

Session H: Oncological Nursing

H1 THE PERCEPTION OF FATIGUE IN A SAMPLE OF CANCER PATIENTS UNDERGOING CHEMOTHERAPY

Davide Valle, Pietro Altini
Facoltà Medicina e Chirurgia Torino- DUI, A.O. S.G.Battista Molinette
Torino

Fatigue is the most common symptom perceived by cancer patients. It's prevalence varies; during and after radiotherapy it affects from 65 to 100% of patients (King et al. 1985; Oberst et al. 1991), and during chemotherapy courses 59–96% of patients (Nail et al. 1991; Richardson et al. 1998). Other symptoms such as dyspnoea, pain, nausea and vomiting and concomitant anaemia may influence both its presence and severity.

Fatigue in cancer patients is a subjective experience, characterized by physical, emotional and relational and social aspects. It is, in fact, one of the major problems that may impact on patients' daily activities, thus affecting his/her quality of life. Only a limited number of studies has, so far, described this problem.

Aim. Aim of this study is to describe how cancer patients undergoing chemotherapy treatment perceive and cope with fatigue.

Methods. An anonymous, self compiled questionnaire derived from Piper Fatigue scale was distributed to all the patients undergoing chemotherapy treatment, admitted to oncology wards and day hospitals of the participating centres. Data on the clinical conditions of the patient were derived from clinical records.

Patients were excluded if: a. they did not give their consent; b. were receiving the first chemotherapy course; c. were not able to read or answer the questions.

Results. The results of the survey will be presented during the conference.

H3 THE ROLE OF NURSING IN A PATIENT SERVICE

Maurizia Zucca
Institute for Cancer Research and Treatment, Candiolo (Torino), Italy

The need for optimising the role of nurses in the organisation of a *Patient Service* is becoming progressively more impelling as oncological patients increasingly require more qualified and specific care and assistance. The Piedmont Region has recently issued a document entitled "Designing and experimenting an organisation model of regional Oncology Network" (1) where particular relevance has been reserved to the novel aspect of the specificity that should characterise the duties and competence of oncology nurses. This Document is strongly geared to seeking an improvement in the care and assistance of oncology patients, based upon the principle that the patient should be the centre around whom the whole diagnostic, therapeutic and assistance course must rotate, involving a smooth continuity throughout local primary care and tertiary specialty assistance. The specific and competent role of nurses during this process is a cornerstone for its success, and it is essential that duties and competence be clearly delineated. The first aim of this project is to describe in details the professional duties of nurses in a *Patient service*. This is accomplished within the professional duties that the present law attributes to the nurses, by defining the necessary specific knowledge as well as the expected relational, organisational, technical and educational capacity, that nurses devoted to a *Patient Service* should possess in order to deliver a high quality of care and assistance(2). The second aim of this project is to describe an organisation model that can be implemented in an Oncology Centre running a *Patient Service*. This is accomplished by defining the necessary structural, technological and human resources allowing the model to be efficiently implemented. This latter model needs to identify the role of each nurse according to his/her position, to characterise specific competence, responsibility, independence, collaboration and interrelationship with the duties of all other professionals involved in running the *Patient Service*.

H2 NURSING EVALUATION OF QUALITY OF LIFE (QoL) IN ONCOLOGICAL PATIENTS (PTS): A PILOT STUDY

Astori A., Cavalleri G., Riccardi MR, Franzin P, Papini S, Ferro E, Cazzaniga M, Cremonesi M, Mandalà M and Barni S
Medical Oncology, Treviso

During the last years, the role of the oncological nurse has changed and she has become one of the addressing persons for pts. In some cases, pts refer to her for chemotherapy (CHT) side effects and for emotional distress caused by tumour diagnosis and planned therapy. From January to March 2002 we administered a multi-item questionnaire to 76 consecutive oncological pts during CHT. The questionnaire consisted of three different sections: the first one concerned to the impact of CHT on pts' QoL and consisted of 5 questions: (1)-what is the most distressing aspect of CHT;(2)-what kind of CHT would you prefer to receive; (3)-what is the most uncomfortable symptom during CHT; (4)-what is the best time and (5) the best place to receive CHT and with whom. The second section was about what pts asked their nurse and oncologist, while in the third part pts were requested to give a mark to nurse, oncologist, service and structure. Only one answer for each question was allowed. Median age was 52 years (19–78), male/female ratio was 27/49. About CHT acceptance, symptoms during the following days were the most distressing aspect in 49/76 (64,5%) pts; 50/76 (65,8%) pts would prefer to receive the standard CHT, even if its efficacy is only 50%, while only 15/76 (19,3%) pts would have accepted an experimental CHT. Concerning side effects, the most important aspect is being without pain for 31/76 pts, the ability to do normal activities for 25/76 and regular food intake for 10/76 pts. Most pts (67/76, 88,2%) would prefer to receive CHT during the first hours in the morning, at the Day Hospital (62/76) and with other pts (62/76); only 14/76 would receive CHT at home. The majority of them (42/76, 55,3%) ask their nurse to be nice and kindly, while their doctor to be helpful in explaining their clinical situation (41/76), sincere (10/76) and able to do the best (12/76). Pts' mean marks were 9,82 (8–10) to nurse, 9,65 (8–10) to doctor, 9,29 (6–10) to service and 9,35 (7–10) to structure. In our experience, oncological pts are aware of their clinical situation, fear CHT side effects because of its impact on their QoL and prefer receiving CHT at Day Hospital with other pts. They ask emotional support to their nurse and clear explanations to their doctor about the disease and generally they are happy about service and structure where they are treated.

H4 VOMITING AND NURSING INTERVENTIONS

Allari Maria Luigia, Bevilacqua Angela
Oncologia Medica A.O.S. Croce e Carle, CUNEO

In spite of the progress in the prevention of chemotherapy-induced nausea and vomiting (N/V), they still represent an undesired event notably disturbing for a number of patients (pts). N/V determines a heavy burden of fear and anxiety, sometimes inducing the pts to refuse the treatment.

The uncontrollable vomiting induces a deterioration of general conditions, psychological changes with negative effects on the rational angles, on the working activity, and having considerable repercussion on the quality of life. The aim of this work is to render the nursing staff more aware in the prevention of this problem. It is important to pay attention to the psychological aspect, while focusing attention on the useful ways of reducing discomfort and of having a good nursing management of nausea and vomiting and its prevention. After a short description of vomiting pathophysiology, the different kind of vomiting (acute, delayed, anticipatory) are analysed and linked with the use of drugs with high, moderate or low emetic grade, according to the ASCO classification.

We have analysed the different classes of antiemetic drugs and possible eventual adverse effects as observed in clinical studies, their administration and their costs. We have drawn up a protocol of nursing interventions, for internal use in our operating unit.

The future directions of nausea and vomiting pharmacologic treatment are analysed on the basis of the recent clinical trials.

The importance of the nurses role in the education and counseling of the pts is pointed out. Authors believe that life style and adequate health education could improve the management of chemotherapy-induced emesis. This hypothesis will be verified in a future study.

H5 PAIN MANAGEMENT IN PATIENTS WITH METASTATIC CANCER. A CLINICAL STUDY ON EFFICACY AND COMPLIANCE OF TRANSDERMAL FENTANIL (DUROGESIC) FROM THE NURSING POINT OF VIEW

Professional Nurse Rosa R.; Mattiacci L.; Afretti L.; Rossi G.; Pegorari P.; Capellari K.; Novellini S.; Aitini E.
ONCOLOGY and HEMATOLOGY DEPARTMENT Mantova.

PURPOSE: to evaluate the efficacy and the compliance of a pain approach based on 3-day administration of a transdermal plaster Fentanyl (Durogesic) in 31 patients with metastatic cancer.

MATERIAL AND METHODS: from January 2001 to January 2002, 31 patients entered into this study. Before starting we noted for each patient: site of primary tumor and metastatic localizations, performance status according Karnofsky scale, objective pain with the analgesic consumption and subjective pain with VAS (visual analogical scale) method. During the treatment we noted all the side effects occurred, the efficacy like an improvement in subjective pain and the time required to increase the dosage of Durogesic.

RESULTS: 22 patients completed the planned three months period of treatment with a good pain control: 3 patients dropped out because dead; 4 patients dropped out for insufficient follow up; 2 patients dropped out because of toxicity: nausea, somnolence, giddiness and vomiting. 26 patients increased dosage with a good pain control. Median time to increase the dosage was 3,8 days. Side effects were: somnolence 24%; nausea 24%; constipation 21%; giddiness 15% and vomiting 10%. Among these effects, only 2,6% were arose during the treatment, the remaining were an accentuation of the symptoms already present.

CONCLUSIONS: we perfectly know that pain of our patients is a "global pain" deriving from multiple factors; transdermal Durogesic permits a very simple management of pain with a good compliance and tolerance. Neoplastic pain is generally growing and growing and required sequential multiple pain approaches. This study seems to suggest Durogesic treatment is a very simple treatment and may be safely and successfully used before a more aggressive pain approach.

It's also a very simple domiciliary method for the patients, and for they is practical method to live every day without hide anything too.

H7 WAITING TIMES FOR PATIENTS UNDERGOING CHEMOTHERAPY TREATMENTS IN A DAY HOSPITAL

Pellachin S., Armando T., Arnaud M.T., Balestra L., Caviglione L., Lorenzi E., Mussa V., Quarantino D., Rozzo S., Siviero B., Tealdi G., Trainito R., Storto S.

C.O.E.S.- ASO San Giovanni Battista – Molinette -Torino

The oncology day hospital of the Centro Onco Ematologico Subalpino (C.O.E.S.), located in one of the larger Italian hospitals (Azienda Ospedaliera San Giovanni Battista di Torino), was opened in July 2001. It includes all the oncology services and the day hospital.

The 27 beds and treatment chairs are used by two patients per day during the 12 daily hours of activity and 2 beds are reserved for urgencies.

Patients are divided in two groups (A and B) according to their illness and the appointments for each group are registered in two diaries. A maximum of 30 appointments per day for each group, from 8 a.m to 2 p.m., can be taken. This guarantees the completion of the treatments during the opening hours of the COES. The activities of the COES are strongly connected to the activities of other services such as Laboratories, Pharmacy.

To optimise patients' access to the centre, data on the how the patients spend his time while in COES were collected with an ad hoc form. Data were collected for each patient, from the access to the centre till the end of the treatments for a week, from Monday to Friday.

Waiting times were separated from time of spent for active treatments, thus allowing to identify the most time consuming activities and the waiting times. This survey allowed us to know which working processes needed improvements and the possible strategies for improvement: i.e. increasing the number of personnel (and the qualifications needed); modifications in the booking process; recalls for patients to respect appointment. Strategies and interventions are being studied to allow patients to actively employ their time and render unavoidable waiting times less boring.

H6 CENTRAL VENOUS CATHETER (CVC)-RELATED SEPSIS IN PATIENTS UNDERGOING ALLOGENEIC TRANSPLANTATION FOR SOLID TUMORS

Silvia Maglie, Mara Mottarella, Emma Ferrara, Ivana D'Addio, Danilo Gabba and Gabriella Rasso.

Divisione di Oncologia Medica Falck, Ospedale Niguarda Ca' Granda, 20162 Milano.

Introduction

Patients treated with allogeneic bone marrow transplantation (AlloBMT) have an high risk of developing infections due to leucopenia and to the use of immunosuppressive drugs. In particular, CVC-related infections are a major cause of morbidity in the post-transplant phase. Therefore, a correct maintenance of CVC is important for avoiding this risk.

Patients and methods

Ten patients with metastatic solid tumors undergoing AlloBMT were studied. All patients received immunosuppression with cyclosporine A and methotrexate. A nontunneled, noncuffed bilumen percutaneous vascular catheter was placed in the external jugular vein before initiating the procedure and removed at patient discharge or if clinically indicated. Conventional aseptic techniques were used during insertion and maintenance of the catheter. Blood cultures were performed for fever $>38.5^{\circ}\text{C}$; after removal of CVC, bacterial or fungal colonisation was studied by culturing the CVC distal part. Antimicrobial therapy included fluconazole for antifungal prophylaxis and ciprofloxacin for antibacterial prophylaxis.

Results

CVC was kept in site for a median time of 21 days. Following transplant, all patients experienced leucopenia lasting a median of 10 days. Fever $>38.5^{\circ}\text{C}$ was recorded in 6 cases. In 2 patients blood cultures were positive for gram+ bacteria (*Staphylococcus epidermidis* and *Enterococcus faecalis*) while in 2 additional cases the CVC at removal resulted colonized by *Staphylococcus epidermidis* in the absence of clinical signs and symptoms of infections.

Conclusions

The conventional techniques that we use for CVC maintenance is safe for minimizing the risk of sepsis in this group of high-risk patients. Further studies in a larger number of patients are ongoing along with a comparison with patients receiving autologous transplantation.

H8 UTILIZATION OF DATABASE AS A TOOL TO IMPROVE THE CENTRAL VENOUS CATHETERS MANAGEMENT

L. Guerretta, V. Defilippi, A. Valz, A. Cavagnetto, A. Rabbachin, E. Rossetti, C. Prandi, E. Perfetti, M. Clerico.

Nurses of the Oncology Department of Biella were in need of an easy tool to manage patients with central venous catheter (CVC).

Collection of data started in November '99 on paper support and, in July '01, data had been moved into a database; to date 216 devices are collected.

Nurses decided to use the electronic support because of its quicker accessibility for update, search and collection of statistics; it is an efficient tool for transmitting technical information and written documents about the CVC management; besides, it offers to every personnel the opportunity to improve their skill of computing.

In the data base you can open one card each CVC; it is therefore possible to have more cards for one patient.

Data inside cards are:

- personal data;
- kind of catheter, date, operator and site of insertion;
- date of removal of the suture and/or of the fin of fixing;
- date of catheter removal (if applicable) and motivation;
- medications (date and type);
- skills of the patients and their relatives about CVC management;
- possible complications;
- resolution of complications.

Nurse who takes care of the patient, fills in the card.

The elaboration of the cards allow us to know:

- type of devices in use within the Oncology Department of Biella;
- patients who already have a CVC when they come to our Department and patients who insert this device in Biella;
- number of complication and outcome.
- Effectiveness of strategies of education for patients and their relatives.

H9 PATIENTS' PERCEPTION OF REVERSE ISOLATION DUE TO HIGH-DOSE POLICHEMOTHERAPY-INDUCED IMMUNOSUPPRESSION

Rosella Marchese, Ornella Baldan, Rosanna Cerri, Anna Rita De Luigi
Ospedale Mauriziano of Turin, A.O. San Giovanni Battista of Turin

Patient with solid tumor or hematologic disease are frequently administered high dose chemotherapy. Protective isolation is often instituted to protect the immunocompromised patient from infection (i.e. protective or reverse isolation). Aim of this study is to explore the patients' perception of reverse isolation while receiving high dose chemotherapy.

Methods: ten patients who had experienced isolation for at least seven days were interviewed. The research staff interviewed the patients hospitalized from 25 June 2001 to 15 August 2002 in the hematology Dpt. of Molinette Hospital in Turin. All patients agreed to participate at the study.

Findings: most of the interviewed patients (7 out of 10) considered isolation necessary to prevent infections. All patients found lack of privacy to be a problem. 6 patients experienced the closed door as a cause of both physical and relational isolation. Most of patients told that thinking about family and turning to faith in God were of help to cope with difficult moments. The most frequently reported feelings are those related to the fact of being isolated, to the ailment due to therapies and to the uncertainty about the future as well. 8 patients found the care received by nurses of great help to face the experience of isolation and disease.

Discussion: patients lived isolation as a tough experience, even though not as stressing as it could be thought of. Doctors and nurses were judged positively, although detached and not much involved, maybe because the barriers of isolation limited human relationships. In an environment that generally put much attention to the treatment of diseases, to be also considered as "human beings" is expressed by many patients in the need of dialog intended as exchanging emotions and not only information.

H11 STUDY TO EVALUATE THE SATISFACTION OF PATIENTS AT THE OUTPATIENTS' CLINIC: EXPERIENCE OF THE NURSING STAFF OF THE MEDICAL ONCOLOGY UNIT OF THE POLICLINICO S.ORSOLA-MALPIGHI IN BOLOGNA

S.Orlandini, G. Rocchi, I. Pesci, M. Picchio, G. Coccia, C. Pinto, A. Martoni
U.O. Oncologia Medica, Ospedale S.Orsola-Malpighi, Bologna

A thorough analysis of the needs, the communications difficulties and the organisational problems relating to the patients undergoing treatment in an oncological outpatients' clinic represents the prerequisite for guaranteeing an health assistance model that sees the patient and not his/her disease at the centre of the clinical activity. With these aims in mind, and within the scope of the activities of the Outpatients' Clinic (OC) of the Operational Unit (OU) of Oncology of the Policlinico S.Orsola-Malpighi in Bologna, an anonymous questionnaire has been handed out containing 8 specific questions. In the year being considered (1998) in this OC, fitted out with 20 beds, 1,008 patients gained access, making 20,150 admission days, and 7,523 chemotherapy treatments administered. In a 1-month period 190 questionnaires were handed out, 56% (107) of which were filled in and returned. The questions formulated and the relevant responses were the following: 1) Do you feel that the surroundings of our OC are comfortable? YES 77%. 2) Do you think that the surroundings of our OC comply with the rules of privacy? YES 86%. 3) When you come to our OC do you feel at ease? YES 77%, NO 9%. (4) Is there something that bothers you? The lengthy waiting time 64%; not a very comfortable waiting room 20%; little information on the therapy and the organisation provided by the medical staff 18% and the nursing staff 9%. 5) Is there something you did not like in particular? The relationship with the nursing staff 81% and medical staff 63%. 6) Is there something you would have liked, but did not find? More time to talk with the medical staff 28% and nursing staff 11%; a better organisation 23%; an informative hand-out 18%. 7) Have you ever felt 'neglected'? YES 10%, NO 73%, Sometimes 12%. 8) Do you have any suggestions to make? YES 34% (shorten waiting times, increase the nursing staff, the presence of the same doctor).

The analysis of the responses obtained by the whole medical-nursing team of our OU has been utilised to make organisational modifications, the results of which will be evaluated by a follow-up questionnaire.

H10 ORGANISATION OF BLOOD SAMPLE COLLECTION AND DATABASE MANAGEMENT IN ONCOLOGY BY A NURSING RESEARCH TEAM

A. Liverani¹, N. Giovannini¹, M. Bragagni¹, A.M. Granato², P. Ulivi², F.Gardini², L. Frassinetti¹
¹Dept. of Medical Oncology, Pierantoni Hospital, Forli, Italy; ²Istituto Oncologico Romagnolo, Forli, Italy

Key words: nursing research, serum markers, chemotherapy

A clinico-biological study has been activated in the Department of Medical Oncology of Pierantoni Hospital, Forli, to evaluate new biological markers in patients with breast, colon or non small cell lung cancers, immediately after radical surgery or in an advanced setting.

The main objective of the study is to define the potential usefulness of these markers to predict the efficacy of antineoplastic treatment in terms of objective clinical response or disease-free survival.

Markers involved in the angiogenesis process (VEGF), fibroblast growth factors (a/bFGF) in patients with breast cancer and tumour liberated protein (TLP) in patients with colorectal and lung cancer, will be determined. Blood samples are taken by a nursing researcher of the Ward and Day Hospital of the Dept. of Medical Oncology at different times during antineoplastic therapy (before starting, every 3 cycles and at the end of treatment and/or at progression). The patients selected are informed of the aims of the study and give the nursing researcher their informed written consent.

The blood samples, labelled only with patients' initials, are sent to the biological laboratory; the anonymity of donors guarantees patient privacy and the methodological correctness of the study.

The nursing research team is also responsible for the creation and management of a database containing the clinico-biological characteristics of the recruited patients, as well as organisational data.

The study began in January 2002 and the results at six months will be presented and discussed at the AIOM congress in Turin.

Our experience will provide further confirmation of the important role of nursing research in clinical trials within applied clinical research programmes in oncology.

H12 CENTRAL VENOUS CATHETERS FOR CANCER PATIENTS: OUR EXPERIENCE

M. Turati, E. Croce, G. Pollani, M. Pini, A. Bertolini, S. Perrone, C. Mantica, D. Pedretti and A.Scanni
Oncologic Dept, Fatebenefratelli Hospital Milan

Cancer patients often require the placement of central venous catheters. The increased use of these devices is due to: a) Difficult peripheral venous access; b) Intensive chemotherapy administration; c) Continuous infusion chemotherapy; d) Total parental nutrition; e) Long-term vascular needs. The requirement of a new venous access at every therapy cycle and the need of an always available venous access for the continuous infusion of chemotherapy, has led to an increasing placement of central venous access systems. We report our experience with various kind of inserted central catheters: Port-a-cath (PAC) for venous or arterial access, Central Venous Device (CVD) and Periphery Inserted Central Catheters (PICC, type Groshong). PICC is a kind of not tunnelled central venous access and it is a good alternative to totally implantable (PORT) and tunnelled central venous devices. PAC are inserted by a surgery team, with high cost. CVD are inserted by our medical staff in patients who receive supportive care, HD treatment, or are candidates to short-term therapy. PICCs are inserted in veins of antecubital fossa (basilic, cephalic medial cubital veins) and advanced until central veins. The PICC's placement is done in out-patients regimen, by our nursing-medical staff, taking about 15 minutes. The advantages of this device are: 1) Fast placement; 2) No surgical or/and anaesthesiologic support; 3) No incidence of thrombophlebitis or/and microbial infections; 4) Cost saving for health care institutions; 5) Management in "out patients" regimen. From December 1998 to February 2002 we placed 58 venous PAC, 6 arterial PAC, 204 CVD and 83 PICC. We had to remove 6 venous PAC: 2 because infection, 2 for catheter rupture and 2 for incorrect use. Another 2 arterial PAC were removed because of rupture of catheters. No infection or other complications were observed by the use of CVD or PICCs. The effective cost, for each device, was the following: 500\$ for PAC, 100\$ for PICC and 40\$ for CVD. By our experience we can state that the use of PICC catheters is well tolerated by patients and it is associated with good quality of life, no major complications, low cost-benefit and easy nurse management. This device seems to be more suitable as compared to PAC and CVD for patients who must be treated by continuous intravenous infusion for periods not longer than 3 months in safety and without waste of time and money.

H13 THE NURSING WELFARE TO THE ONCOLOGIC EXTRACOMMUNITARY PATIENT

E. Croce, M. Turati, G. Aloe, C. Pistorio, D. Pedretti, C. Scannavino, M. Dirai, A. Bertolini and A. Scanni
Oncologic Dept. Fatebenefratelli Hospital, Milan

Our Oncology Department usually takes in care extracommunitary cancer patients (ECP). Both Day Hospital and Ambulatory take in charge patients coming from welfare institutions for foreign citizens settled in Italy and often not owning any kind of health assistance. From 1998 to 2001 we provided medical assistance for 76 ECP affected by cancer; 23 of them received chemotherapy in an hospitalisation regimen. Therefore, we have surely acquired medical and nursing experience in the management of the ECP. In the last three years 3 of the 76 ECP received autologous bone marrow transplantation with stem cell support. Medical and psychological aspects linked to a normal permanence in an oncology department (routinary and more complex diagnostic exams, intensive chemotherapy, febrile neutropenias, mucositis, anaemia, management of venous catheters, anorexia, depression, loneliness) are more relevant for extracommunitary than for Italian patients. Indeed, ECP often miss the presence of relatives and moreover, their poor knowledge of Italian language makes relationships difficult. In our experience ECP has to face a number of more or less relevant problems: a) He scarcely bears the permanence in the hospital; b) He doesn't follow the sanitary rules to avoid infections; c) He cannot stand hospital barriers; d) He misses his national food; e) He can hardly avoid to follow his own daily habits; f) He tries to follow his religious practices. It appears therefore necessary for nurses to know foreign languages, and the presence of voluntary assistants cooperating with social workers and welfare institutions. Moreover it is of great importance to carry out welfare protocols taking into account the native country and the cultural background of this patients. The program must be pursued even after hospitalisation, because the ECP frequently escapes the regular follow up, so vanishing the work just done. The aim of this work is to present a protocol of global assistance (medical, nursing, psychological and religious) for the extracommunitary in-patient, which has been created ad hoc by the staff of the operative Oncology Department of FBF Hospital of Milan. The most important points of our welfare protocol are: 1) Objective: personalized and optimised admittance; 2) Materials: information lists in different languages, interpreters, preparation of ethnic meals; 3) Methods: welfare strategy carefully tested and performed by motivated staff.

H15 PLANTAR REFLEXOLOGY IN THE CANCER PATIENT. STUDY PLAN

G Fabbroni, MG Todisco, V de Pangher Manzini
UO di Oncologia, Ospedale di Gorizia

Background and aim of the study. Plantar reflexology is a very old science based on the principle of the auto - regeneration of the organic balance through a soft hand massage of the soles of the feet. It appears as an alternative resource that can be usefully placed beside the classic modalities of treatment of the cancer patient, particularly for a better control of some side effects of the therapy, for pain, for anxiety, and for a better quality of life. In this abstract we present a study plan for the application of plantar reflexology, and the evaluation of their results, to some patients of the Oncology Operative Unit of the Gorizia Hospital.

Methods. Patient's eligibility criteria are: a prevision of life more than 6 months, both adjuvant or palliative chemotherapy, an easy geographic accessibility, and compliance. Reflexology treatment will be performed by a nurse graduated in this science. A psychologist collaborates with the drawing-up of the questionnaires, and for the subsequent evaluation of their results. Two reflexology sessions a week will be performed for the first 6 sessions, afterwards one session a week, for a global number of 16 session. Each session lasts 1 hour. A dedicated record - chart is compiled for each patient with the list of problems, the visual inspection of the soles of the feet, the analysis of the reflex points of the soles. The individual plan of treatment is derived from these data. Two questionnaires are distributed respectively at the beginning and at the end of the reflexology treatment for monitoring the side effects of the chemotherapy, the intensity of pain, the use of analgesic drugs, the changes of the spirit, the global feeling. Moreover, each patient can record in a personal diary the changes in symptoms and in feelings during the reflexology treatment.

Evaluation of the results. A preliminary evaluation will be performed after the complete treatment of 10 patients to evaluate the suitability of the study plan, the compliance of the patients and for a first judgment on the benefits derived from this approach.

H14 THREE YEARS OF CONTINUOUS QUALITY IMPROVEMENT IN A UNIT OF MEDICAL ONCOLOGY

C. Grillo, A.M. Tassone, B. Grasso, O. Ostellino, G. Porcile
Unit of Medical Oncology - ASL 18 Alba Bra

Introduction:

The continuous improvement of quality is one of the most important organizing objectives of our Unit. The establishment of a quality improvement program was born both for the internal workers' need and for the General Direction objectives.

Material and methods:

Our project has been practically oriented in order to produce an effective result on the daily operative reality.

At the beginning of every year, every member of the equip is invited to write, anonymously, the problems and the requirements emerged in their work. After collecting this data, we analyse every suggestions and evaluate them in accordance with these criteria:

- the cost of the solution of the problem, the degree of fall back on the patients' comfort and the dependency of the solution by the workgroup or by external factors. We drawn up a list of problems having the best evaluation and some workgroups are created to face the evident problems.

Development:

The two aspects faced in the first year have been the reception of patients coming to the surgeries and the reduction of the waiting time for the patients in day hospital. In both cases we have made a review of the activities in order to monitor every possible inadequacy and to look for the solutions. The application of these solutions has allowed us to reach satisfactory results.

In the second year we have worked on the definition of Mission, Vision and General Objectives of our Unit. Immediately after we have drawn up a Service Chart of our Unit. These two documents are distributed to all the patients. In the last year we have drawn up a list of indicatives for the continuous monitoring of quality in our Unit. We have selected twenty indicatives subdivided in the three fields: action, structure and result. Every member has to monitor one or more indicatives and work for their improvement.

Results:

Our project has drawn a lot of interest and participation from every member of the Unit. Regular critical reviews of our work have been allowed in order to have an improvement both in the given service and in the workers' motivation.

H16 NURSING MANAGEMENT OF PATIENTS UNDERGOING HIGH DOSE CHEMOTHERAPY WITH AUTOLOGOUS STEM CELL TRANSPLANTATION

Lorella Capucciati, Teresa Borsotti, Corrado Gozzo, Monica Muroi, Carmen Paradiso, Donatella Petrucci, Raffaella Bertè, Giuseppe Civardi, Antonio Lazzaro, Carlo Filippo Moroni, Daniele Vallisa, Luigi Cavanna
Medicina Oncologica ed Ematologia, Ospedale "Guglielmo da Saliceto", Piacenza, Italy

After myeloablative treatment and autologous stem cell transplantation, patients are isolated to prevent infections. It is mandatory to implement all the infection control procedures. Specific protocols are implemented in our Department, aimed at minimizing the infective risk of leukemic transplanted patients, admitted, for protective isolation, to low microbic contamination isolation rooms:

- a) the access of health care personnel is regulated according to the neutropenia level of the patient, with a color code (red for grade 3-4 neutropenia, yellow for grade 2 and green for grade 1). Every color implies a specific behavior for the visitors and for doctors and nurses. For instance, the red color implied a total change of clothes before entering the room. The green colour only alerts to apply mask on the mouth.
- b) Protocols for personal hygiene during aplasia were given to the patient (for instance for hands, mouth and perineal hygiene).
- c) Patients can chose their personal menu among a list of allowed foods, during the neutropenia phase.
- d) The isolation rooms are located at the periphery of the unit, and they are all equipped with phone, TV and frigobar.
- e) Continuous monitoring allows to promptly identify any problem or difficulties related to the organization of the patients isolation.

From November 1999 to February 2002 30 patients underwent autologous transplantation. Only 3 cases of fever >38°C were observed, and successfully treated with antibiotics. The mean number of days with neutrophils count under 100/ml was 4 days, and 7 days under 500/ml.

Our protocols are safe and effective for the organization of nursing care patients undergoing high-dose chemotherapy.

H17 HOW TO GUARANTEE EVIDENCE BASED SAFETY IN PREPARATION AND ADMINISTRATION OF CHEMOTHERAPY IN OUTPATIENTS ATTENDING MEDICAL ONCOLOGY AND HEMATOLOGY UNIT

Maria Rosa Cordani, Angelica Cravedi, Ivonne Danani, Maria Angela Marchionni, Fernanda Trecordi, Daniela Veneziani, Livia Bidin, Maria Angela Palladino, Carmelina Rodinò, Luigi Cavanna. Oncologia Medica ed Ematologia, Ospedale "Guglielmo da Saliceto", Piacenza, Italy

Nurses play a major role during preparation and administration of chemotherapy treatments, and an expert knowledge of main antitumor agents is mandatory. A specific protocol was produced, in collaboration with the Development and Organization Service of our Hospital, to avoid mistakes and prevent occupational exposure. The following goals were identified:

- the production of a simple standard guideline, with a step by step monitoring of the process and a double check on each drug dilution, to avoid mistakes while reading the prescription, during the preparation and administration of chemotherapy.
- its implementation and evaluation, collecting data to monitor both the process and results.

From July 2001 to november 2001, and from January 2002 to march 2002, the preparation and administration of 3919 and 4865 intravenous chemotherapy treatments were evaluated, according to the protocol. No mistakes and discrepancies were observed between dilutions performed and prescriptions. Only 3/3919 (0.76%) and 11/4856 potential problems were identified and promptly corrected. The results confirm that the implementation of double check on the process of drugs administration (from the prescription to the administration to the patient) can be routinely implemented in busy wards. The procedure itself is not time consuming and can avoid potential harms to the patients.

H19 INQUIRY OVER RITUXIMAB ADMINISTRATION IN HEMATOLOGY AND ONCOLOGY CENTERS

Daniela Tognoni, Antonio Errico, Alberto Grossi
Division of Hematology, Policlinico Careggi, Firenze

Monoclonal anti-CD20 antibody (Rituximab) is largely used in the treatment of low-grade, intermediate and, more recently, high-grade non Hodgkin lymphomas. In the most common protocol a weakly dose of 375 mg/sqm is administered for four weeks. Manufacturer (Roche) indicates the method for solution preparation, and infusion procedure of the brand available in Italy (Mabthera®). To investigate whether and to what extent manufacturer recommendations were followed in the clinical routine, informations were collected, by phone call, from 50 hematology and oncology centers, where a total of 255 patients (mean 5.5/center) had been treated. Drug preparation, premedication of patients, hydration, rate of infusion, blood pressure and vital signs check during infusion, and adverse events due to antibody administration were all considered in the evaluation.

Results: The recommendation to use normal saline or glucose bags instead of vials, for the preparation of solution, was followed only in 6/50 institutions. The suggested premedication (paracetamol plus antihistaminic) was routinely used in 32/50, only antihistaminic in 15/50, and a miscellany of drugs or no medication in the remaining cases. Hyperhydration (8/50), which is not in the recommendations provided by the manufacturer, and Allopurinol were both used to avoid hyperuricemia due to cell lysis, and reduce the risk of renal failure. In about 50% of cases a low rate of infusion was cautiously maintained in the first and subsequent administrations. Clinical parameters were recorded according to Roche suggested frequency in only 5/50 institutions, and not recorded in 4/50. Prevention of adverse reactions with correct premedication (64% of institutions), and low rate of infusion maintained after the first course (50%), indicate that the potentially adverse reactions to Mabthera (experienced by 40/50 centers, although mild to moderate) have been considered; on the other hand recording of blood pressure and clinical parameters was erratic. In consideration of the observed differences between manufacturer recommendations and routine procedures in the preparation and administration of Mabthera, it seems worthwhile to promote a study in order to evaluate whether or not these changes affect incidence of side effects and safety of administration.

H18 FORWARD-BACKWARD TRANSLATION OF THE BRIEF FATIGUE INVENTORY, A QUESTIONNAIRE FOR THE RAPID ASSESSMENT OF FATIGUE SEVERITY

C Bell (1), M Marchetti (2) and M Costantini (3).

(1) Oncologia Medica I, National Cancer Institute, GE; (2) Laboratorio Informatica Medica, IRCCS Policlinico S.Matteo, PV; (3) Unit of Clinical Epidemiology and Trials, National Cancer Institute, GE

Fatigue occurs in 60–80% of cancer patients: who have identified fatigue as the most troublesome symptom of their cancer treatment and the symptom most likely to cause distress. Despite its relevance fatigue is rarely assessed and even more rarely treated. Reasons for this may be that the currently available instruments measuring fatigue are time consuming and overly complex for use in the clinical setting. A short questionnaire in Italian to measure fatigue does not exist. The Brief Fatigue Inventory was developed at the MD Anderson Cancer Center in the USA. It is on 1-page with nine items measured on 0–10 numeric rating scales. Three items ask patients to rate the severity of their fatigue as 'worst', 'usual' and 'now'. Six items evaluate how fatigue interfered with aspects of the patient's life (with general activity, mood, walking ability, normal work, relationships and enjoyment of life). According to the original validation, a single 0-10 scale measuring the severity of fatigue can be obtained with the arithmetic mean of the nine items. The purpose of this study was to obtain a linguistically valid Italian version of the BFI. The process of 'Forward-Backward' translation, conducted in close liaison with the authors, enabled semantic and linguistic validation of the Italian language version. The language used in the BFI is simple and straightforward for ease of translation. To ensure equivalence we used the standard forward translation from English into Italian by 2 independent native speakers of Italian and then back translation to English by 2 independent native speakers of English. We compared the translation that we had developed from the forward and back translation with a one way translation done by an Italian mother tongue translator. The only semantic and conceptual problem was for the word 'fatigue (weariness, tiredness)' that was translated into Italian as 'stanchezza o spossatezza'. The Italian version of the BFI appears to be a linguistically valid measure of fatigue for cancer patients. A validation study is now under way to test the psychometric properties of the questionnaire.

H20 FROM THE HOSPITAL TO THE TERRITORY: THE FUNCTION OF A PUBLIC RELATION OFFICE IN GIVING INFORMATION AND ORIENTATION FOR THE ONCOLOGICAL PATIENT

Paola Rossi, Rosanna Cerri.
ASO San Giovanni Battista Torino

Introduction.

The most important task of a Public Relation Office, is to reduce the distance between the institution and citizen, this service is useful in order to place the hospital nearer to patients and their habitat.

This office is placed in the Comprehensive Cancer Centre called COES (Centro Oncologico ed Ematologico Subalpino), a front-line service for welcoming patients and giving correct and complete information on the COES.

Patients today, find answers to clinical questions regarding their pathology at the Information Point (Punto Informazione Supporto), run by nurses and doctors in oncology.

But which other kind of information do patients need to face problems they encounter every day?

Objective.

Create a system inside the Centre (COES) that allows employees of the P.R. Office, according to their specific role, to satisfy the information needs of patients.

Project development.

We tried to classify and understand the different kinds of queries and information (not clinical) that could be useful to oncological patients interviewing 20 of them.

The results of our work can be divided into 5 different areas:

- Legislative.
- Administrative.
- Reference on territory.
- Activate ADI.
- Demand on Sanitary Garrison.

In order to define the above topics, a specific questionnaire will be proposed in the C.O.E.S. to its users.

The information that patients will give us will be compared and integrated with the information given to the Social Workers. The objective is to differentiate the typology and the complexity of the information given.

The second part of this project is in progress, the result will be shown in the report.

H21 NURSING CARD IN AN ONCOLOGICAL DAY HOSPITAL: PROBLEMS AND RESOURCES

M.Ciceri, L.Camia, C.Grillo, A. Dalla Mola, G.Porcile
U.O.A Oncologia Medica ASL 18 Alba-Bra

In the last three years we adopted a new data collecting system: the Nursing Cards. These include data about chemotherapeutic sessions, nursing observations, inpatient admissions during cycle period, evaluations reservations, personal and psychological data and the nurse signature.

Purpose of the study.

To assess the accuracy level in drawing up cards.

Materials and methods.

Needing a representative sample, we random took and examined 106 Nursing Cards compiled between January 1999 and February 2002. We checked the accuracy and completeness in collecting data about all the above mentioned aspects.

Results.

In only 15% of Cards examined we found complete informations about patient's psychological, physical and relational condition; however in nearly 100% of Cards 'technical' data and informations about medical aspects are complete. Our conclusions are that the card compilation is not complete.

Discussion.

It was pointed out that the partial compilation invalidates the card efficacy. With the medical literature revision and after an équipe meeting, it has been decided to realize an updating programme in order to awaken nurses to the correct use of the card. This programme consists of reading and analyzing bibliography, comparison with other oncological centres, équipe meetings. It is expected a programme verification with a re-examination of cards: results will be available in five months.

Conclusion.

The nursing card is an instrument very useful not only to gather information concerning patient's necessities, but also to plan adequate intervention. For this reason all the stuff must be awakened and prepared to its correct compilation.

H23* LET'S TALK TOGETHER...

B.Grasso, G.Destefanis, A.M.Tassone, C.Grillo, G.Porcile
U.O.A Oncologia medica Asl 18 Alba-Bra

Having identified on the part of the family the need to be well informed about the diagnosis of their relatives, including information about the prescribed therapies and the possible side effects and/or complications, and having established the need of psychological support, in February 2000 we defined a plan/proposal of support to aid the families, with the aim of giving the opportunity for relatives to receive information and support. We identified similar projects (e.g. a project was carried out with very good results in a Milan centre under Dr. G. Porcile) and defined our resources (Doctors Grasso, Destefanis, Tassone, the oncologists on duty and a psychologist). We scheduled two meetings a month, one with the oncologist and the other one with psychologist. A nurse was present at both meetings. Together we decided how to present this initiative to the families and explained the project to staff. After having obtained the necessary support, we presented the final project to relatives, and started the meetings in March 2000. In 2000-2001 we had 14 meetings each year. Presently, since the beginning of 2002, monthly meetings have been held, with an oncologist, a psychologist and a nurse. We decided upon this intervention because relatives found it difficult to cope with psychological themes even though they agreed with the usefulness of psychological support. The average number of relatives present at these meetings has been 7/10 family members. During the meetings we found that people found it difficult to talk about the problem in general; relatives often spoke only about their own individual case stressing the specific medicine or illness. We noted the difficulty facing psychological distress and suffering and terminal illness. Currently, two years after the beginning of the project, a test questionnaire is provided relatives whether or not their participate in the meetings in order to evaluate the usefulness of the project. We also hope to identify needs of the participants, in the future, modify the arrangements and organization of the topics of the meetings to meet these needs.

H22 MANAGEMENT OF EXTRAVASATION FROM CHEMOTHERAPY DRUGS

Cavazza Isabella, Rocchi Giuseppina, Bruni Anna Maria and Staff nurses
UO Onc. Med. (dir. A. Martoni), Dip. Onc. & Emat., Azienda Ospedaliera S.Orsola - Malpighi Bologna.

Introduction. Most chemotherapy drugs must be administered endovenously and an extravasation, even if minimal, of a drug from the vein can cause large damage to the cutaneous and subcutaneous tissues. In the scientific literature there are reports of an incidence of antituberculous extravasation in the range 0.1% and 6%, but these data are definitely underestimate the extent of the problem. If we consider the high number of chemotherapy infusions, then this can be thought of as an event that is not rare and that can even cause the disabling effects for the patients.

The objective of this study is to prepare the nursing protocol in order to assure an optimum standard in the management of the extravasations due to chemotherapy.

Methods. Starting from January 2002 at the Operative Unit of Medical Oncology of the Ospedale S.Orsola - Malpighi in Bologna we have proceeded to accurately record all the cases of extravasation, filling out a dedicated chart in which the extravasated drug is noted, along with the description of the site and the characteristics of the lesions provoked. The subsequent regimens adopted and the signature of the relevant health operator are also included. The protocol requires:

- 1) the accurate classification of the administered chemotherapy (irritant, non-irritant, non-ulcerating, ulcerating);
- 2) the type of antidote and the regimen to be used for each and every drug;
- 3) a standard procedure indicating all the operations/manoeuvres to be adopted on a case-to-case basis.

The study is currently in progress and is due to be completed by January 2003.

H24* ASTHENIA IN ONCOLOGY: EXPERIENCE OF MEDICAL ONCOLOGY DEPARTMENTS

N. Giovannini¹, C. Caldara²

¹Dept. of Medical Oncology, Pierantoni Hospital, Forli, Italy; ² Department of Oncology, Riuniti Hospital, Bergamo, Italy

Key words: cancer asthenia, nursing research, support therapy

Patients with cancer frequently experience a multitude of symptoms during the course of their disease. Current treatment modalities can exacerbate some of these symptoms, but, fortunately, the availability of increasingly effective medications has improved the management of symptoms. Asthenia is a frequently overlooked symptom because it is not life-threatening, yet it has a profound effect on the lives of patients.

The study will recruit patients (naïve, first relapse after a period of suspension of therapy superior to 12 months) who are about to start any type of chemotherapy during the 2 weeks from 1.05.02 to 15.05.02. Information on Quality of Life will be collected through the Fact-an questionnaire before treatment, after one month and at the end of the planned two-month period of evaluation.

The questionnaire will be distributed by nursing researchers to the patients of the Oncology Departments and Units in the provinces of Bergamo and Forli-Cesena.

Patients will be asked to describe their mood and level of fatigue they are experiencing. Completed questionnaires will then be analyzed by the Authors. The main aim of the present study is to achieve a more accurate evaluation of the effects of antituberculous treatment on the physical and psychological conditions of patients, thus providing a more realistic picture of its influence on the everyday life of patients. A greater understanding of the chronic impact of cancer asthenia on patients would also lead to a more appropriate use of support therapy.

The present study will further confirm the role of nursing-research in clinical trials and in translational research in oncology.

The data collected will be analyzed in depth during the forthcoming AIOM congress in Turin.

H25* BOTTOM-UP ANALYSIS OF NURSING RESOURCES AND WORK FLOW IN AN ONCOLOGY DAY HOSPITAL

Micheli C¹, Barelli P¹, Dal Sasso F², Zambotti L², Dalla Torre E², Morelli D², Tonetti L², Sartori P² and Galligoni E²

Introduction. The relationship between patients' needs and workload can be the cause of work related stress. Nursing resources are often poorly assessed and this may lead to inadequate patient's care. A detailed analysis of nursing workload and work flow is mandatory for a better planning but it should be done in close collaboration with the involved personnel.

Methods. From February to April 2001 a bottom up analysis was performed by the Nursing Management Office in close collaboration with the medical and nursing staff of the Oncology Unit. Data were collected with multiple interviews to nurses and doctors, assessing the patients' pathways, nurses' work flow, clinical records and the mean number of patients (by day, week and month) visited in the day hospital.

All nursing activities were registered with ad hoc forms together with the number of nurses involved and the time spent for patients admission, blood tests, assistance to doctors, preparation and administration of cytotoxic drugs, supportive treatments and other activities such as answering to the phone calls, and administrative activities.

Results. All the data collected were returned and discussed with the involved personnel. The mean time spent by nurses with patients undergoing chemotherapy treatments patients was 62 minutes. As expected, the length of time spent with the patients depends on the length of the treatment. Patients that do not receive any treatment are cared by nurses for 15 minutes on average.

Conclusions. The assessment of nurses' workload is mandatory and should be the basis for assigning personnel and scheduling nurses' activities, in order to ensure optimal patients care. This would reduce the stress, avoid mistakes and may decrease the burden related to working in high stress medical settings, such as oncology wards.

H27* THE ADMISSION OF AGED PATIENTS IN AN ONCOLOGY DAY HOSPITAL

V. Mussa, S. Storto, L. Balestra, F. Grezzo.
Azienda Ospedaliera San Giovanni Battista e Università degli Studi, Torino.

The Day Hospital Oncologico (DHO) of San Giovanni di Torino opened in May 1998. A reorganization took place in July 2001 making it part of the Centro Oncologico Ematologico Subalpino (COES). The defined objective of the unit were the needs of patients with a focus on the personal growth of employees. In the first phase of the DHO operation there was a confusion of roles which led to complaints by the patients that there was no point of reference among staff and that staff members were unable to follow and evaluate patients. The DHO staff was then subdivided into two separate teams based on the pathology of the patients: Group A was made up of patients with cancers of the upper trunk and of the female genitalia and Group B were patients with cancers of the lower trunk. One particular category within the groups was comprised of elderly patients (above 70 years of age) who had a better overall acceptance of their diagnosis and a lower incidence of external relationships. This group of patients had a higher incidence of concomitant pathologies, were less resistant to chemotherapy and had more difficulties with mobility. In this paper we analyze the characteristics of the 78 patients over age 70 who underwent treatment in our unit from September 2001 until January 2002. The percentage of these patients with respect of the total patients treated was 14.7 of women and 23.7 of the men which is higher than the Italian average population of 8.7 and 5.5. The most frequently seen tumors in Group A were lung and breast, in group B colon and prostate. The incidence of metastases was 32.6% and 42.9% respectively. The principal concomitant pathologies were cardiovascular, arterial and circulatory problems. Twenty various anti-neoplastic agents were used. Myelotoxicity was the prevalent cause for dose delay. In Group A progression of disease was seen in 58.1% of patients and 34.3% in Group B. There was incomplete information about diagnosis in 29.3% and 16.1% of patients in Group A and B respectively. The data collected suggest that when elderly patients are admitted to the DHO, special attention has to be given to concomitant pathologies, metastases, dose reduction and myelotoxicity, social problems and progression of disease.

H26* STANDARDS IN ONCOLOGY NURSING

Elisabetta Brivio
Assoc. Infermieri di Assistenza Oncol.

In Italy the changes that are affecting the National Health System and the practice of nursing require to the oncology nurses more flexibility and the ability to integrate themselves with the various Health System's demands. This System is becoming more and more addressed to give appropriate and scientific answers to individual and community health needs.

Currently the oncology nurses have been recognized more responsibility and autonomy and a new management empowerment in the respect of the basic level of nursing care. This requires a clear definition of the quality of the oncology nursing care and the assessment of the assistance activities delivered. A.I.A.O. has taken part to the definition of the European standards for the Advanced Practice of Cancer Nursing. These are:

Standard 1 Research: The advanced practitioner of cancer nursing is actively involved in the development, practice and utilisation of research.

Standard 2 Expert Practice: The advanced practitioner of cancer nursing provides expert and cost-effective clinical care to patients and their family.

Standard 3 Clinical and Professional Leadership: The advanced practitioner of cancer nursing motivates followers towards improving patient outcomes and moving forward the boundaries of cancer nursing practice.

Standard 4 Change Agent: The advanced practitioner of cancer nursing initiates changes in a planned, systematic manner.

Standard 5 Ethical Decision Making: The advanced practitioner of cancer nursing makes decisions and take actions in an ethical manner.

Standard 6 Collaboration: The advanced practitioner of cancer nursing enhances and extends the quality of nursing care by making specialist knowledge and skills available to inexperienced cancer nurses and other members of the multi-professional team.

Standard 7 Consultant: The advanced practitioner of cancer nursing enhances and extends the quality of nursing care by making specialist knowledge and skills available to inexperienced cancer nurses and other members of the multi-professional team.

Standard 8 Expert Guidance/Educator: The advanced practitioner of cancer nursing provides patient and family education in order to help patients and their families cope effectively with a cancer experience.

This result can be enhanced and improved by the professional organizations in accordance with the national politics, without forgetting local needs and cultures.

H28* ANALYSIS OF REASONS FOR ADMISSION TO THE EMERGENCY DEPARTMENT FOR CANCER PATIENTS

Annarita De Luigi
Ospedale Maurizian Umberto I, Torino

Aim of this retrospective study was to analyse reasons for admission of cancer patients to an Emergency Department (ED), and to identify admissions potentially avoidable with a good extra hospital support and care.

Methods. Medical and nursing records of cancer patients admitted to hospital from October to November 2000, after having been in the ED of the Mauriziano Hospital (TO), were analysed.

Results. Ninety-three records of cancer patients (16% of those admitted ED in the year 2000) were selected. Twenty-eight patients were excluded because their cancer was diagnosed in the ED. The prevalent diagnoses for the remaining 62 patients were breast and lung cancer. Fifty per cent of patients were >70 years old. Seventy four per cent of patients had direct access to ED. The large majority were followed up by the hospital clinic. The main reason for admission to ED was pain (45%); pain associated to worsening of the general patients' conditions (70%).

Twenty admissions (32.5%) were potentially avoidable because patient problems were not acute and expected.

Discussion. The large majority of patients admitted to ED had an advanced cancer. Most problems are severe but expected and can be treated with planned admissions, and continuous care, and without the involvement of the ED. Hospital admission could be the most appropriate answer to patients' problems, or a compromise between a real need and the organizational constraints of the health system. Most ED admissions could have been prevented with home care and services.

H29* LIASION, A NEW NURSING ROLE FOR THE CONTINUITY OF CARE IN PALLIATIVE CARE

S. Grubich^o, C. Prandi*, R. Burnhill§, S. Acquadro^{oo}, F. Ilari**, E. Tamiazzo^{ooo}, R. Ruffa^{ooo}, E. Mortarino^o, C. Peruselli***
^oInfermiere UOCP ASL 12 Biella, *Infermiere Referente Formazione e Organizzazione Polo Oncologico Biella, §Infermiera Coordinatrice Hospice l'Orsa Maggiore Biella, ^{oo}Infermiera UOCP – Lega Tumori sez. Biella, **Infermiera UOCP Distretto 1 Biella ASL 12, ^{ooo}Infermieri UOCP – Fondo Edo Tempia Biella, ***Medico responsabile UOCP Biella

The Palliative Care Unit (PCU) of Biella (of the network of the Polo Oncologico Piemontese) cares for patients at home, in the hospice and hospital. The aims of the PCU are: a. reduction of waiting times, b. global care to patients and c. improvement of symptom control in terminal cancer patients.

After an assessment of the needs of Palliative Care services the lack of a liaison officer who could guarantee the communication and connections between the different professionals and services of the palliative care service, external services and patients families has become evident. The critical points identified were the discharge from hospital to home and from hospital to hospice. A description of the liaison activities and the competences necessary to perform them was agreed upon. A "Liaison Form" was produced to collect patients' data (but also data on the family, context and other information) and data for planning the continuity of care. A liaison form is completed for all patients accessing the PCU.

This data collection allows the user to identify the problems of patients (coming from hospital or home) at their first contact with the PCU, and to plan the referrals and discharges, including those to other services not belonging to the Palliative Care Network. The continuous monitoring of patient problems renders it easier to observe their modifications in the different contexts of care.

H31* THE CHANGE OF NEEDS IN CANCER PATIENTS

F. Manzin, G. Fabbroni, L. Foghin, S. Folodore, B. Miceli, B. Silli, M. Todisco, A. Stacul, V. De Pangher Manzini
 UO Oncologia, Ospedali di Gorizia e Monfalcone. With a grant from the Carigo Foundation

Background. The Oncology unit of Gorizia and Monfalcone Hospital administered questionnaire to cancer patients in order to assess their needs. The results of the survey have been presented elsewhere (Ann Oncol 2000; 11: S2: 79 and Ann Oncol 2001; 12: S4: 109). After 3–6 months a simplified version of the same questionnaire was submitted to patients, to monitor any changes in their needs.

Methods. The simplified version of the questionnaire had 17 items exploring communication, relationship with the physician and nurses, changes in work activities, need of psychological support and companionship. The questionnaire was distributed to 53 patients and returned from 41 (77%; 27 women, mean age 58 years).

Results. Patients judged satisfactory (73%) and reflecting the real situation (83%) the communication on the course of the disease and on side effects of treatments. The professional and personal relationship with doctors and nurses was considered good: 90% with doctors and 100% with nurses. Seventy-three patients had to modify their work activity; only 15% requested a psychological support; 54% asked for the company of other patients during the therapy or follow-up.

Conclusions. Some needs of the cancer patients do not change during the course of their illness. The judgement on communication and relationship with the health personnel remains good: the limited size structures promote, in fact, friendly professional and personal relationships.

The need for psychological support remains very low (15%) even in the late phase of the disease. As expected, the number of patients who modified their working activity increased from 61 to 75%, underlying the need of social and even economical support. Finally, there is a drop from 67% to 54% in the number of patients who ask for the company of other patients. This can be due to the fear of sharing with known persons bad news or the negative course of the illness.

H30* PRIORITIES FOR CANCER NURSING RESEARCH

Ornella Baldan, Rosanna Cerri, Annarita de Luigi, Rosella Marchese
 AO S. Giovanni Battista di Torino, Ospedale Mauriziano di Torino

Aim of this multicentre study is to describe oncology nursing research priorities, to guide the development of cancer nursing research in Piemonte region.

Method. Nurses working in oncology clinical setting of the Hospitals of the Polo Torinese of the Rete Oncologica Piemontese, were handed a questionnaire. The nurses were selected if involved in the care of patients with breast, colon, bladder and lymphatic cancer. The questionnaire had 30 research topics and nurses had to rank their priority on a scale from 0 to 5.

Results. Four-hundred and seventy three questionnaires were distributed and 297 (63%) were returned. The 5 top research priorities for nurses involved in the direct patient care are: methods for determining the need of health professionals for education in oncology nursing care; strategies for preventing burnout; determination of the needs for health professionals for education on pain management; for evaluating the effectiveness of pain therapy; and the effectiveness of health education on patients' reactions to illness and self care.

The top 5 research priorities for nurses caring for day hospital patients were: effective ways for prevention and treatment of chemotherapy induced nausea and vomiting; educational needs for oncology nurses; strategies for preventing burnout; the most effective way for providing psychological support for oncology nurses; occupational risks related to the handling and administration of cytotoxic drugs.

Discussion. Research priorities identified by Italian oncology nurses are similar those identified in other foreign studies. The priorities of the different subgroups of nurses reflect the needs of patients cared for. An unresolved need and priority is research on new and effective strategies for the management and assessment of pain. The determination of educational needs, reflects the desire for improving competences and skills for providing better answers to patients problems and needs.

H32* MALNUTRITION SCREENING IN ONCOLOGICAL NURSING

R. Bianco, P. D'Elia, *A. Ballari, D. Vassallo, *R. Faggiuolo, L. Rovera, A. Pera, *M. Aglietta.
 Nutrition Unit-Gastroenterology Unit, *Univ. Div. Med. Onc. and Hemat. I.R.C.C. Candiolo.

BACKGROUND. Anti-neoplastic therapies can accelerate the nutritional status deterioration typical of patients with cancer. Prompt nutritional assessment, and subsequent intervention are essential in the management of subjects referred to an oncology Day Hospital. We propose a rapid and reliable method for the screening of malnutrition in such patients.

AIM. To assess the prevalence of nutritional risk in patients attending an oncology Day Hospital, and its modification after targeted nutritional intervention.

PATIENTS AND METHODS. One-hundred and forty patients consecutively referred to our Day Hospital have been divided in three groups of nutritional risk according to the Nutritional Risk Score (Birmingham Heartlands Hospital) which takes into account weight loss, BMI, appetite, presence of vomiting and severity of the disease (0–3 = no risk, 4–5 = low risk, >5 = high risk). Nutritional interventions differentiated according to risk levels were: A) no risk = nutritional advising and risk monitoring; B) low and high risk = referral to the Clinical Nutrition Unit aimed to nutritional support and, if necessary, artificial nutrition.

RESULTS. Seventy-one males, 69 females; mean age 61 (r 25–88 y.o.) mean BMI 24 (16–42); no risk: 38 patients (27.1%); low or high risk 102 patients (72.9%); 58 (41.4 %) gastroenteric cancers; 21(15.3%) breast cancers, 19 (13.5%) lung cancers, 16 (11.4%) blood cancers, 16 (11.4%) genito-urinary tract cancers, 10 (7%) other cancers. The 45.7% of the patients at risk received oral supplements; the 53% nutritional support; the 1.3% parenteral nutrition. The 34% of patients not at risk received hypocaloric diet; the 66% general advice. Twenty-four patients (12M, 12F), mean age 61 (r 47–88 y.o.), mean BMI 22 (17–28) were re-evaluated after 1–2 months; an improvement of the risk level was observed in 33%, the same level in 58% and an impaired level in 9%. Regular assessment of nutritional risk in oncology nursing can effectively contribute to the prevention and early treatment of malnutrition and to the improvement of therapeutic response and quality of life.

H33 NURSING ACTIVITIES IN A RADIOTHERAPY DEPARTMENT

M.Carriero, A.Montagna, L.Lapadula, G.Castaldo, S.Scudiero, G. Di Paola, M. Ciotti, V. Fusco.
Radiotherapy Department, Regional Oncologic Hospital, Rionero in Vulture (PZ), Italy

The specialistic activity of the nurses in a Radiotherapy department has gone more and more developing and consolidating in this last decade. The diagnosis of the neoplastic disease, the following therapeutic program and its side effects, involve not only the patient but all its family; the patients that must perform the RT, are besides very frightened from the idea of the radiations: dealing with the information and with the assistance of this patient is a very delicate and important assignment; it must therefore be organized and carried out in the best way performing services with competence, professionalism, humility and humanity. The nurse has to collaborate with the radiation oncologist in the information of the patient and his/her relatives about the employment of radiation therapy as anticancer care, on the role of this therapy, on the formalities of execution of the treatment, on the rules to be followed in order to prevent, to minimize, to check and to alleviate possible side effects, giving a psychological support to them and creating around him a sure, comforting and sensitive environment. In the service of RT of the Oncologic Hospital of Rionero in Vulture, during all the phases of the run that the patient completes (appointments and scheduling of the 1° visit, first set-up, simulation, daily therapy, end care and of follow-up), the nurse collaborates with all the other members of the multidisciplinary team that work together every day (radiation oncologist, physicist, nurses, dosimetric and radiotherapy technologist, etc) not only covering an important role for the patient and his/her relatives, but also for the working staff in the service and for community, developing different other activities, as ambulatory, planning and performing of haematochemical routines, applications of other RX examinations to perform on the patients, the administration of chemotherapeutic and/or radiosensitizing drugs, dressings, etc. In order to optimize the quality of the nurse care and of the performances, every single department of Radiotherapy can create some protocols and guidelines to guarantee efficiency and effectiveness: improving the ability to communicate, educating and informing the patient and his/her relatives, awakening the whole radiotherapy team, supporting the realisation of research projects and cooperating also to the scientific activity, may contribute to a stronger professional development; it is in fact certain that "listening" is the way to achieve the best integration "nurse – patient".

H34 "TOGETHER WITH THE PATIENTS": THE EXPERIENCE OF A GROUP OF VOLUNTEERS

L. Camia, G.Destefanis, C. Grillo, G. Porcile
ASL 18 Alba – Bra Medical Oncology U.O.A.

About 15 volunteers, qualified by a course organized and led by the ASL 18 Alba-Bra U.O.A of Medic Oncology in cooperation with the association "Alba Against Cancer" have been working in our unit for over four year. Their service can be divided into: hotel/entertainment activity, information and psychological activity, accompanying activity. Volunteers have been valued according to qualities like discretion, good will, an average ability to communicate, to keep professional secrecy, to respect patients' singleness. Patients and volunteers have been asked to answer some questions to verify this activity. They have been given a test to understand the reasons for their choice to do voluntary work in our Oncological unit. Two volunteers chose it by chance: they had some free time and they wanted to spend it doing some voluntary service. However most volunteers are longing for "giving" and helping. Half of them suffered from cancer or assisted a member of their family affected with it so they are aware of the importance of a person willing to listen to, to give the opportunity to open your heart or to stay by you in silence. Volunteers consider this 4 year experience as a useful one because it has given them the opportunity to know other people's feelings, to be helpful and to appreciate good health. They feel spiritually and emotionally enriched, closer to other people, personally and professionally rewarded. They have also learnt to stop complaining and to think positive even when life does not run smoothly. With regard to suggestions to improve this activity, they all agree that first of all our unit requires more room in order to allow more privacy, more silence and peace to those who need. Some volunteers would like to have more free time to devote to this service and to improve their knowledge in order to do a better work, as for instance, learning how to communicate through touch or massage. With regards to patients they all agree that volunteers are useful and reassuring. Some patients point out that speaking to somebody who does not belong to the medical staff is pleasant because they can talk freely and not only about their disease; and speaking time flies. Others would like to have more privacy and an one-to-one dialogue while some patients emphasize some intrusiveness and persistence in trying to begin a conversation. However this is a positive experience and since we consider volunteers useful we wish to go on with this activity.