

compliance leading to unsafe outcomes. Although many patients and caregivers experience distress secondary to diagnosis and treatment, education may reduce this anxiety and help them to better manage side effects through self care management and encouragement of the same by the caregivers. Education should be tailored to suit the individual. The need for formalized pre-stem cell transplant education was recognized to not only alert patients and caregivers about the treatment regimen, but also to relieve patient and caregiver distress in order to improve compliance to promote safe outcomes. Patient distress levels were evaluated through the use of the National Comprehensive Cancer Network Distress Thermometer Scale. Ten participants were asked to rate their distress levels on a scale of one to ten pre and post education to validate the necessity of this education in the decreasing of anxiety. Eight patients demonstrated a decrease in distress, one demonstrated an increase, and one no change. Acquired knowledge related to the information as well as the change in distress levels was evaluated through verbal post testing and discussion.

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70% ETHANOL LOCKS IN THE ROLE OF PREVENTING/TREATING CATHETER RELATED BACTERAEamia

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Catheter related bacteraemia (CRB) is a major source of morbidity and mortality in patients undergoing intensive cytotoxic therapy who are immunocompromised and neutropenic. There have been many initiatives to prevent these infections, but CRB still remains a major complication of indwelling tunnelled central venous catheters.

Ethanol at a concentration of 70% used as an antiseptic agent can be introduced into the internal lumen of the central venous catheter to reduce the incidence of CRB, it has also been used successfully as a treatment of CRB in conjunction with appropriate antimicrobial therapy.

There have been two retrospective studies reporting the use of ethanol in the treatment of CRB and one randomised study reporting the use of ethanol in the prophylactic setting.

Presented will be the evidence supporting the use of ethanol locks, its efficacy in the prevention and treatment of CRB, the safety data and our experience using ethanol in our bone marrow transplant unit.

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CARING FOR THE MORBIDLY OBESE HEMATOPOIETIC STEM CELL TRANSPLANT PATIENT: NURSING INTERVENTIONS AND IMPLICATIONS

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Problem: Obesity is one of the largest public health crises in the United States. Obese individuals are at higher risk for major health complications, including cardiovascular disease, diabetes, and impaired physical mobility. When these co-morbidities are coupled with a cancer diagnosis and treatment, such as Hematopoietic Stem Cell Transplant (HSCT) mortality greatly increases. In 2006, at a comprehensive cancer center, fourteen percent of 107 patients who received allogeneic HSCT for acute myeloid leukemia (AML) were considered morbidly obese (Body Mass Index >35). Of these obese patients, sixty percent died within one year of HSCT. When compared to a thirty-eight percent mortality rate for non-obese patients within the same cohort, the findings were alarming.

There is little discussion in the literature addressing the specific needs of morbidly obese patients, and consequently, no consistent plans of care are available to guide the patients' transplant course. Transplant takes a toll on the patient, the caregivers, as well as the nursing staff providing care. **Intervention:** In response to the identification of the high mortality rate and special needs of the morbidly obese HSCT patients, nurses developed a multi-disciplinary plan of care in an effort to generate more successful outcomes.

Key pieces of this plan of care included facilitating a multi-disciplinary care conference prior to the patients' admission to outline

transplant risks and the unit's goals/expectations. Nurses collaborated with the medical team, dieticians, physical and occupational therapists, as well as the patient to set short term goals to meet long term objectives. Education was frequently reinforced to patients and family members. A core group of nurses assigned to the patients promoted continuity of care. **Findings:** A case study will outline specific nursing interventions implemented at a comprehensive cancer center that guided the care of a morbidly obese allogeneic HSCT patient. It will illustrate how the use of these interventions can promote the health and well-being for both the morbidly obese patient as well as the staff nurses.

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MULTIDISCIPLINARY INTERVENTION OF ADMISSION PLANNING

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Background and Purpose: A growing inpatient population of Bone Marrow Transplant and newly diagnosed Leukemia patients poses difficulties for accepting daily scheduled and unscheduled admissions. These appropriate units typically have limited available hospital beds. In order to accept all patients needing medical care for this patient population, more planning was therefore necessary.

Objectives: It was necessary to have representation from all pertinent team members in a multidisciplinary approach to discuss the Bone Marrow Unit and Leukemia Service census as well as the upcoming potential discharges. It was essential to identify if certain patient admission dates were to be delayed to allow admissions of higher priority patients. **Method:** Outpatient Nurse Coordinators arrange for the patient admission and utilize a computer based document to identify the admission date, patient name, diagnosis and therapy to be given. Routinely, no more than two to three patients are scheduled for any given day. A weekly admission meeting was created to allow representation from the Outpatient Nurse Coordinator Team, Inpatient Nurse Coordinator Team, Pharmacy, Inpatient Lead Charge Nurses/Management Teams, and Data/Study Coordinator Team. Potential discharges are identified to determine whether there will be bed availability to admit the scheduled admissions for the present week as well as the following week. If it is decided to delay any given patient, the appropriate Outpatient Nurse Coordinator will arrange and notify the patient about the delay and will be informed that the admission will not be delayed again. **Results:** This "preplanning" of admissions has improved the ability to have all patients receive the care needed. Patients have also reported an increased satisfaction in the improvement of this process and state they understand the importance of allowing the more critical/ill patients be admitted above their scheduled admission.

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PROPHYLACTIC AND TREATMENT REGIMENS FOR MUCOSITIS

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Ulceration of the oral mucosa, mucositis, is a frequent complication found in the pediatric transplant patient. Mucositis is caused by conditioning regimens including cytotoxic agents and radiation. The severity of mucositis ranges from mild mouth sores to extreme mucosal erosion. The ulcerations caused by mucositis can lead to extreme pain and interruption in the patient's nutrition which may contribute to an increase in morbidity. An intact oral mucosa can provide a barrier to pathogens. Due to the level of immunosuppression in transplant patients, breakdown of the mucosa provides an opportunity for bacteria, viruses or fungi. Mucositis also increases the risk for a superficial infection. The Duke University Pediatric Blood and Marrow Transplant Program developed a prophylactic mouth care protocol to help decrease, or possibly eliminate, complications caused by oral mucositis. This regimen is started pre-transplant during the admission process and is sustained throughout the hospital stay. Patients and families are educated on the importance of being compliant with meticulous mouth care. The purpose of this poster will be to describe the Duke Pediatric Blood and Marrow Transplant Mouth Care Protocol and its importance in the transplant process. This will include the prophylactic and treatment