receive any information about HDU before this admission? – who provided this information?
- Was there anything omitted which would have been useful to know?.

This paper will reveal the data from this survey and indications for change.