evaluated and discussed. The results will be shared with the pain team experts in order to plan and evaluate further needed education. In practice, is pain always what the patient says it is?

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CLINICAL PICTURE OF BONE MARROW TRANSPLANT PATIENTS WITH CRITICAL INFECTIONS SUCH AS STENOTROPHOMONAS MALTOPHILIA BACTERMIA

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Purpose: Stenotrophomonas maltophilia is a clinically significant nosocomial pathogen which increases the risk of morbidity and mortality in patients with debilitating co-morbidities, especially in the setting of hematologic malignancy, immunosuppresion, as well as transplantation. Through the utilization of a case study we educated nurses on the clinical significance of S. maltophilia, including prevalence, rate of mortality and treatment barriers.

Clinical Picture: Over the past two years Froedtert Hospital's Bone Marrow Transplant Unit has experienced an increase in the rate of S. maltophilia infections. Out of the 7 patients that have had s. maltophilia bacteremia, 3 have died resulting in a 42.8 % mortality rate. The case study presented demonstrates similar clinical pictures of two patients who had both S. maltophilia bacteremia and pneumonia.

Background: S. maltophilia is a gram negative bacillus that is associated with mortality rates ranging from 10-60 % due to sepsis. Most commonly S. maltophilia is seen in oncology patients with prolonged chemotherapy-induced neutropenia, severely critically ill patients requiring extensive ICU care, as well as patients with extensive mucosal damage to the orointestinal and respiratory tract.

Risk Factors & Clinical Manifestations: Patients at increased risk for acquiring S. maltophilia include those who have a central venous access device and have undergone chemotherapy for malignancies, have moderate to severe mucositis and have had prior prolonged antibiotic treatment. Additionally, patients requiring hospitalization including, but not limited to, admission to an intensive care unit which may or may not have required mechanical ventilation are at increased risk. The two most prevalent clinical manifestations associated with high levels of mortality in this patient population are bacteremia and pneumonia. S. maltophilia can also cause other clinical syndromes such as skin and soft tissue infections, endocarditis, urinary tract infections, meningitis, septic arthritis and sinusitis.

Treatment: There is a growing concern regarding S. maltophilia related to its apparent resistance to most antibiotics. Currently, Bactrim is the drug of choice for treatment; however resistance is increasing due to the lack of bactericidal activity. Therefore, further research is being implemented to understand the synergistic nature of combination therapy.

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THROUGH THE LENS: ENGAGING SCHOOL-AGE CHILDREN AND ADOLESCENT SCT PATIENTS IN AN ACADEMIC PHOTOGRAPHY PROJECT

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Child and adolescent BMT patients often participate in unit-based non-medical support activities, such as music, movement, and art, which provide them with opportunities to express their feelings and to cope with their illness experience. Our program offers these patients an additional and very unique opportunity to participate in an academic partnership that incorporates the tools of documentary photography and writing, as a way to increase their sense of mastery and control, enhance their self esteem and to explore their creativity. Since 1998, a pediatrician (and photographer) on faculty at Duke University Medical Center, has taught an undergraduate class at the University's Center for Documentary Studies, titled "Children and the Experience of Illness". Each of the 12-14 college students in the class is paired with a child (age 8-18) who is undergoing treatment for a chronic or life-threatening illness. The students meet outside of class with patients one-on-one, teaching them how to use a camera and printer and supporting their creation of a portfolio of photos, often accompanied by written descriptions. In exchange, the students, many of whom are interested in careers in healthcare, are able to witness first-hand, a unique perspective of a child's life as they cope with severe illness. The class is enhanced by a PBMT Nurse Clinician who serves to educate the students about our transplant program, tours them on the medical units, and acts as the liaison in matching prospective patients with students. Our Clinical Social Worker plays an integral role by educating the class about the psychosocial needs of PBMT patients and families. The physician director of the PBMT program gives a lecture linking medical care with the life experiences of these patients. We have witnessed an overwhelming response from patients and their families wanting to participate in this unique project. Culmination of the patients' photos and writing are highlighted at a reception and presented in an exhibit on display in the hospital for personnel and visitors to view. The pride and tremendous accomplishment of each patient is extraordinary. For the undergraduate students, this experience is often the catalyst for their pursuit of a career in medicine, nursing or other allied health professions. The effect of this class on patients, staff, students and families goes beyond anything that can be described in words. You can see it – through the lens.

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MULTIPLE DISCHARGES FROM MULTIPLE SETTINGS: NAVIGATING THE CHALLENGE OF PATIENT EDUCATION IN AN ADULT STEM CELL TRANSPLANT PROGRAM

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The traditional discharge trajectory of 20 years ago is no longer relevant in the field of stem cell transplantation. Complex treatments, an increase in outpatient services and home care have moved patients not only from the hospital to home, but from the hospital to the "day hospital" and an apartment. Both of these transitions are extremely stressful for the patient, caregiver and family. Our transplant center has developed several unique methods of meeting these discharge challenges. Our premise is always "What are the top 10?" By focusing on the top ten issues that a) we as practitioners think the patient needs to know to safely transition to the new care environment b) the patient and caregiver are most concerned about, we hope to provide necessary information without overwhelming the already stressed patient and caregiver. Our strategies include weekly classes taught by the Clinical Nurse Specialist, individual education with the care nurse using a specific slide set for discharge from the inpatient to the outpatient setting, review of DVD's provided at entry into the program, and a specific medication counseling session by the ABMT pharmacist. All materials have been developed by a multidisciplinary team including social work, nursing, pharmacy, nutritional services and physicians.

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A NOVEL APPROACH TO FALLS REDUCTION IN THE BMTU

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Fall and injury prevention remains a significant challenge in the Bone Marrow Transplant population. HSCT patients are a unique population at increased risk for falls and resultant injuries related to many factors including pancytopenia, increased length of stay and complications of HSCT. These falls may lead to increased pain, serious injury in thrombocytopenic patients, decreased trust between our patients and the healthcare team, extended length of stay and increased utilization of resources. Falls can also negatively impact nurses and the way they feel about their work and their effectiveness. An innovative program was developed to prevent falls by engaging, educating and empowering all members of the health care team as well as the patients and their families.

The identification of this complex problem required the creation of a novel and multifaceted plan to combat our increased fall rate. The falls taskforce, including transplant staff nurses as well as leadership, worked together to formulate various strategies to decrease our falls rate, including the implementation of safety huddles, the use of a post fall huddle, and the education of falls champions among our