Proffered Papers

Innovations in cancer nursing I

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Managing patients at home during the aplastic phase of high dose chemotherapy with autologous peripheral blood stem cell transplantation (APBSCT)

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Managing the aplastic phase following high dose chemotherapy with APBSCT usually requires prolonged hospital admission which has a great impact on the patient's condition, may lead to an increased risk of hospital infection, places pressure on available hospital beds and is expensive. Therefore, in 1997 a community based home care program was developed, to give a select group of patients the opportunity to remain at home during the aplastic period. The realization of this program involved close co-operation with a specialized home care team and a pharmaceutical home care association. We initiated this nurse managed program in phases to determine its feasibility. The first step consisted of supporting patients during the aplastic phase on an out-patient basis. Following the positive evaluation of phase one, we took this approach one step further by expanding the program to include home care management. Patients were discharged the day after APBSCT, and till the end of the aplastic phase, supportive care was managed by home care professionals in close co-operation with the hospital based transplant nurses. Patients were visited daily at home (if they were living in the Amsterdam area) or in a residential facility near the hospital by the specialized district nurse and the nursing transplant coordinator. Blood sampling from the central venous catheter (CVC), transfusion of blood products and if necessary infusion of parenteral anti-biotics were managed by the specialized district nurse. The nursing transplant coordinator visited daily to monitor and register patient symptoms and the patient's progress. Patients were seen once weekly by their transplant physician in the outpatient clinic, which was the only time they were scheduled to visit the hospital. The results of the evaluation of the home care program demonstrate that it is feasible and safe to discharge patients to the home situation during the aplastic period. In addition patients are more active, feel secure and can participate on a greater level in family life without signs of increased toxicity or infection.

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Evaluation of advanced home care (AHC). The next-of-kin's experiences

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Purpose: We studied next-of-kin's experiences of AHC during the palliative care and death of a family member. The aim of the study was to evaluate how the next-of-kin experienced information provided, care, symptom control, the care-giving burden and satisfaction with their own performance.

Methods: A self-questionnaire with 21 questions was sent to all next-of-kin ($n = 82$) who have had a relative cared for at home and who died during the first year of AHC.

Results: Seventy-two (88%) next-of-kin of advanced cancer patients participated in the study. The next-of-kin were generally more satisfied with the support and care than with the information provided. Symptom control was sufficient in most cases and comparable with that in hospital care. The next-of-kin's experience's of burden were: 47% felt home-bound, 27% felt isolated at home and 53% reporting a sleep deficit during the home care period. Women felt more home-bound ($p < 0.01$), more isolated ($p < 0.05$) and thought, to a higher degree than men that the patient gets a better quality of life when cared for at home ($p < 0.05$). However, when asked whether they would chose the AHC again, in a similar situation, 88% stated that they would.

Conclusion: The AHC provided good palliative care and good support to the patient and next-of-kin during the terminal phase leading to death at home. The information provided needs to be improved, and the situation and needs of the next-of-kin as caregiver requires more assessment. Interventions may be required to prevent the next-of-kin becoming ill.

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An exploratory study investigating the experiences of patients and nurses with a nurse led peripherally inserted central venous catheter line service

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Purpose: Nurse led Peripherally Inserted Central Venous Catheter (PICC) services are becoming common place in cancer centres across the United Kingdom. Research has shown these services to be cost effective, and effective in terms of reduced catheter-related complications. However, although the literature provides anecdotal reports of patients' and nurses' experiences of these lines, little research has formally explored these areas. This exploratory study aimed to address the paucity in the research.

Methods: Recorded interviews were conducted with ten cancer patients, five hospital based nurses and five community based nurses, to identify their experiences. All patients interviewed had PICC lines inserted for ambulatory 5-Fluorouracil chemotherapy. Respondents' recorded accounts were transcribed, coded and analysed. Findings were synthesised into five themes: *Education; Formation of Expectations; Confidence; Sensory Experience; and Adaptation.*

Results: All respondent groups were positive about the service. Patients found verbal and written information important, to prepare them for the PICC line insertion and adaptation away from the hospital. However, timing of information giving and the need for innovative educational approaches were identified. Benefits of collaborative practice were alluded to by both nursing groups. The advantages of ongoing informal training were identified by nurses, particularly community nurses who had infrequent contact with PICC lines.

Conclusions: This study has enabled the development of a flexible model which may be incorporated into established and differing care settings, using existing resources.

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The role of the radiotherapy research nurse

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Clinical trials are the best way to improve patient outcomes in oncology. However, their design and the collection of accurate clinical data is enormously challenging. Usually medically led, appropriate multi-disciplinary input is essential to define the relevant questions, apply efficient and patient acceptable data collection and to analyse the results. The research nurse can and should be involved in all these functions. In addition, the structure of a trial provides the opportunity to undertake nursing research which will further enhance patient care.

Most out-patient clinics are busy and staffed by numbers of doctors, many of whom rotate to other clinical settings. Continuity and consistency in data collection is consequently a problem. A research nurse, totally familiar with a study and the patient population involved, provides the means of collecting quality data.

Above this, there is an enormous benefit to the patient in having a familiar face providing continuity and support, a point of contact and a means of access to other health professionals. This effectively enhances the research ethos of an institution and individually, and collectively, gives patients confidence in their participation in this essential process.

Around 60% of patients with cancer will undergo radiotherapy treatment at some stage of their disease (Dow and Hilderley 1992). Therefore, it is essential that members of the multi-disciplinary team are educated and informed about radiotherapy treatments, studies being undertaken and the consequences for the patients. The research nurse is ideally placed to facilitate this.

Radiotherapy nursing has developed significantly in recent years, however there is still enormous scope for an increase in research, and awareness of the role of the nurse in radiotherapy.

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Outpatient parenteral antibiotic therapy (OPAT) in patients with acute leukaemia (AL) and aggressive non-Hodgkin's lymphoma (NHL)

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Background: Most patients with AL and aggressive NHL are treated with intensive combination chemotherapy. The large majority of these patients develop neutropenic fever requiring parenteral antibiotic therapy. An alternative to in-hospital care during the last days of antibiotic treatment would for many patients be to administer the antibiotic infusions themselves in an outpatient setting.

The objectives of this pilot study were to estimate safety and complication rate during the OPAT period in patients with AL and aggressive NHL. In addition, patient acceptance and costs during OPAT were identified.

Methods: Patients were educated and trained to practice antibiotic self-administration via their central venous access. Elastomeric infusion pumps (Intermate 200® Baxter Medical AB), filled with solution were delivered by the hospital pharmacy. Study specific questionnaires were used to evaluate patient acceptance. Candidate patients, initially hospitalised during the infectious episode, were discharged for OPAT when afebrile. During 1998, 9 patients were asked to participate of whom 8 accepted. Six out of these 8 patients [AL (n = 3) and aggressive NHL (n = 3), median age 46 yrs, range; 30–66] participated in the the education program and subsequent OPAT. Remaining 2 patients did not complete the educational part due to progressive disease (n = 1) and psychological reasons (n = 1).

Results: The median education time was 3.1 hours (range; 0.75–4.5). The patients could stay at home 3 days (median, range; 1–12) with ongoing antibiotic treatment instead of being hospitalised. No complications occurred during OPAT. All patients reported that OPAT was of great value and would favour OPAT again during subsequent infectious episodes. The home treatment for these patients was 40% cheaper compared with the calculated costs for traditional in-patient care.

Conclusion: The results from this pilot patient series suggest that OPAT is safe and cost effective. In addition, patients would favour OPAT again during subsequent infectious episodes.

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Cancer diagnosis: The nurses role in breaking the bad news

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Drawing conclusion from a small study provided an interesting insight view in the nursing culture of those two different European countries under investigation.

A self-administered questionnaire functioned as a rapid and efficient method of gathering data. The questionnaire served to acquire information from nurses about the information giving process in cancer care. Demographic data of the subjects, that was included in the questionnaires was used as a supportive instrument to explain or interpret nurses' attitudes as well as possible.

This study revealed that nurses in UK and nurses in Austria have different opinions about the information giving process in cancer nursing. It becomes evident that cultural differences do exist to a large degree between those groups.

When comparisons were drawn between the opinions of UK nurses and nurses in Austria results indicated that UK nurses practice at an advanced level in oncology nursing. Nurses focus on patients' individual needs. Such a care provided is patient centred and holistic in its approach. Additionally UK nurses seem to be privileged in taking on responsibility in communication and discussion of cancer, its treatment and future implications.

Whereas nurses in Austria involved in cancer nursing do not have the same responsibility that UK nurses expect. Nurses in Austria are portrayed into a traditional role of nursing. Communication of cancer diagnosis is defined as an exclusively doctor's task. Nurses from this country expressed the need of communication skills being aware of the importance of a holistic approach in oncology nursing. However results of demographic data indicated an absolute lack of post-registration continuing education of nurses in Austria.

The author therefore concludes in future recommendations based on the comparative study and focuses the following topics

- nurses' training in communication and counselling in order to patients' coping mechanism
- continuing education for all nurses
- Integration of Health Promotion/Health Education in the curriculum of basic nursing education as well as in continuing post-registration education
- Developing guidelines for "breaking bad news"
- Creating standards for cancer nursing practice throughout Europe

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A specialist nurse service for patients with lung cancer: A review of the first year

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Purpose: To describe the specialist nursing service developed for patients with lung cancer including the range of patients and types of interventions given by the nurse.

Background: In 1998 a specialist nursing post was established at St George's Hospital, London, to help meet the needs of with lung cancer patients and their families. The area covered by the hospital is a mixed inner-city, multi-cultural setting with areas of high deprivation. St George,s is a teaching hospital providing a comprehensive range of cancer treatments.

Patients: The service operates an open referral system. 164 referrals to the service have been made, mainly NSCLC. Patients are predominantly male, elderly and with a poor prognosis.

Intervention: Information provision on the illness and its treatment and emotional support are the main types of intervention. Symptom support (particularly breathlessness), simple financial advice and assistance with social needs are also addressed.

Liaison: The post was not established as part of the existing palliative care team, but close links have proven essential. The nurse facilitates referrals to other professionals such as community nurses and social services.

Education: The nurse specialist has actively contributes to education programmes for nurses and other informal teaching.

Development: A patient-focused information book has been produced by the nurse for patients at St George's Hospital. A nurse-led clinic is being set up, primarily to address the needs of breathless patients. The possibilities of a patient/carer support group is being explored.

Conclusion: The role of the nurse specialist is important in meeting the needs of this group of patients who are frequently disadvantaged. The role also raises the profile of patients with lung cancer.

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A study of contraceptive advice given to chemotherapy patients

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As a trained family planning nurse and research sister working with patients receiving chemotherapy, I was concerned to find out if such patients received adequate information about contraception. Such advice should be regarded as a necessity to both patients and their partners, because of the mutagenic and teratogenic effects of these agents and also because of the psychological trauma that can result from an unplanned pregnancy or termination.

A questionnaire was sent to 50 doctors and specialist nurses involved with patients receiving chemotherapy in their reproductive years. 70% of the questionnaires were returned. Less than 50% of the respondents felt that their patients were receiving adequate contraceptive advice prior to chemotherapy. Only 3% of the respondents had any family planning training. 40% of respondents were not routinely advising their patients to use any form of contraception. Thus, the onus is frequently on the patient