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Proffered Papers

Innovations in cancer nursing I

143

ORAL

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 APB-SCT 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.

144

ORAL

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.

145

ORAL

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.

146

ORAL

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