

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.

147

ORAL

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

E. Johansson¹, M. Björkholm¹, R. Wredling², P. Engervall¹. ¹Karolinska Hospital and Institute, Department of Medicine, Stockholm; ²Karolinska Hospital and Institute, Division of Nursing Research, Stockholm, Sweden

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 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.

148

ORAL

Cancer diagnosis: The nurses role in breaking the bad news

C. Kogelbauer¹. ¹King's College London, Nursing Studies, London, United Kingdom

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

149

ORAL

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

M. Johnson. St George's Hospital, Macmillan Lung Cancer Nurse Specialist, London, United Kingdom

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.

150

ORAL

A study of contraceptive advice given to chemotherapy patients

Lynn Lomax. Research Sister, Christie Hospital, Withington, Manchester M20 9BX, United Kingdom

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

to find a method of birth control but with little or no advice being given by qualified staff, and with little written information to help.

There is a need to increase awareness of the importance of contraception for patients receiving chemotherapy, amongst staff involved in their care. This may be aided by producing written guidelines for advising and prescribing contraception for patients receiving cytotoxic agents.

151

POSTER

Oncologic nursing evaluation at the Galician community

E. Davila, F. Diaz. *Oncology nurses, Hospital Meixoeiro, Vigo, Spain*

Purpose: for having a real coordination between all the nursing oncology units, we need an uniform, feasible, integral, global and personnel nursing documentation. That is why we started some workshops to define this nursing evaluation. We present our initial document.

Material and Methods: Before starting we had to define which kind of items we had to include in a consensous triptic document. At the front page were included personal datas, and at subsequents: initial evaluation, OMS toxicities, oncologic vigilance index, final evaluation and at the final page, the documents index. Also we included specific registraments for ache and palliative cares.

Results: as final result we elaborated the Oncologic Nursing Valoration and we started to apply it. We are waiting for the first intermediate evaluation.

152

POSTER

Zoledronate, a new 3rd generation bisphosphonate: Implications for nursing practice

M. Hupkes, F. Givant. *Hershey Medical Center, Hershey, PA, United States*

Purpose: To give an overview of the nursing issues related to the use of Zoledronate.

Discussion: Zoledronate is a new potent 3rd generation bisphosphonate, about 500X more potent than Pamidronate. The primary mechanism of action appears to be osteoclastic inhibition. The mechanism of action in osteoblastic disease is unknown at this time. The drug is administered as a 5 minute IV infusion every 3-4 weeks. 280 patients (172 breast cancer and 108 multiple myeloma) were treated in the Phase II trial of this agent. Phase III studies comparing doses of 4 mg and 8 mg of Zoledronate with 90 mg of Pamidronate are currently in progress. Zoledronate is being evaluated for the prevention of skeletal complications of osteolytic and osteoblastic disease and for hypercalcemia of malignancy.

Analysis of the preliminary data revealed an at least equal efficacy with Pamidronate and a favorable safety profile (skeletal pain, low-grade fever and mild flu-like symptoms for 24-48 hours, following infusion were the most frequently reported events). The 5 minute infusion time is a significant advantage compared to 2-4 hour Pamidronate infusions. Less nursing time, less utilization of office space, and less time spent at the clinic for the patient are important with today's emphasis on pharmaco-economics and quality-of-life. This poster will give an overview of this therapeutic drug and the on going clinical trials and will discuss administration issues, compatibility, side effects and symptom management. Finally the importance of patient education will be highlighted as it relates to this new agent.

153

POSTER

Family rooms at hospitals – Combining the advantages of the hospice and the facilities of the public hospital

H.R. Linderth¹, C.H. Jorgensen². ¹Roskilde County Hospital, Oncology/Haematology Department, Roskilde; ²Roskilde County Hospital, Oncology/Haematology Department, Roskilde, Denmark

This project has been initiated at the Roskilde County Hospital with the aim to give the family the opportunity to be together in a family room, when the cancer patient wishes to die at the hospital. The project arises from the difficulty of integrating the needs of the distressed family with the typical frames of the hospital environment. Initially, the focus has been on families with smaller children. The dying parent patient has a need to be close to the children while these often get restless and make disturbance to other patients. This brings the healthy parent in a frustrating dilemma where he/she is forced to choose between being next to the dying patient or to leave the hospital with the children. The possibilities for the family to be together during the terminal expiration will thereby be reduced. This will further cause negative consequences for the family to work up the grief after the patient has deceased.

Inspired by study visits at the Sct. Lucas Hospice (Copenhagen) it was decided to develop a new concept at the Roskilde County Hospital. The nursing care in this concept is thought to combine the basic idea of the hospice with the frames of the public hospital. The project implies separate family rooms where the terminal cancer patient and the patient relatives has the opportunity to be together under more family-like conditions. Nursing care results from the new concept will be presented and discussed along with possible suggestions for further improvements.

154

POSTER

Management of the outpatient clinic in a breast cancer unit

G. Rubio, B. Rossetti, P. Bernasconi. *Department of Surgery, Breast Unit, European Institute of Oncology Milan, Italy*

Introduction: Because of the large number of patients treated in our division, a correct nurse planning of the hospitalization is mandatory. A general evaluation of the physical and pathological conditions of the patients and the schedule of diagnostic texts are necessary before the admission of the patient.

Methods: The outpatient clinic is independently run by a senior nurse of the division that is able to manage the patient work-up on the basis of the breast disease, surgical indications, preoperative exams and staging (telephone contact, exams schedule, specialist evaluations, patient's family meeting, critical analysis of the exams, discussion with medical and nurse staff, etc.).

Results: From April '98 to March '99, 2136 patients were admitted in our division for breast surgery. Four hundred and fifty-five patients out of 2136 (23%) underwent a complete work-up in the outpatient clinic. All the preoperative evaluations were done in a single day.

Conclusion: A preventive nurse evaluation of the patients allowed the optimization of the admissions and diagnostic texts, decreasing the time of the hospitalization, and the total cost of the hospital stay. This approach is also able to reduce the psychological stress of the patient.

155

POSTER

A multi-disciplinary 'outcome' round to decrease stress and burnout among Bone Marrow Transplant nurses and to promote discussion and education; one year on

M. Stephens. *Royal Marsden Hospital, Haemato-Oncology, London, United Kingdom*

Patients undergoing Bone Marrow Transplant can be the most critical group of patients after Intensive Care. Extraordinary clinical events that have the potential to cause unusually strong emotional reactions (Burns C, Harm N 1993), such as arrest or sudden haemorrhage can leave nurses vulnerable, upset and traumatised.

Further to undertaking a survey to ascertain how BMT nurses at a single centre dealt with stress after a critical incident, a multi-disciplinary 'outcome round' was established as a forum for discussion and debriefing, discussing clinical and ethical management of recently deceased patients and examining practice in each case. One year after its initiation a survey was undertaken to assess the effect on staff stress and satisfaction on a multi-disciplinary level.

156

POSTER

Increased willingness for organ donation in cancer patients

A. Müller¹, C. Kretschmar¹, I. Horn², M. Landenberger². ¹Clinic for Gynaecology; ²Department of Nursing Science, Martin-Luther-University (MLU), Halle, Germany

Purpose: New approaches to improve public relations were investigated by the MLU-study group "organ donation".

Methods: We had to develop a patients questionnaire for optimization of nursing and quality management. The 18 question among other things read as follows: "Would You agree to organ donation to help other people?" The patients could choose from 5 suggestions. Among other gynaecological patients 50 cancer patients were questioned.

Results: Together with other interesting results we registered a prompt willingness for organ donation in 28% of cancer patients. This readiness of unfortunately for donation unfit patients is as 5 times higher as in overall germany average (5%).

Conclusion: Lack of donated organs represents a world-wide problem. Our results suggest a new approach to enhance donation willingness. We