

Two patients had a positive blood culture during the study time period; however, the blood cultures were not associated with the TPN fluid or administration set since all fluid samples remained negative for bacteria or yeast.

Implications for Nursing: This study was the first to describe no occurrence of TPN infusate colonization over time in immunocompromised children. Findings from this study support the current practice for TPN tubing administration set change at the study institution.

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A QUALITATIVE AND OBSERVATIONAL STUDY OF POST-MODERN PARENTAL ROLES DURING THE CHILD'S HAEMATOPOIETIC STEM CELL TRANSPLANTATION (HSCT) TREATMENT

Larsen, H.B.^{1,4,5}, Heilmann, C.J.², Jobansen, C.³, Adamsen, L.⁴ ¹Rigshospitalet, Copenhagen, Denmark; ²Rigshospitalet, Copenhagen, Denmark; ³Cancer Society Danish, Copenhagen, Denmark; ⁴The University Hospitals Centre for Nursing and Care Research, Copenhagen, Denmark; ⁵University of Copenhagen, Denmark

Purpose: Parents to children undergoing treatment with allogeneic HSCT in protective isolation, experience distress related to the child's care. Parents struggle to cope with the stress related to the child's disease; this includes anxiety related to survival potential, side effects, treatment complications and the child's reaction to the hospitalisation. The aim of this study was to investigate the parents' experiences and reflections about their role in caring for their child.

Materials and methods: Sixteen interviews with parents were held using convenient sampling and based on the availability of parents in the outpatient clinic. The interviews were analysed using a theoretical ideal type construction inspired by Max Weber and an interactionistic approach inspired by Arlie Hochschild.

Results: Three types of approaches emerged 1) expertise-minded, 2) dialogue-minded and 3) socially challenged parents. Expertise-minded parents base their care and interactions on medical knowledge. To dialogue parents it's important that emotions are incorporated in the rationale for care. When expertise-minded and dialogue-minded parents experience that their approaches to care are not meet, conflicts arise with the child, between the parents or with the medical staff. Being able to manage the expertise-minded or the dialogue-minded approaches requires emotional work in the form of both surface- and deep acting (to induce or suppress feelings in order to sustain outward countenance that coaxes an appropriate state of mind in others) by the parents. Socially challenged parents fail to adopt either of the two above-mentioned approaches and often fail to manage the required emotional work. Socially challenged parents are performing to the best of their abilities but experience conflicts and distress in the care related to their child.

Conclusion: The three described types of approach may provide a new perspective on the interactions that occur between parents, child and staff during treatment with HSCT. Better un-

derstanding these complex interactions may potentially diminish parents and children's levels of distress. Furthermore, understanding of the interactions help medical staff to identify socially challenge parents and provide parents with the assistance and guidance they need to manage the care for their child.

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EFFECT OF ORAL CRYOTHERAPY ON MUCOSITIS-RELATED PAIN AND PATIENT FUNCTIONING IN HEMATOPOIETIC STEM CELL TRANSPLANT RECIPIENTS RECEIVING HIGH-DOSE MELPHALAN

Robenolt, J.¹, Trovato, J.¹, Thompson, J.¹, Gordon, S.², de Vera, M.³ ¹University of Maryland Medical Center, Baltimore, MD; ²University of Maryland Dental School, Baltimore, MD; ³University of Maryland Medical Center, Baltimore, MD

Purpose: Cryotherapy is recommended as prophylaxis for mucositis in the Multinational Association of Supportive Care in Cancer (MASCC) guidelines (Level II evidence, grade A recommendation), for patients receiving high-dose melphalan. This is a randomized, prospective study investigating the effects of oral cryotherapy in patients who are receiving melphalan doses ≥ 140 mg/m², either alone or as part of the BEAM regimen followed by autologous hematopoietic stem cell transplant (HSCT).

Methods: This study is approved by the Institutional Review Board at the University of Maryland Marlene and Stewart Greenbaum Cancer Center. The goal is to enroll 40 adult patients 18 years of age or older undergoing high-dose melphalan treatment alone or as part of the BEAM regimen followed by autologous HSCT. Subjects meeting the eligibility criteria, following informed consent, will be randomized to receive cryotherapy or no cryotherapy (1:1 ratio). Cryotherapy will be administered five minutes prior to the initiation of high-dose melphalan, during the infusion, and for thirty minutes post infusion. The primary objective of this study is to collect and compare the intensity of mucositis-related pain in HSCT patients receiving high-dose melphalan or BEAM chemotherapy with or without oral cryotherapy for 14 days. The secondary objectives include measuring patient functioning (swallowing, eating, and talking); documenting the grade of mucositis; and documenting complications related to oral cryotherapy.

Result/Conclusion: Cryotherapy group reported significantly less mucositis related pain "Right Now" ($p = 0.027$) and over "Past 4 Hours" ($p = 0.033$) beginning on study day 8 continuing through study day 14. No subjects in the cryotherapy group reported oral functioning (swallowing, talking, eating) as "very much" impaired. No subjects in either group developed grade 3 or 4 oral mucositis based on WHO Oral Mucositis Scale. Administration of oral cryotherapy was well tolerated.

Limitations: Variability of PPFQ and/or cryotherapy administration.

Future directions: Examine risk factors for development of oral mucositis such as mg/kg dose exposure, gender, and renal function.

Oral Functioning Impairment

4-point Likert Scale	SWALLOWING		EATING		TALKING	
	No Cryotherapy (%)	Cryotherapy (%)	No Cryotherapy (%)	Cryotherapy (%)	No Cryotherapy (%)	Cryotherapy (%)
Not At All	12 (60)	12 (60)	11 (55)	15 (75)	13 (65)	17 (85)
A Little Bit	3 (15)	6 (30)	4 (20)	3 (15)	0 (0)	1 (5)
Quite A Bit	2 (10)	2 (10)	2 (10)	2 (10)	4 (20)	2 (10)
Very Much	3 (15)	0 (0)	3 (15)	0 (0)	3 (15)	0 (0)

Max value per patient Study Days 0-14.