

# NURSING MATTERS

Taking nursing to the next level. Together.

January 2015

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## Upcoming Events

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### Jan 2015 online course:

Virtual Study Group to support RNs registered for the CNA Certification in Oncology Nursing exam. Register now on the Learning Hub <https://learninghub.phsa.ca/> and search Nursing CON(c) 2015 Virtual Study Group

### Jan 26 Abstract

**deadline:** International Conference on Cancer Nursing will be held in Vancouver in July 2015. Get your abstracts in before the deadline!

### Jan 28 Webinar:

Becoming a navigator: building core competencies <http://www.cano-acio.ca/webinars>

### January – March 2015

**Workshop:** Educator Pathway workshop for Preceptors <http://pod/education/professional-practice/education/Docume>

## WELCOME

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*We would appreciate your comments and suggestions for future editions of this newsletter. You can contact us via email at*

*[nursinged@bccancer.bc.ca](mailto:nursinged@bccancer.bc.ca)*

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### 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

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## Nursing Practice Committee Updates

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Nursing Practice Committee (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 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

### Nursing Practice Reps

Allison Budgell – CSI

Chris Lepore – FVC

Keith Gingerich – VC 5<sup>th</sup> fl

Trevor Howard – VC ACU

Jennifer Larssen - AC

Michele Lafreniere – VIC

Jennifer Sweet - CN

launched a user-friendly website, [www.cameoprogram.org](http://www.cameoprogram.org), which can be shared widely with patients, families and health care professionals. Those interested can learn more about CAM and cancer by accessing CAMEO's online patient and health professional education modules. Written resources for patients including a booklet called *CAM in Canada*, as well as monographs about the natural health products frequently used by women with breast cancer, are available to download and print.

### 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> as a support for the Community Oncology Networks.

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



Canadian Cancer Society  
Société canadienne du cancer

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> 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).

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*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.

The Tool Kit located at <http://www.bccancer.bc.ca/HPI/Nursing/chemo-patient-education/default.htm> contains the following materials: facilitator criteria and assessment, power point presentation, patient information package, evaluation tool. Recently a video recording of a group session was added to the BCCA website at <http://www.bccancer.bc.ca/HPI/Nursing/chemo-patient-education/Video.htm>.

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](mailto:ahughes@bccancer.bc.ca).

## 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?

8,000-12,000



Number of Canadians who die from health care associated infections every year.

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.

Corcoran, E. (2013). Palliative Care and Dyspnea. *Clinical Journal of Oncology Nursing*, 17(4), 438-440. Retrieved from

<http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2012210687&site=ehost-live>

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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](mailto:nursinged@bccancer.bc.ca)

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