

Transplant Nursing

Addressing ongoing patient concerns with the entire team can be problematic on a busy 52-bed inpatient BMT unit. Two methods that have been successfully initiated are long-term care conferences, where multiple patients are discussed, and formal individual patient care conferences. Instituted by the nursing staff with input from the ethics committee, the long-term weekly conferences allow all disciplines to be involved in a discussion of a group of BMT patients with unique problems that affect quality of life, discharge plan, and overall outcome. Patients selected to be presented on the basis of length of stay (> 50 days), unresolved/prolonged acute complications, and patient/family concerns. The clinical nurse provides pertinent details about the patient's history, which can assist in developing criteria for patient-directed objectives in the plan of care.

Formal care conferences are designed to include not only the interdisciplinary team, but also the patient/family in keeping everyone informed about a formalized plan of care and expectations for the patient. Care conferences are an avenue that affords the nurses an opportunity to advocate on the patient's behalf when various factors indicate a need for discussion to revise the previous plan of care. A sample care conference will be presented demonstrating steps initiated to develop a plan of care for a specific BMT patient and its end result.

305

TOOLS TO ASSIST WITH THE MEDICATION MANAGEMENT OF HOSPITALIZED BMT PATIENTS

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The medication regimen of a bone marrow transplantation (BMT) patient is unlike most other cancer patients. The number of medications can be extensive and complicated. Many of the patients have anywhere from 15 to 20 medications at scheduled intervals throughout a 24-hour period. One of the challenges to the inpatient nurse is to administer the number of medications in a safe and timely manner. New RN graduates on the BMT floor recognized the need for a quick-reference compatibility chart for the common medications given. The goal was to provide a quick reference chart for both experienced nurses and new graduates.

The decision to create a quick-reference chart was based on the time-consuming method of searching through the MDACC formulary handbook and the online medication databases. Drug compatibility information is located in the online medication database on MDACC computer systems. However, these systems are not always complete and at times are down, leaving the information unavailable.

Chemotherapy, a key component of the transplantation process, also has specific guidelines for administration, and thus a chemotherapy reference chart for nurses was created. This includes information about preparing, administering, and disposing, as well as educational information that the nurse can provide to the patient. Decreasing medication errors, avoiding medication incompatibilities, and managing time are all essential components of the nursing responsibilities during the BMT process. The quick-reference compatibility chart and the chemotherapy reference chart have proven effective based on the initial informal response from the nursing staff.

306

PEDIATRIC BLOOD AND MARROW TRANSPLANTATION: A ROADMAP TO SCHOOL REENTRY

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Children who have undergone blood and marrow transplantation (BMT) face many challenges. Often, the physical challenges become the primary focus of the posttransplantation phase, and the emotional and psychosocial needs of childhood, a time of growth and discovery, are often overlooked. Posttransplantation, the child is often unable to attend school, which can leave the child feeling isolated and unsupported. Developing a posttransplantation treatment plan that addresses all aspects of the child's life is of the

utmost importance. School attendance provides the opportunity for the child to achieve the social, emotional, and academic milestones necessary to his or her development. Attending school gives the child a sense of hope and purpose. The development of a formal school reentry program enables the pediatric BMT team to effectively address the many psychosocial needs of the transplantation patient. The purpose of the program is to provide education about the transplantation process to teachers, school nurses, classmates, and other school members with the goal of increasing awareness and understanding and alleviating any fears and misconceptions that may exist. The expected outcome is to have an increased level of support from the posttransplantation child's peers and school personnel, and facilitation of a smooth reentry into school posttransplantation.

307

NURSE RETENTION IN THE BMT SETTING: ONE POSSIBLE SOLUTION

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Nurse retention is key in providing excellent nursing care. An emerging concept to improve the retention rate for inpatient nurses is to allow each nursing staff member to submit a written request for their specific work schedule. The requests are then compiled by an elected committee of peers, who attempt to provide adequate staffing for a 52-bed inpatient unit. The committee is made up of 5 clinical RNs, 1 inpatient service coordinator (ISC), and 1 nursing assistant. The main objective of the committee is to provide adequate staffing for a 4-week period for all of the nursing entities on the BMT inpatient unit.

The process of staffing involves 3 steps. The first step requires input from each nursing staff member, each ISC, and each nurse assistant. The second step of the process involves the tedious task of compiling all of the requests and successfully staffing the floor for a 4-week period. The third step of the process falls back on the responsibility of the staff to view the posted schedule and then make trades with other staff. Each staff member is provided the opportunity for accountability and responsibility for their work schedule.

Maintaining professional relationships between the committee members, management, and the nursing staff is another objective of the self-scheduling process. Communication, fairness, maturity, and patience are key aspects to the scheduling process. Many unforeseen problems occur in the process and are dealt with accordingly. Guidelines were designed and implemented to create a positive attitude and an atmosphere of fairness and teamwork. Measurement of the success of the committee process is also addressed. Through self-scheduling, nursing staff members can experience more flexibility and autonomy.

308

ALTERNATIVE MANAGEMENT OF HEMORRHAGIC CYSTITIS WITH HYPERBARIC OXYGEN THERAPY AND ACTIVATED FACTOR VII IN THE ALLOGENEIC BMT PATIENT

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Hemorrhagic cystitis (HC) is a common complication after allogeneic BMT, occurring in 16%-40% of this patient population. In the allogeneic bone marrow transplantation (BMT) patient, the syndrome can occur early or late during the transplantation process and can have a significant impact on morbidity. Numerous risk factors can contribute to an increased likelihood of HC. These risk factors include chemotherapy, total body irradiation (TBI), type of BMT, and viral infection. This last risk factor being the most frequent contributing factor. Because of these risk factors, it is essential that the clinical nurse caring for these patients be knowledgeable regarding the symptomology and treatment options necessary in successful management of this challenging complication.

At our comprehensive cancer center, where more than 500 BMT patients are treated and cared for each year, the unit-based Clinical Practice Council has developed a standard of care for hemorrhagic cystitis that identifies nursing practice guidelines. These interven-