WELCOME

We would appreciate your comments and suggestions for future editions of this newsletter. You can contact us via email at nursinged@bccancer.bc.ca

Getting to know your provincial nursing colleagues

Barbara Chaulk, is a Registered Nurse with the Radiation Department at the Vancouver Centre. She graduated from nursing school in Saskatchewan many years ago when her only options were to either become a teacher, secretary or nurse - she chose to follow in her aunt’s footsteps and became a nurse. Throughout her career Barb worked in various areas including a military hospital, ICU, and paediatrics. Somewhere in the middle of her nursing career Barb decided to go back to school and obtained a Masters in Family Studies and worked in that field for a number of years. But nursing beckoned once again and Barb did a refresher course in nursing which led her to work at the BCCA in 2002.

Barb enjoys coming to work everyday because she considers it to be a “break”. She loves working with patients & families and describes the best thing about her work is working with amazing staff and “helping them out”. Barb’s devotion, companionship, and diverse knowledge will be greatly missed at the BCCA as she retires her remarkable nursing career this January to spend time with her partner and son.

WHAT’S NEW

The CAMEO program launches a new phase

Research has shown up to 80% of cancer patients use some form of complementary and alternative medicine (CAM) and while many may be perceived to provide benefit to patients, some risks may also be attached. Education and support to make decisions informed by evidence, is needed to ensure cancer patients are making well-informed and safe decisions. The Complementary Medicine Education and Outcomes (CAMEO) Research Program was established in 2008 by the UBC School of Nursing and BCCA to address the CAM education and decision support needs of patients, families and clinicians. To offer national accessibility to its interventions and resources, the CAMEO program has recently
Nursing Practice Committee Updates

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

Recently updated Nursing Practice Reference(s)

- **H-90** Hypodermoclysis: Guidelines for Providing Fluids via the Subcutaneous Route
- **C-252** Chemotherapeutic Agents: Administration of - New diagram to support Taxane line set-up
- **I- 390** IV Therapy: Intravenous Devices, Insertion and Maintenance of Peripheral Intravenous Device
- **I- 391** IV Therapy: Infusion Guidelines, Parenteral Therapy
- **I- 490** IV Therapy: Use of Infusion Pump with Dose Error Reduction Software

**Naturopathic Doctors**

Imagine this scenario, while working on the nurse telephone line you receive a call from a Naturopathic Doctor who has some questions about how to access and care for a patient’s central line. You refer him to Nursing Practice References (NPRs) on the BCCA website for more information, but he is requesting that you as the RN provide him detailed information about how to access a central line, administer a medication and flush the line. You wonder if this request is appropriate and what your next steps should be.

This scenario is based on an actual event that occurred at one of our regional Cancer Centres. Even after the website resources were shared with the Naturopathic Doctor, the nurse was asked to go over the procedures in detail over the phone. This request raised some questions about the role of nursing in assisting Naturopathic Doctors with regard to central line care and determining an appropriate response to these requests.

The naturopathic doctor position statement and frequently asked questions (FAQs) documents were developed in collaboration with BCCA and CRNBC to provide RN’s with support on how to deal with these inquiries. The FAQs were created to assist Registered Nurses in providing education and information to patients who express interest in complementary therapies that may involve their central lines in order to ensure patients have the information they require to make an informed choice. Both of these documents can be found as appendixes to NPR C-90, Central venous catheter general directives.

http://www.bccancer.bc.ca/HPI/Nursing/References/NursingBCCA/default.htm

**Double Gloving**

As treatments become more complex and new drugs are introduced into practice the potential for nurses to be exposed to hazardous drugs increases.

A new provincial Exposure Control Plan, developed by representatives from all BC health authorities, will be officially launched in the spring of 2015. This work has provided educators and clinicians the opportunity to review the latest evidence and best practices pertaining to hazardous drug exposure. Based on evidence from the National Institute of Occupational Safety and Health (NIOSH), the Oncology Nursing Society (ONS), and WorkSafe BC changes in practice have been implemented at all BCCA centers.

**So why double gloving?** - Your hands are the part of your body that are most often exposed to hazardous drugs. No glove can guarantee 100% protection – there are always imperfections in the manufacturing process that may affect the thickness as well as the integrity (rips or tears) of the glove.

Wearing two pairs of gloves (one under the sleeve of the gown and one over the cuff of the gown) can help to decrease your risk of exposure to hazardous drugs when administering
treatments. In addition, this method helps to prevent the hands from becoming contaminated when doffing Personal Protective Equipment (PPE).

Washing hands thoroughly with soap and water after doffing PPE is the evidence based method to remove any potential hazardous residue – hand sanitizer does not remove this residue.

A nursing practice reference (NPR) is currently being developed and will be available in the new year. In the mean time, if you have any questions about this change in practice, please consult with a member of the professional practice nursing team.

**EDUCATION & SUPPORT**

**Nursing Practice References – Fact or Fiction**

Nursing Practice References (NPRs) support and provide direction for nursing care at BCCA. The NPRs are updated every 3 years by the Nursing Practice Committee (NPC), whose membership includes operational leadership, professional practice nursing and clinical nurses from the various centres and practice areas. If you have any concerns related to an NPR, please contact your regional NPC representative. If there is no NPR for a nursing activity, either infrequently performed at BCCA or common practice, then nurses should refer to the most up to date version available of the Clinical Nursing Skills & Techniques textbook by Perry & Potter available in their clinical area. All of the NPR’s are located at **H:EVERYONE\nursing\REFERENCES AND GUIDELINES\BCCA Nursing Practice Reference Manual** including the index document which provides a list of the NPR’s and cross-references other relevant NPRs. Some NPR’s are also located on our website at [http://www.bccancer.bc.ca/HPI/Nursing/References/NursingBCCA/default.htm](http://www.bccancer.bc.ca/HPI/Nursing/References/NursingBCCA/default.htm) as a support for the Community Oncology Networks.

**Canadian Cancer Society - Free Programs & Services for Your Patients & Their Caregivers**

The Canadian Cancer Society’s free telephone-based program called CancerConnection connects patients and/or their caregivers with trained volunteers who have had a similar cancer experience.

CancerConnection has a network of over 1000 volunteers across Canada with 180 in BC, which results in patients being closely matched with the appropriate volunteer (e.g. same gender, age, type of cancer, etc.). The service is available in any language, either through a volunteer who speaks the same language or through a free interpreter service. The Society has other free programs and services such as rides to and from cancer treatments, and wig and prostheses banks.

Referrals can come from any health professional and can be made online at [http://www.cancer.ca/en/support-and-services/support-services/talk-to-someone-who-has-been-there/?region=bc](http://www.cancer.ca/en/support-and-services/support-services/talk-to-someone-who-has-been-there/?region=bc) For more information please call 604-675-7148 in the lower mainland, or toll free at 1-800-939-3333. Or, visit [www.cancer.ca](http://www.cancer.ca).
**Interested in other educational opportunities? Check out the index of education resources on our website**

http://www.bccancer.bc.ca/HPI/Nursing/Education/Index+Nursing+Practice+Education+Resources.htm

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**Introduction to Chemotherapy: A Presentation for Patients and Families**

A multidisciplinary working group at BCCA developed a tool kit to facilitate and evaluate chemotherapy group patient education sessions. This introductory session, facilitated by an interdisciplinary team, provides the patient with an overview of chemotherapy, management of potential side effects and self care strategies. It is recommended that all new patients receiving oral or parenteral chemotherapy attend the session.


A two pronged evaluation of this provincial initiative was completed in June of 2014. Over 95% of respondents (n=113) felt prepared for chemotherapy treatment, were satisfied with the information presented and were satisfied or very satisfied with the group session (opportunity to ask questions, presenter, length of session, etc.). Facilitator teaching competencies were assessed as very good to excellent.

The working group continues to review/revise this provincial resource as necessary, and future plans include: development of a patient brochure, and a teaching plan for individualized sessions. Any questions or suggestions can be forwarded to Anne Hughes, Professional Practice Leader, Nursing @ ahughes@bccancer.bc.ca.

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**FOCUS ON INFECTION CONTROL**

A ‘CAIS’ for Infection Control flagging …

Staff members who work in CAIS on a regular basis have become quite accustomed to seeing patients who have been ‘flagged’ for infection control purposes. Staff are often surprised to hear which instances warrant flagging and which don’t. For instance, why do we flag a patient who had MRSA 5 years ago, but not a patient with a current C. difficile infection?

Good routine practices, such as hand washing and isolating patients with symptoms of illness, are generally sufficient for preventing the spread of many illnesses. There are instances, however, where good routine practices may not be enough to prevent the spread of certain organisms and for this reason additional precautions are required. **As a general rule, infections that warrant flagging on a patient’s health record are those that are deemed to be long-term or permanent.** Infections that are self-limiting or treatable and can be prevented from transmission with the implementation of good routine practices are not flagged, though they may still require additional precautions. Common infections that might fall into this category include Influenza, Shingles and C.difficile. The standards of
practice for flagging at BCCA are based on evidence based guidelines from provincial, national and international agencies.

Presently, Infection Control flags all patients with a history of MRSA (methicillin resistant staphylococcus aureus), VRE (vancomycin resistant enterococcus) or CRE (Carbapenemase Resistant Enterococcus). Patients with other organisms are flagged under specific circumstances, for instance ESBL (extended spectrum beta-lactamase). The BCCA Infection Control Manual clearly outlines the factors that warrant flagging of these organisms as well as details on how to apply routine practices and additional precautions in your work area. For more information, check out the manual at H:\EVERYONE\Infection Control\BCCA Infection Prevention and Control Manual.

**FEATURE ARTICLE**

**Palliative Care and Dyspnea**

How is your assessment of dyspnea and comfort with recommending non-pharmalogical interventions? Dyspnea is not uncommon in people with cancer; “and estimated 15-70% of patients with cancer experience dyspnea” (as cited in Corcoran, 2013, p. 438). The following article is a reminder of the importance of a focused nursing assessment and the tips that can be provided to patients to decrease their work of breathing and increase overall comfort.


We welcome your comments, suggestions and feedback about this resource and how we can make it even more helpful to you nursinged@bccancer.bc.ca

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