health-related quality of life in AHSC patients. The Symptom Distress Scale (SDS) was used to identify 11 treatment-related symptoms and the associated degree of distress. Patients’ rated each symptom on days 30 and 100 following AHSC with 1 indicating no awareness of a change from normal to 5, the highest degree of discomfort. Symptom perception was a rating of a symptom as ≥ 2 on the SDS; symptom evaluation was a rating of the associated symptom distress as 2 (mild), 3 (moderate), or 4 - 5 (severe). Symptoms were identified as forming groups when 3 or more symptoms existed concurrently. Data were analyzed using descriptive statistics and Pearson’s product-moment correlations.

Results: At day 30, patients (N = 67) were mostly male (69%), with ECOG performance status 0 or 1 (82%) and a mean age of 40 years (SD = ±13). Patients (n = 57) at day 100 were mostly male (63%), with ECOG 0 or 1 (51%) and a mean age of 38 years (SD = ±11). At day 30, patients reported fatigue (90%) and appetite (79%) as the most prevalent symptoms with appetite as the most distressing (22%). At day 100, the most prevalent symptoms were fatigue (81%) and appearance (60%) with fatigue as the most distressing (11%). Several groups of co-existing symptoms were identified. The largest group (fatigue, appetite, insomnia, bowel pattern) was identified in 30 (45%) patients at day 30 with a significant (p < 0.01) correlation (r = 0.50) between appetite and bowel pattern. A smaller, prevalent group (fatigue, bowel pattern, insomnia) was identified in 17 (30%) patients at day 100 with significant (p < 0.05) correlations between: insomnia and fatigue (r = 0.30); and insomnia and bowel patterns (r = 0.30). Conclusion: At a time of transitioning from hospital discharge to the home community, patients perceive multiple symptoms with appetite (day 30) and fatigue (day 100) as severely distressing. Symptoms coexist concurrently to form several groups and within the larger groups, few relationships exist between symptoms.

FLY ME TO THE MOON
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The care of the pediatric patient undergoing blood and marrow transplantation is complex and intense. Patients undergoing this type of treatment are often critically ill and many will succumb to their treatment or disease. Patients are often hospitalized for months and parents/caregivers are required to stay with them for the duration of the hospitalization. The stress and burden on both the caregiver and the nursing staff is immense. Numerous studies have now focused on caregiver burnout and compassion fatigue of staff caring for these children. Burnout and turnover rates of staff are often much higher than the National average. The Duke Pediatric Blood and Marrow Program has developed several programs to support caregivers and staff working in this environment. The team adheres to a primary nursing model. The primary nursing team provides continuity and consistency for both the child and family. Additional components for our support program include a Family Support Program and a highly trained social worker staff. The purpose of this abstract is to present the Duke Pediatric Blood and Marrow “Fly Me To The Moon” Program. This program was developed to supplement existing programs that support the emotional and psychosocial needs of the patient and nursing staff. The program incorporates basic principles including bereavement activities, nursing retention strategies and caregiver support. The goals of the program are to reduce caregiver stress and burnout and to support nurses caring for these patients. The presentation will be introduced with a slide show and music, specific tools and activities used in the program will then be discussed.

NURSING INITIATIVES TO ADDRESS ETHICAL DILEMMAS ON A BLOOD AND MARROW TRANSPLANT (BMT) UNIT
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Ethical issues and questions are a consistent aspect of caring for Blood & Marrow Transplant (BMT) patients. The complexity of the treatment and potential side effects are ongoing challenges. The advancement of BMT specific treatments with new and cutting edge protocols that expand our patient selection criteria, while exciting and challenging, present nursing staff with constant ethical questions.

On our BMT unit, monthly Nursing Ethics rounds are presented. Both night shift and day shift participate in rounds that include the Institutional Clinical Ethicist, and BMT Program Director, a registered nurse who functions also as an adjunct ethicist throughout the institution. A discussion topic is assigned each month. An associated article is forwarded to all staff prior to rounds to read as background. This is an educational opportunity for the nursing staff to increase their knowledge of ethical principles and dilemmas as well as an opportunity to discuss their concerns about individual patients.

Another avenue for nursing staff to address ethical issues is through monthly long term multidisciplinary rounds that focus on BMT patients with extended length of stays. The multidisciplinary group consists of the Clinical Ethicist, social worker, chaplain, physical and occupational therapy, case management and nursing. The bedside nurse presents the individual patient to the group. Patients for discussion are chosen by established criteria and all aspects of their progress and care are discussed. Many issues are raised with resolution strategies addressed with the medical team. Frequently in this venue, ethical concerns are discussed as the broad picture is presented.

Both of these initiatives are venues organized by nurses and provide the opportunity to discuss ethical issues of concern in caring for a complex patient population as well as to establish realistic future goals.

Multiple resources are used to select patients for discussion at long term multidisciplinary rounds. To illustrate the methodology used, a case study will be presented indicating the patient care problems, concerns and suggestions by the multidisciplinary group with patient outcomes. A list of topics discussed at monthly Nursing Ethics rounds will be presented showing the educational content that is presented to nursing staff.

PROPHYLACTIC USE OF HIGH CONCENTRATION FLUORIDE RINSE IN THE HEMATOPOETIC CELL TRANSPLANT PATIENT: PROMISING POTENTIAL FOR DECREASING ORAL MUCOSITIS
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Transplant nursing brings with it a host of patient issues including but not limited to clinical, social, emotional, and financial. As transplant nurses it is our responsibility to provide our patients with the best care available. One of the most impacting complications in the hematopoietic cell transplant (HCT) patient is oral mucositis. Oral mucositis brings with it significant effects on the patient’s clinical course such as pain, anorexia, dysgeusia, insomnia, and infection.

Background/Purpose: Our department’s standard for oral care in the HCT patient included a 0.4% fluoride toothpaste (Gem-KamTM) and 0.9% saline mouth rinse every 2 hours while awake. Beginning in November of 2005 we initiated the use of a high concentration fluoride rinse (MEDOralTM) daily in addition to our standard regimen. We noticed over a period of months a decrease in the severity/frequency of oral mucositis. Retrospectively, we looked at twenty-five (14 autologous and 11 allogeneic) patients to evaluate the addition of MEDOralTM. Patients conditioning regimens varied and included agents known to increase risk of mucositis. A preliminary evaluation showed twelve of the twenty-five patients had evidence of oral mucositis, grade I-II. Though there appears to be a decrease in the severity/frequency of oral mucositis in these patients, all twelve required some type of patient controlled analgesia for grade III-IV esophagitis. These findings indicate that the