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Concurrent radiation therapy and chemotherapy for anal cancer: Retrospective chart audit of autonomous nursing practice in radiation oncology

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Autonomous nursing practice is the hallmark of radiation oncology nursing in the study setting in Brisbane Australia. This setting utilises a primary nursing/collaborative model to support the large numbers of patients treated daily. Anal cancer represents approximately 2% of all gastrointestinal cancers, and sphincter-preserving treatment, combining radiation therapy and chemotherapy, has become standard treatment. However, acute toxicities are as high as 80%. Radiation oncology nurses assess their patients regularly, and refer to medical and allied health professionals as necessary. The aim of this retrospective chart audit is to determine the extent of patients' toxicities and the nursing interventions to support their quality of life and reduce admission to hospital. This study audited patients treated for anal cancer over a 2 year period at a Radiation Oncology Department in Brisbane Australia. Data was analysed using a visual toxicity display spreadsheet, and SPSS Version 23. Eligible patients were identified from the radiation oncology information system. The audit examined documented toxicities by nurses across the course of treatment, interventions, referrals to allied health professionals and admission rates. Sixteen patients were identified: 11 females and 5 males. Toxicities consistent across all patients were pain, diarrhoea, moist desquamation of groins and perianal area, nausea, mucositis, fatigue and dysuria. Admission rates were 64.7%: 5 females and 2 males. 47% of patients scored >5 on the distress thermometer at baseline, with 2 females expressing embarrassment at the site of cancer, and 3 patients having underlying psychological disease. Six patients had pain at baseline in the 4-10 range (median 5.00); 3 not entered. Missing chart information included irregular documentation of weight. Referrals were made by radiation oncology nurses to social workers, occupational therapists, and dietitians. The common toxicities resulting from concurrent anal chemoradiation affected all patients audited, with differences only in severity and timing. Proactively improving bowel regimens, hydration, analgesia and weight monitoring as part of a formal clinical pathway may result in less toxicity during and following the course of treatment.

Biography

Pauline Rose has worked in Radiation Oncology for the past 32 years, and is the Clinical Nurse Consultant for Radiation Oncology at the Princess Alexandra Hospital in Brisbane, Australia, which was the first Magnet Hospital in the southern hemisphere. She completed her PhD in 2010 and is a Credentialed Cancer Nurse (Australia). She was a Content Author for the Cancer Institute New South Wales for radiation therapy education modules for nurses and is a regular reviewer for the *European Journal of Oncology Nursing*. She has published in a range of peer-reviewed journals focusing on person-centred and individualized nursing care in the radiation oncology department, and was instrumental in 1995 in introducing a primary nursing/collaborative practice model into the radiation oncology department, which continues to provide person-centred care to patients every day.

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