will be located in patient accessible areas around the unit to ensure usability. Based upon admission rates, it is anticipated that data collection will be complete by December. Descriptive statistics will be used to evaluate items on the OPPQNCS, return rates will be calculated, and staff will be polled as to any difficulty approaching patients.

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MULTIDISCIPLINARY CLINICAL INITIATIVES TO DECREASE THE RISK OF ETHICAL DILEMMAS
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Blood and Marrow Transplantation (BMT) healthcare providers are confronted by numerous clinical situations that may challenge their technical skills, intellect, as well as beliefs, values and principles. Having a professional responsibility to advocate for patients, practitioners may have come to terms with competing ethical principles as represented by differences in resources allocation, religious beliefs, and societal mores. BMT care is unique in that patients present with a life-threatening illness, if untreated. In addition, many of the interventions for control or cure tend to be very aggressive and can greatly impact the individual’s quality of life. The uncertainty related to the treatment options and outcomes may also lead to difficulty in decisions making and potential ethical dilemmas.

The purpose of this poster or presentation will be to identify clinical initiatives, which have been successful in preventing or resolving ethical dilemmas challenging the patient/family and the healthcare team. These ethical issues include: advanced level of care; informed consent; do not resuscitate; and discontinuation of medically inappropriate care. Clinical initiatives that are currently being utilized include: ethics rounds; informal ethics consult; service conferences; self-care and caregiver agreements; and creation of a compliance algorithm/pathway. Results of nurse survey examining the impact of ethics rounds will be presented, as well as information about institutional ethics consults. Copies of self-care and caregiver agreements and educational material about advanced directives for high risk patients will be provided.

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HEALTH-RELATED QUALITY OF LIFE AND SYMPTOM DISTRESS IN PATIENTS UNDERGOING NON-MYELOABLATIVE (NST) VERSUS MYELOABLATIVE (MT) ALLOGENEIC PERIPHERAL BLOOD STEM CELL TRANSPLANTATION (PBSC)
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We prospectively examined health-related quality of life (HRQL) and symptom distress (SD) in adult patients with hematologic diseases undergoing PBSC with HLA-identical sibling donors receiving a fludarabine/cyclophosphamide (CY) regimen NST with unmanipulated cells (n = 40), or a CY-total body irradiation regimen MT with T-cell depletion (n = 36). Generic HRQL was measured by the physical (PCS) and mental (MCS) summary scores of the Medical Outcomes Study Short Form-36 (SF-36). The Functional Assessment of Cancer Therapy-General (FACT-G) and Bone Marrow Transplant (FACT-BMT; FACT-G + BMT subscale) total scores were used to measure condition- and treatment-specific HRQL, respectively. Higher scores indicate better HRQL. SD was measured by the Symptom Distress Scale (SDS). Higher scores indicate a greater level of SD. Subjects completed surveys pre-treatment (FACT-G; SF-36; SDS) and on days 0 (FACT-BMT; SDS), 30 and 100 (FACT-BMT; SF-36; SDS). To compare HRQL (FACT-BMT, PCS, MCS) between MT and NST, mixed linear modeling was used taking into account the correlation between repeated measurements within subjects over time. Due to group baseline demographic and clinical differences, baseline PCS and FACT-G served as covariates in the respective models. To examine the relationship between SD and HRQL at days 30 and 100, an exploratory analysis was conducted using multiple regression with age, gender, ethnicity, group, and disease status also included as predictors. Subjects (N = 76) were mostly male (67%), had ECOG status 0 or 1 (97%), and were in remission or with stable disease (65%). HRQL scores showed no difference between groups across time and no effect for group. HRQL improved significantly (p < 0.05) in both groups over time with higher scores at day 100 versus days 0 and 30. At days 30 and 100, SD had the highest beta weight contributing significantly (p < 0.001) to the variance of HRQL scores and those with lower SD scores had higher HRQL scores (Table). For the set of predictors, the variance explained in HRQL ranged from 43% to 72% (Table). Results suggest NST and MT have a similar effect on HRQL during the first 100 days post-transplant, despite the greater intensity of the MT conditioning regimen. Lower SD is associated with better HRQL and is an important contributor to its prediction during the first 100 days following allogeneic PBSC.

| Table. Significant Predictors of HRQL at Days 30 and 100 |
| FACT-BMT | PCS Beta | MCS Beta |
| Day 30 | | |
| Symptom distress | -0.74 | -0.61 | -0.53 |
| Treatment group | | |
| (1 = MT; 2 = NST) | -0.22 | — | — |
| Gender (female) | — | -0.21 | -0.28 |
| Day 100 | | |
| Symptom distress | -0.76 | -0.55 | -0.44 |
| Ethnicity (white) | — | -0.32 | — |
| Age | — | — | -0.44 |
| R² (adj.R²) | 0.61 (56) | 0.50 (44) | 0.43 (36) |

*p < 0.05; †p < 0.001.

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UNIQUE ANTI-EMETIC MANAGEMENT IN THE PEDIATRIC BONE MARROW TRANSPLANT PATIENTS
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Bone marrow transplantation (BMT) requires a stringent preparative regimen that results in a multitude of adverse effects. One of the most distressing effects for these patients is chemotherapy-induced nausea and vomiting (CINV). BMT patients require close monitoring and thorough assessment, especially when suffering a stressful side effect. Nurses should be knowledgeable of all possible anti-emetic therapies. Routine anti-emetics include 5-HT₁ receptor antagonist, dopamine receptor antagonist, benzodiazepine, anti-histamine and steroid. Different combinations of the above-mentioned medications have been used in preventing or controlling CINV and have been effective in majority of the time. However, there are situations that patients will suffer from persistent CINV. We described a unique experience in our pediatric BMT patients in whom a combination of diphenhydramine (Benadryl), lorazepam (Ativan), and dexamethasone (Decadron) (BAD) was administered (modified from Dix SP et al, Bone Marrow Transplant, 1999). Patients received this mixture as a continuous infusion and with patient-controlled boluses for persistent CINV control. A total of 10 patients received the BAD drip during the BMT course. Even with the continuous infusion, the accumulated total amount of each medication patient received was actually lower than the total dose when each medication was given at scheduled intervals. All patients experienced improved CINV.
without any adverse reactions. The expected outcome was to formulate an educational tool for nurses to instruct proper dosage parameters, dose adjustment requirements, and side effects to be aware of. An algorithm was created and posted in the nursing medication room and handouts were printed for patients and families with a list of possible adverse effects of the BAD drip. With the knowledge of additional anti-emetics therapies, pediatric BMT nurses will be better prepared to act on behalf of their BMT population experiencing intractable nausea and vomiting.

273 RE-EVALUATING A PATIENT SAFETY PROGRAM IN AN ONCOLOGY NURSING SETTING
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Keeping a patient safe and free from falls in the hospital setting is an ongoing challenge for nurses and the health care team. Therefore, fall prevention is a major component of our institution's oncology patient safety program.

In the literature, the majority of studies address falls in persons over the age of 70. Our patient population with cancer is younger, 35 to 60 years old, and has other factors involved; the disease process itself, medications, weakness and fatigue, to name a few. We decided to first define our patient population's risk factors and then develop a program that would decrease falls within the younger, oncology population.

Our plan included identifying patients at risk, revising our policy, enhancing assessment and reassessment methods, providing new visual alerts for patients at risk, and upgrading staff, patient and family education programs.

These changes were piloted on 8 inpatient units for one month. No falls were reported during this time frame. After the successful pilot, over 1,500 health care workers received training to the revised patient safety plan. The program was then implemented house-wide. It was thought that these changes would continue to eliminate falls.

However, outcome metrics, utilizing institutional incident reports, indicated otherwise. Data analysis revealed no house-wide culture change occurred. The number of inpatient falls/1,000 hospital days remained the same as before the pilot. The nursing staff on 3 leukemia units then decided to utilize a simple Quality Improvement tool, the “OOPS Monitor” (Opportunity for Outstanding Patient Safety) to gather data. This data revealed multi-factorial root causes underlying modest policy compliance.

These results were shared with the nursing staff through focus groups where additional data was collected. The staff identified several issues related to non-use of the program elements. Each of the 3 units was asked to develop an action plan in response to the data. These action plans resulted in the implementation of a Multidisciplinary Fall Prevention Consult Team whose goal is to monitor compliance and keep safety awareness at a maximum level. Monthly monitoring will continue with timely feedback to unit staff members and the institution.

274 AN EMERGING CHALLENGE: NURSING SKIN CARE OF BONE MARROW TRANSPLANT PATIENTS WITH MYCOSIS FUNGOIDES
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Nursing skin care for Mycosis Fungoides (MF)/Sezary Syndrome patients has always been a challenge because of the risk of chronic skin infection with staphylococcal species and subsequent systemic infections.

Mycosis Fungoides/Sezary Syndrome is a cutaneous T-cell lymphoma. Its clinical skin involvement is often initially mistaken for eczema, psoriasis, or other types of T-cell lymphomas. The disease remains indolent for many years before actual diagnosis. The prognosis of these patients is based on the extent of disease at its stage. Among various topical and systemic therapies, bone marrow transplant emerges recently as a non-conventional treatment option. Because of the scarcity of BMT experience with patients who have MF, standardized nursing guidelines for skin care in these patients are not yet established. Additional challenges arise, when BMT patients face the complications of skin Graft-versus-Host Disease (GVHD).

The Bone Marrow Transplant (BMT) department of our center identified the nursing responsibility with skin care for these patients to establish the standard of nursing skin care for these patients that is most effective. Generally, this program reviews the clinical manifestations of the Mycosis Fungoides, its conventional and non-conventional treatments, including BMT. Specifically, it analyzes BMT patients with MF at our institution, focusing on various nursing skin care methods, including sterile Central Venous Catheter dressing change techniques. A case study will also be presented. In addition, the project informs current clinical trials and examines the research at our institution that focuses on establishing BMT protocols for MF patients. The effectiveness of nursing skin care is measured by progressive healing of tissues and decrease in the size of lesions, effective application of combination dressings, infection control, pain management, and the quality of life of these patients.

275 A REFERENCE GUIDE TO SEAMLESS CARE: THE BLOOD AND MARROW TRANSPLANT COORDINATOR ORIENTATION MANUAL
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Transitioning the blood and marrow transplant (BMT) patient from the outpatient clinic to the inpatient setting in a large comprehensive cancer center can be a challenging and complex process. The Blood and Marrow Transplant patient’s journey through a Blood and Marrow Transplant patient’s journey through a comprehensive cancer center can be a challenging and complex process.

The Blood and Marrow Transplant (BMT) Department of our center performs over 600 transplants each year, including autologous, allogeneic, and syngeneic transplants. Currently, the transplant center employs five related BMT coordinators. Each coordinator is responsible for multiple physicians working with different diseases. The coordinators deal with various diseases, hence, work-ups range from the very simple patient evaluation and assessment to the complex patient. Because of the variety of tests necessary, it was found that work-ups were not always 100% complete. From there it was determined that in order to provide consistent, accurate information the first time around, a resource manual was needed for the current coordinators and new coordinators to utilize as a reference. This would also help facilitate a simpler way of verifying what was needed for each individualized patient work-up.

The reference evolved into the BMT Coordinator Orientation Manual. The manual outlines each test needed for a specific disease process. This is done using written instructions and sample work-ups. The manual includes instructions for HLA typing of patient/normal donor, donor work-ups, as well as detailed work-ups for patients with various disease processes. The job description for the BMT Nurse Transplant Coordinator and the policies and procedures referring to the patient’s pre-transplant coordination process are also included.

The manual is used on a regular basis by the coordinators to provide consistent, accurate information without having to duplicate orders on the same patient. Insisting on consistent, accurate information aids in a seamless BMT admission process for the transplant patient.

276 LEADING LEADERS AT ONE OF THE LARGEST TRANSPLANT PROGRAMS IN THE COUNTRY
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The Blood and Marrow Transplant patient’s journey through a blood and marrow transplant program should be a seamless transition from the community, to the outpatient setting, to the inpatient unit and back to the outpatient center. The various processes that enable the journey to occur without interruption are one of the many responsibilities of the leadership team. On a weekly basis,