

NURSING MATTERS

Taking nursing to the next level. Together.

April 2016

In This Issue

[Welcome](#)

[Your Colleagues](#)

[What's New](#)

[Infection Control Updates](#)

[Focus on Lymphedema](#)

[Education & Support](#)

[Featured Article](#)

[Upcoming Events](#)

[Nursing Practice Committee](#)

[CNA Exam 2016](#)

WELCOME

"People will forget what you said, they will forget what you did, but they will never forget how you made them feel" – Maya Angelou

In the upcoming months, there will be a number of opportunities for you to reflect on your nursing practice - the impact you have on the patients and families you cared for (how you made them feel) as well as understanding your professional responsibilities. The first opportunity is the **13th Annual Oncology Nursing Day on April 5th** followed by **National Nursing Week May 9-13th**. Check out the [Upcoming Events](#) section to see how we will be celebrating these events.

The **Focus** of this month's newsletter is **Lymphedema**. Focusing on this complex and often under-reported condition provides an opportunity to learn more about the assessment, intervention, and support you can provide to individuals who are at risk for developing lymphedema or who may present with signs and symptoms of the condition. You will find many helpful resources in the **Education and Support** section as well as an informative **Featured Article** to help guide your practice.

If there is an area of your practice that you would like more information or support on feel free to contact a member of our team at nursinged@bccancer.bc.ca

We look forward to hearing from you, Professional Practice Nursing Team

GETTING TO KNOW YOUR PROVINCIAL NURSING COLLEAGUES

Andrea Knox graduated from UBC-O in 2006. She worked as a full-time staff nurse on 3 East at Kelowna General Hospital caring for post-op thoracic, vascular and general surgical patients. Her experience in acute care was heavy and high-paced on a unit with a very interesting combination of patients at all levels of acuity.



Andrea made the move over to BCCA-SAHCSI in 2009 after her daughter was born, looking for new opportunities and a change of pace. After seeing a mix of surgical oncology patients in her previous role and not being very familiar with the nuances of cancer care, she challenged herself to learn the new role of oncology nurse, completing ONDEC and attaining her CNA Certification in Oncology Nursing. Although it was a big departure from the fast-paced acute care environment, the decision to join the BCCA has been by far the best decision she has made so far in her nursing career. Since joining the agency, Andrea has had the opportunity to work in a variety of roles, including Radiation Therapy, Pain & Symptom Management, and now her

Upcoming Events – Provincial

RONOC 2016



3rd Bi-Annual Realities of Northern Oncology Conference

Prince George, BC

May 6-8, 2016

This year's conference features an EPEC™-O workshop on May 8th. For further information contact ava.hatcher@bccancer.bc.ca

FHA Oncology Education Day UBC, Vancouver

May 28, 2016

A series of short talks on topics such as chemo related complications, oncology complications, principles of chemotherapy and radiation therapy, geriatric oncology assessments, work up for Primary Unknowns

Registration opening the end of February – for more information contact Dr. Ursula Lee, Medical Oncologist, VC
ulee@bccancer.bc.ca

Upcoming Events – National

13th Annual Oncology Nursing Day

“Changing the Way We Care: Self First”

April 5, 2016

Dinner: 1700 -1730

Intro/Presentation: 1730 – 1900

Video Linked to All Sites:

AC – Radiation Therapy Room

CN – Willow Room

CSI – Shuswap Room

FVC – MainFloor Conf. Room

VC – John Jambor Room

VIC – 1st Floor Physics

CON Partners – please contact

telehealth@phsa.ca to join

National Nursing Week 2016

May 9 – 15th, 2016

Professional Practice Presentations

May 12, 2016

1200 – 1300

“Resilience: How to Grow It & Beat Burnout”

1300 - 1400

“Research Concerning Pharmaceutical Policy, Drug Information & the Pharmaceutical Industry’s Influence on Healthcare Providers”

AC – Regional Consult Room

CN – Parsnip Room

CSI – Shuswap Room

FVC – Room # 1056

VC – 2nd Floor Conference Room

VIC – Conference Room # 3

Upcoming CNPS Webinars:

Protecting Your Patient’s Privacy

April 6, 2016

[Click here to register!](#)

Social Media & Technology

May 12, 2016

[Click here to register!](#)

2016 13th Annual CANO Conference

October 20 – 23, 2016



Hyatt Regency, Calgary, AB

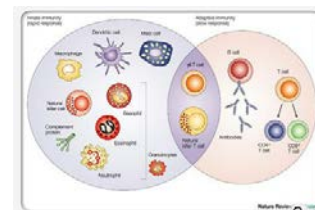
current role as Education Resource Nurse for Professional Practice Nursing. Andrea is an inspiration to those around her. Her enthusiasm to support new and current staff, as well as students, is evident throughout the centre and in the smile she wears to work every single day.

Those of you who don’t know Andrea well, will be interested to know that she is always up for new challenges in both her nursing and personal life. Andrea enjoys being very adventurous and is always looking for something new to try. Her latest passion is springboard diving and although she has only been working on her diving skills for two years, she hopes to compete at the Americas’ Master games this summer in Vancouver. Good luck Andrea!!!

WHAT’S NEW

Immunotherapy Education

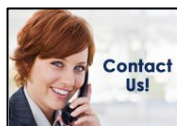
Trastuzumab, Panitumumab, Rituximab and Interferon are all immunotherapies that you may be familiar with. What about Ipilimumab, Nivolumab or Pembrolizumab? This new group of immunotherapies, called checkpoint inhibitors, have substantially improved the prognosis for patients with advanced melanoma and are likely to significantly improve the treatment of advanced disease in a number of other malignancies. With great success also comes a unique spectrum of toxicities called immune-related side effects (irSEs).



The Learning Hub course ‘**Immunotherapies**’ is available to give you a better understanding of how checkpoint inhibitors work, the unique assessment and treatment of irSEs and the key patient education required. Learn about the new policies and procedures in place at BCCA that emphasize patient education as a way to enable safe self-care strategies and timely reporting of side effects to a health care provider. *This module is particularly important for nurses who provide telephone care, as safe use of these drugs also involves making follow up calls at prearranged times throughout the cycle.*

In order to gain your Learning Hub certificate, please take a few minutes to review all the resources listed within the course checklist. Should you have any questions or suggestions, please do not hesitate to contact *Charlotte David, Education Resource Nurse*, charlotte.david@bccancer.bc.ca or nursinged@bccancer.bc.ca

Canadian Nurses Protective Society (CNPS)



As of March 1, 2016, the CRNBC is officially the newest member of the CNPS.

All nurses in BC can now “benefit from the professional legal services and liability protection provided by the CNPS” (CNPS, 2016).

All CRNBC registrants will have access to supports including:

- Confidential and objective advice to improve safety, quality and reduce exposure to risk
- Current support for professional practice issues, i.e. right to die, patient handover
- Summaries of legal cases involving the nursing profession, to assist with identification of potential safety and risk issues for patients and nurses
- Access to independent legal advice
- Assessment of contracts

To take advantage of all the resources that the CNPS has available, make sure to go to the [Website Registration Page](#) and create a new login account using your CRNBC Registration #. Some of the resources available on this site include

- Webinars for BC nurses
- Keeping in touch

- Calling CNPS for advice
- Additional resources

Association of Registered Nurses in BC (ARNBC)

Check out the new ARNBC Position Statement entitled [Nurses and Nursing's Role in Supporting a Patient-Centred Approach to Physician Assisted Death](#). This is a great read to help answer questions that have been on the mind of many nurses since the Supreme Court of Canada made a ruling in favour of physician assisted dying.

INFECTION CONTROL UPDATES

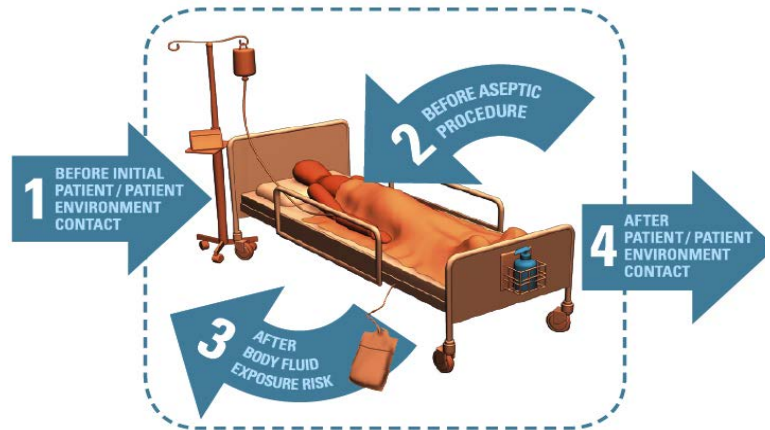
Scrub-A-Dub! Don't forget, World Hand Hygiene Day is May 5, 2016!

Hand Hygiene is the single most effective way of preventing the transmission of infections. There are two types of microbes that colonize hands: *resident flora*, which consists of microorganisms residing under superficial cells and *transient flora*, which actually colonize the superficial skin layers and is more amenable to removal by hand hygiene. Hands may become contaminated with *transient flora* by merely touching patient's intact skin or inanimate objects in patients' rooms or even during simple procedures like taking a blood pressure.

For most circumstances, alcohol-based hand rub (ABHR) is sufficient to appropriately clean hands. However, there are a few indications where the physical action of washing and rinsing hands is needed. Soap & Water

should be used when:

- Hands are visibly soiled
- Interacting with a patient with known or suspected *Clostridium Difficile* or undiagnosed gastrointestinal symptoms (i.e. vomiting, diarrhea, ect.)
- There is ABHR residual emollient buildup



Guidance for hand hygiene during **patient care activities** is best described by the “4 Moments for Hand Hygiene” in the picture noted above. In addition to these 4 moments, there are many other situations where it is equally important to clean our hands. These include, but are not limited to,

1. Before and after leaving clinical areas
2. Before medication preparation
3. After using the washroom
4. Before and after preparing, serving, feeding or eating food

Hand Hygiene Resources:

- [World Health Organization \(WHO\) Guidelines on Hand Hygiene in Health Care](#)
- BCCA Infection Prevention & Control Manual ([H:\EVERYONE\Infection Control](#))

Nursing Practice Committee (NPC) Updates

NPC meetings take place monthly. Each centre has a NPC representative who will be able to provide you with updates and minutes are available to read on H:\EVERYONE\nursing\COMMUNICATION\Nursing Practice Committee (NPC). This section will highlight some of the practice changes.

NPR Updates:

NPR- C90 Central Venous Catheters – Generic Directive has been deleted.

NPR- C-75 Central Venous Access Devices (CVADs): Care and Maintenance of Implantable Venous Access Devices (IVADs)

NPR C-80 Central Venous Access Devices (CVADs): Care and Maintenance of Tunneled T-CVAD and Non-Tunneled (NT-CVAD) Catheters

NPR C-86 Central Venous Access Devices (CVADs): Care and Maintenance of Peripherally Inserted Central Catheters (PICCs)

Nursing Practice Reps

Allison Budgell – CSI
 Chris Lepore – FVC
 Arlyn Heywood –VC
 Bonnie Hung - VC
 Chelsy Steele- AC
 Michele Lafreniere – VIC
 Anne Case - CN

FOCUS ON LYMPHEDEMA

A Good Assessment Makes a Difference for Patients at Risk for Lymphedema

The Impact of Lymphedema?

Lymphedema is defined in simple terms as “a build-up of lymph fluid, usually in an arm or leg” (BCCA, 2016); however the condition itself can be very complex and truly needs to be considered as a life-long risk for patients at risk. The diagnosis and assessment of lymphedema in patients undergoing cancer treatment remains a challenge for all health care professionals and results in symptoms being under-reported and important treatment being delayed. Many patients with lymphedema are faced with complicated physical and emotional challenges, and the financial burden of treatment alone creates an even bigger impact on the patient experience and survivorship.

Who is at Risk & What Can We Do?

“There is no way to know who will get lymphedema. But there are things you can do to try to prevent it. And recognizing it early and starting treatment right away can help manage it” (American Cancer Society, 2015). Although lymphedema is primarily associated with treatment for breast cancer, the condition can become a problem after surgery or radiation therapy of any type of cancer, including prostate cancer, pelvic area cancers – uterine, vulvar, or cervical – lymphoma, melanoma, and other cancers as well. Essentially, lymphedema can occur in any part of the body where the lymphatic system is blocked or damaged. Each and every individual that is at risk for or presents with signs or symptoms of lymphedema will be different and requires strong nursing advocacy to ensure patient safety, education, and treatment is prioritized during a patient’s cancer journey.

Regardless of the cause for developing lymphedema, which is often unknown, or the site in which this type of chronic swelling presents, a thorough physical and psychosocial assessment is vital to patient care. In order to determine a patient’s risk of developing the condition and making decisions about the appropriate treatment recommendations if signs or symptoms occur, nurses require strong and strategic assessment skills. Often, the early signs of lymphedema are difficult to determine and involve subjective observations from patients, such as *a feeling of heaviness* in a limb. The Canadian Lymphedema Framework provides help in determining a patient’s risk for developing lymphedema - click [HERE](#) to see the tool.

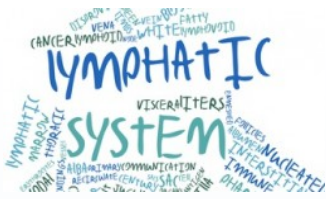
Lymphedema Assessment Tool – Pilot Project

Unfortunately, due to the complexity of the condition, standardized guidelines for lymphedema diagnosis and both initial and ongoing assessment remains difficult to achieve. To assist BCCA nurses, nurses at the BCCA-SAHCSI have begun a Research Ethics Board (REB) approved pilot project to trial an assessment form based on current evidenced-based research and the BCCA Lymphedema Symptom Management Guideline. The project was originally started in 2014, by a group of UBC-Okanagan Nursing Students who conducted an extensive literature review and survey of assessment tools developed both nationally and internationally. The pilot project continues to be underway, hoping for completion and data analysis to occur in the early summer months.

For more information please contact: Andrea Knox, Education Resource Nurse,
aknox@bccancer.bc.ca

References:

- American Cancer Society. (2013). *Understanding lymphedema (for cancers other than breast cancer)*. Retrieved from <http://www.cancer.org/acs/groups/cid/documents/webcontent/002928-pdf.pdf>
- American Cancer Society. (2012). *Lymphedema: What every woman with breast cancer should know*. Retrieved from <http://www.cancer.org/acs/groups/cid/documents/webcontent/002876-pdf.pdf>
- McLaughlin, S. A. (2012). Lymphedema: Separating fact from fiction. *Oncology*, 26(3), 1- 11. Retrieved from <http://www.cancernetwork.com/oncology-journal/lymphedema-separating-fact-fiction>



Some Signs of Lymphedema May Include:

- Full or heavy feeling in the arm, leg, or genitals
- A tight feeling in the skin of the arm, leg, or genitals
 - Less movement or flexibility in your hand, wrist, or ankle
 - Trouble fitting into clothing in one specific area (i.e. sleeve of a jacket or socks being too tight)
- Your ring, watch, and/or bracelet feel tight but you have not gained weight

(American Cancer Society, 2013; 2015)

CNA Exams 2016

CNA Certification Program Online

Application Process Open

April 11 – July 1, 2016

Being CNA certified shows a commitment to an advanced standard of professional competence and have a comprehensive understanding of the oncology nursing specialty.

Become CNA certified!

Show that you Care to Be the Best and apply for your CON(C) — Certified in Oncology Nursing (Canada)

<https://www.nurseone.ca/en/certification>

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EDUCATION & SUPPORT

Lymphedema Education & Support

BCCA RESOURCES:

- [Lymphedema Symptom Management Guideline](#)
- [BCCA Health Information: Lymphedema](#)

OTHER PROVINCIAL RESOURCES:

- [BC Lymphedema Association](#)

This association can help find local resources and support services available to assist staff and patients in lymphedema management and treatment.

CANADIAN RESOURCES:

- [Canadian Cancer Society: Lymphedema](#)
- [Exercises after Breast Surgery Patient Information Booklet](#)
- [The Canadian Lymphedema Framework](#)
- [CANO: Lymphedema Management Webinar \(February 2015\)](#)

OTHER RESOURCES:

- [American Cancer Society: Lymphedema](#)
- [National Lymphedema Network](#)
- [International Lymphedema Framework](#)

FEATURED ARTICLE

Position Statement: Lymphedema Risk Reduction Practices

Caring for those at risk for or with a confirmed diagnosis of lymphedema includes providing recommendations to ensure safety measures and precautions are considered when patients are within and outside the walls of the cancer centre. Education surrounding lymphedema risk reduction practices requires nurses to be aware of and assist patients in making informed choices about what is best for them; “each person with lymphedema or at risk for lymphedema needs to have their risk-reduction practices individualized. What works for one person may not work for another” (National Lymphedema Network, 2012, p. 1). **If you are interested in reading more about**

Lymphedema Risk Reduction Practices, click on the link(s) below.

National Lymphedema Network. (2012, May). *Topic: Lymphedema risk reduction practices.* Retrieved from <http://www.lymphnet.org/pdfDocs/nlnriskreduction.pdf>

National Lymphedema Network. (2012, May). *Topic: Summary of lymphedema risk reduction practices.* Retrieved from http://www.lymphnet.org/pdfDocs/nlnriskreduction_summary.pdf

Note: Articles & links work best if copied and pasted into Google Chrome browser.

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