Puget Sound Quarterly

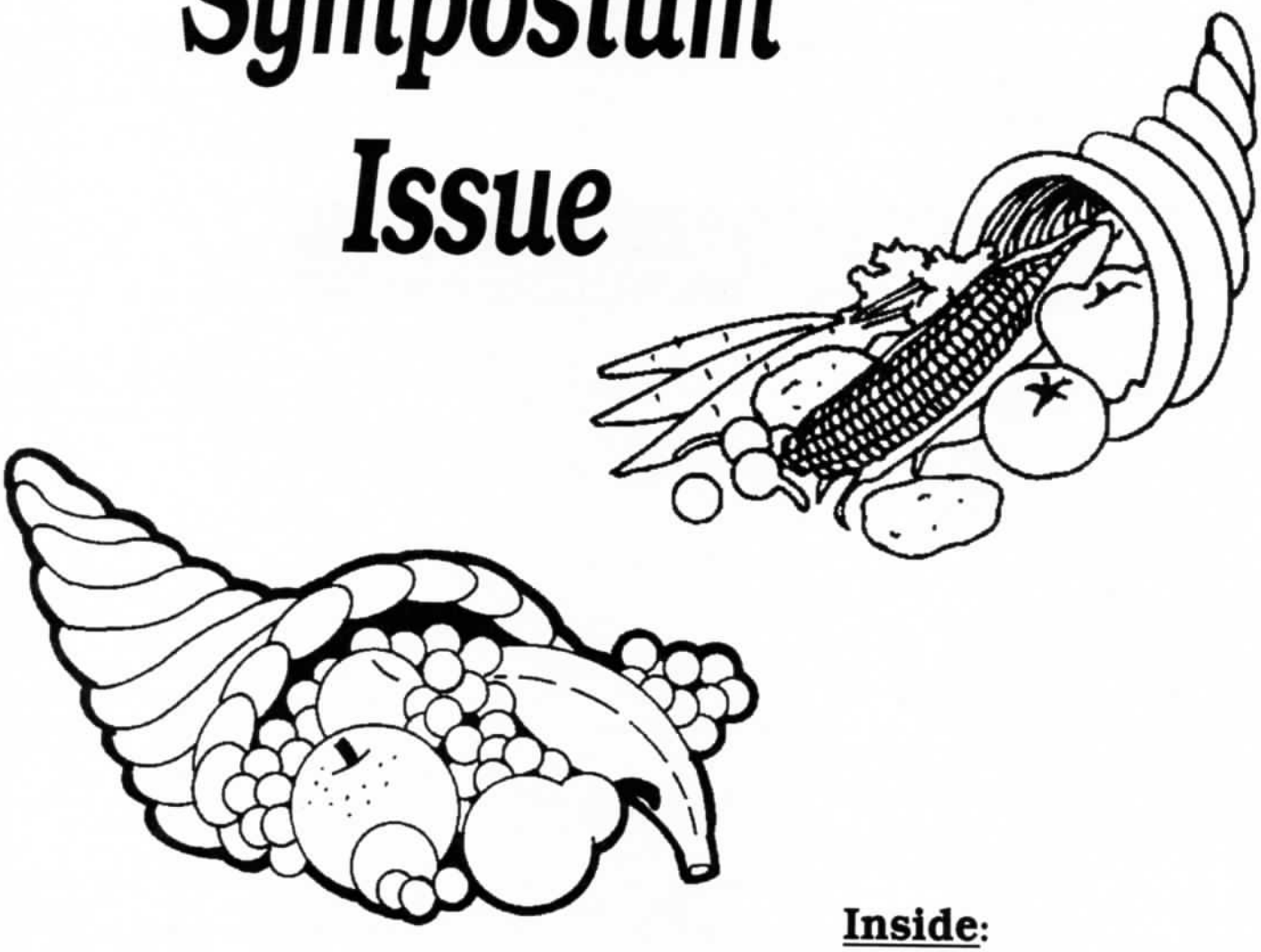
Northwest Regional Edition

Vol. 19, No. 3, 1996

PUGET SOUND ONS

ONCOLOGY NURSING SOCIETY

Symposium Issue



Inside:

This issue of the Puget Sound Quarterly is underwritten, in part, by the generous support of ORTHO BIOTECH.

From the President

Happy Summer!!!!! Well ... we're off and running with another year for our chapter. Your new board held a half day retreat in May. We got to know each other a bit, planned our yearly meeting schedule and discussed some possible goals for this new year. A significant item that we discussed was, possible terms for Committee Chairs — similar to what we have with the four board officers (perhaps one - two year terms???). I'll let you know more about this as it unfolds. Speaking of Committee Chairs, we are currently seeking people for the following 3 positions: Chairpersons for the Research, Government Relations and Historian Committees. Our current Chairpersons (Bethaney Campbell — Res., Patti Jordan — GR, and Barb Fristoe — Hist.) have served their turns and are looking forward to handing over "the gavel." If you might be interested in such a position with our chapter, feel free to contact the current chairs or any board member. Another big item for our chapter, is that we are currently being audited by ONS. This is done on an annual basis by ONS with different chapters selected yearly. 1996 is our year. So far, the audit is going well. Here are some "news tidbits" that I want to share with you: 1) PSONS is in the process of nominating 2 of our members for national awards. We are nominating Vicki Whipple for the ACS Lane Adams Award, and Fran Lewis for the ONS Distinguished Researcher Award. PSONS is so fortunate to have these two nurses in our chapter and in our local Oncology nursing community!!! 2) Five nurses from our chapter recently participated with ACS, and escorted children campers to Spokane for a week at Camp Goodtimes. ACS needed RNs to escort the children by plane. Many thanks to: Connie Horton, Lisa Toomey, Anne Marie Maguire, Gloria Winters, and Angela Collins, for giving of their weekend time to help out these special campers. Thanks to Renee Yanke for arranging this project. 3) In case you

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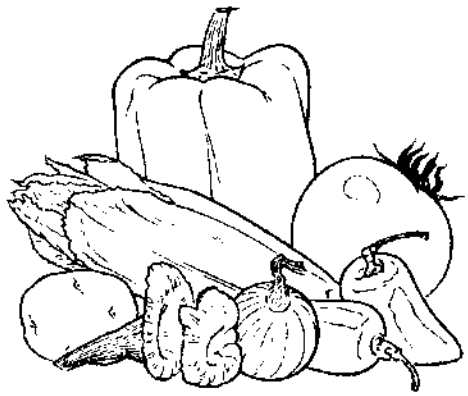


From the Guest Editor

Julie Peerboom, RN
Symposium Planning Committee

Welcome to another edition of the PSONS Quarterly newsletter. Over the past year of chairing the symposium planning committee, I have found the newsletter to be a wonderful tool to communicate to the membership but also provide a vehicle for maintaining cohesiveness throughout such a large geographical region. The focus of this newsletter is the symposium. What a great 2 day event that we had. For those of you who attended, I hope you found it a worthwhile and beneficial event that was worth the time and energy you gave to it. When speaking with many of the folks who attended, and trying to find out why they came, I was surprised to find that the main reason was not educational but a time for restoring old friendships, reenergizing people's spirits, and reemphasizing why we all made the choice to be oncology nurses. I will certainly keep these reasons in mind as we plan the next symposium. For those of you who didn't attend, I hope you will make a point of it to attend next year. Most people tell me that you can't realize how beneficial it is to attend until after the symposium is over and you have time to reflect on how valuable the education part of it was but also by the new friendships and support that is fostered.

We were privileged to have first class speakers from all over the Puget Sound area speak at our conference. It would be an overwhelming task to list the accomplishments of all of these speakers in this issue. Instead, we have chosen to focus our articles based on feedback from the evaluations stating a need to "spread the information". These articles will focus on the care of HIV patients and empowerment. Interestingly, these articles were both derived from roundtable presentations rather than actual sessions. Both of these topics will be included in material to be presented at the 1997 conference.

A symposium annual event is the reprint of the Ruth McCorkle lecture that was given at the 1996 symposium by Patty Jordan. The planning committee chose Patty as the recipient of this award because of her continued efforts in the organization. Patty is actively involved in the government relations committee not only locally but nationally as well, and we are certainly proud to have her representing us here in the Puget Sound. Patty did a wonderful job of incorporating the legacy theme of our conference with the legacy of her own career and why she chose to be an oncology nurse. Patty spoke from the heart and provided an inspirational message to the audience. She was as always, well received and appreciated.

Denise Bundow, is a nurse practitioner practicing at Virginia Mason Medical Center in Seattle. Denise's topic on the care of the HIV patient is certainly complicated but her efforts in providing this information will certainly help all of us who care for HIV infected patients. Denise has expressed a willingness to return to the 1997 and present a full session on this topic which we will certainly look forward to.

Cynthia Marion is the director of Oncology Services at Good Samaritan Hospital in Puyallup who presented components of Empowerment in the practice environment not only personally but within the staffs we work with as well. Cynthia has published articles related to empowerment and the benefit of developing those skills.

Many thanks to all the speakers, planning committee membership, PSONS board members and our pharmaceutical sponsors for their support over the past year. I hope you are all looking forward to the 1997 conference as much as we are.

Kaposi's Sarcoma: Etiology and Treatment Options

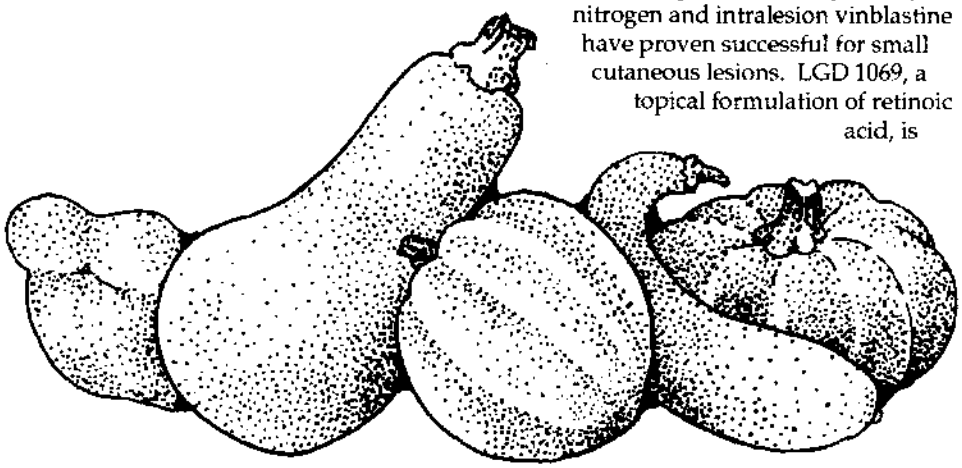
Denise Bundow RN, MSN, ARNP

Kaposi's sarcoma (KS) is the most frequent malignant tumor in patients with human immunodeficiency virus, and is seen predominantly in gay and bisexual males. Prior to the AIDS epidemic, KS was a rare occurrence, identified mostly in elderly men of Mediterranean and eastern European decent. This was known as "classic" KS, most often confined to lower extremnities, slow growing and rarely fatal.

AIDS related KS has shown itself as a much more virulent, aggressive type. It has been associated with other viruses including cytomegalovirus, Epstein-Barr virus (EBV), hepatitis B virus and human papillomavirus. Most recently, human herpes virus (KSHV), has been recovered from biopsied Kaposi's sarcoma lesions. Several epidemiologic studies of gay and bisexual men have demonstrated that there are certain practices associated with an increased risk for developing KS. Anal intercourse and oral anal contact are such practices. This supports the hypothesis that the etiologic agent of Kaposi's sarcoma is most likely sexually transmitted. The incidence of KS is declining in homosexual men, suggesting that safer sex practices are having an impact on transmission.

The diagnosis of KS is made by obtaining a lesional biopsy, followed by microscopic evaluation. Often, an endoscopy or bronchoscopy needs to be performed for diagnosis of visceral disease. KS is characterized by the proliferation of spindle-shaped cells associated with endothelial cells, fibroblasts, inflamatory cells and the formation of new blood vessels. Once diagnosis is made the choice of therapy is vast and should be individualized based on size, number and characteristics of patient lesions. Since epidemic Kaposi's sarcoma is not a curable malignancy, treatment is often geared toward palliation of symptomatic disease as well as improving the appearance of cosmetically unattractive lesions.

Local therapies such as topical liquid nitrogen and intralesion vinblastine have proven successful for small cutaneous lesions. LGD 1069, a topical formulation of retinoic acid, is currently in phase I and II of clinical trials and too has shown some promise. External beam radiation is often effective in treating bulkier lesions often associated with edema, cosmetically devastating lesions of the nose and face, and painful lesions located on the soles of the feet. Palliation is temporary, as tumors reoccur within a few months.



Rapidly progressive Kaposi's sarcoma, usually involving visceral organs, often requires aggressive systemic treatment. Single or combination chemotherapy including vincristine, vinblastine and bleomycin are often used as initial therapy as they are well tolerated and side effects are minimal. Etopiside, doxorubicin and taxol are used when KS progresses. As bone marrow suppression is of main concern, very small doses are administered. Even so, alopecia and mucositis are often inevitable.

Interferon-alpha, a biologic response modifier, administered as a single agent or in combination with nucleoside analogues, has produced favorable response rates in a select group of HIV infected patients. The best responses are generally seen in those with CD4 cell counts greater than 200/mm3. Unfortunately, side effects of malaise, fatigue, myalgias, anorexia and myelosuppression can be dose limiting and often result in discontinuation of therapy.

On November 17, 1995, the FDA approved Doxil, a liposomal form of doxorubicin HCL, for the treatment of AIDS KS for those patients who have progressed on conventional chemotherapeutic agents. Doxorubicin HCL is encapsulated in a special liposome. This formulation increases circulation time in the blood and allows for higher concentrations of drug absorption within the KS lesion. It is administered intravenously over 30 minutes, at a dose of 20mg/m2, once every three weeks .It has proven to be very safe, effective and easily tolerated. Phase II trials have yielded an 80 - 100% response rate.

Anti herpes simplex therapies, Immune globulin, and hormonal therapies are just a few of the many experimental studies soon to be in progress. Patients, with the help of experienced Oncologists and AIDS experts, now have more treatment options than ever before to choose from.

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Empowerment: A Tool for Nursing

Cindy Marion RN, BSN, OCN
Director Oncology Services
Good Samaritan Community Healthcare

Empowerment in your nursing practice can mean different things to professional nurses. Empowerment for the purposes of this article will be limited to the nursing practice environment. The definition of empowerment for me, is a process combining appropriate human and physical resources and organizational structure to foster autonomous behavior.

Empowerment in the practice environment is made up of three components context, structure and process. Context comes from a shared vision of nursing within your organization or unit. This shared vision is a statement of a preferred future of nursing practice. The shared vision represents what nurses as individuals and nursing as a department wish to accomplish with a patient or patients collectively. Professional expertise as an element of context is the Benner model of Novice to Expert. Benner states that the novice nurse is a beginner with no experience in the situation they are expected to perform; the novice is rule-governed. An expert nurse is able to apply intuitive skills to select appropriate nursing interventions. Benner finds that expert nurses require a high degree of autonomy to practice at their optimal level. The last element comprising context is autonomy. Autonomous behavior requires you to have a perceived independence to act on what is known within your scope of practice. Your scope of practice is not only defined by law in the Washington Nurse Practice Act but, also by the job description and role within your organization. Another facet that comprises your autonomy is your nursing knowledge base and experience.

Empowerment is affected by the level in the organization decisions are made, thus the structure. Organizational support is an element of empowerment demonstrated in career ladders, shared governance, case management and the decentralization of decision making to the unit level. In the event that your organization does not have the structure to support empowerment of clinical staff, frustration and apathy can result.

The process aspect of empowerment is a method of inquiry. Reflective thinking is a process where the professional nurses assess actions and outcomes of events or decisions. Critical thinking is another method of inquiry which assesses actions and outcomes but in a proactive non judgmental framework.

The effect of empowerment can be significant and far reaching for patient care, organizations and individual professional nurses. Job satisfaction has been found to be improved, high for expert nurses and low for novice nurses. Novice nurses job satisfaction may below because they are uncomfortable with empowerment due to the decision making that is not rule-governed. Quality of care for patients can be improved as the clinical decisions are made by the care providers. Patient satisfaction can be improved as decisions about providing for their needs may be more timely. The layers for decision making are reduced thus improving organizational efficiency.

To build and support an empowered staff there are organizational responsibilities of implementing and maintaining the structures to support empowerment. Nursing Leaders must also have a desire to share the responsibility of decision making and demonstrate a leadership style that supports empowerment. Professional nurses who seek empowerment or are already empowered must actively assume responsibility and accountability for their decision making. Empowerment is a tool for professional nurses to shape the future of nursing practice. I invite you to embrace empowerment and help build the future!

Kaposi's Sarcoma

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A Call to Office: President-elect and Treasurer

Renee Yanke, Past-President

Nominations and Elections is a role that falls to the Past-President of PSONS and couldn't let a chance pass by to write something for *The Quarterly*. Many times in the past few years I have heard from members that they feel they don't have a voice in the organization. Of course, one thing you can do is vote, participate on committees, or other short projects. Another thing you can do is run for office.

Did I just hear you say, "Oh no, not me..."? This year the offices for President-elect and Treasurer are open. Here is a short description of the roles so you can start thinking and planning about how you can participate. We have lots of good leadership potential in the organization, and everyone is fun to work with.

PRESIDENT-ELECT

Responsibilities

1. Know mission statement and structure of ONS.
2. Understand relationship between ONS and PSONS.
3. Learn role of President.
4. Assume role of President in * Absence of President.
   - Inability of President to act.
   - Resignation of President and/or
   - Expiration of President's term.
5. Implement policies and procedures established by Board and ONS.

Job Description

1. Contribute to development and implernentation of chapter goals, objectives & budget.
2. Contribute to development of Board and general membership meeting agendas.
3. Attend all Board of Director and general membership meetings.
4. Attend meetings of standing committees as delegated by President.
5. Consult with President throughout term of office to provide continuity and smooth transition of chapter leadership.
6. Attend transition meeting between outgoing and incoming members of Board and standing committee chairs.
7. Contribute to development of Chapter Annual Report.
8. Maintain chapter records associated with office of President-elect or vice president according to procedures established by the ONS.
9. Perform other responsibilities as designated by Board or ONS.

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The future of health care is here at Salem Hospital.

Salem Hospital knows that a big part of our future lies in expanding our role as a community health resource. To that end, Salem Hospital is pleased to offer the following career opportunity for your consideration:

Clinical Trials Coordinator

Our comprehensive department provides coordination of a variety of Clinical Studies which includes oncology, HIV, and Pharmaceutical Intervention and we are excited about pursuing our vision of developing our facility into a regional research center.

To qualify, you must be a Masters prepared Registered Nurse with previous clinical trials experience. You must be highly organized and possess computer and program development skills. Experience with NSABP and/or SWOG clinical research studies is preferred.

We offer an excellent salary and benefits package. Please sent your confidential resume to: Salem Hospital, Attn. Beverly Spink, Employment Manager, P.O. Box 14001, Salem, OR 97309-5014 or call 1-800/825-5199. We are an equal opportunity employer.

The McCorkle Lectureship - 1996

"The Changer and Changed"

Networking and Weaving Together

Patty Jordan, RN, MN, OCN

This is a written account of the McCorkle lectureship. The talk began with a slide show put to the music of Chris Williamson from the album "The Changer and the Changed" the song "Waterfall." It contained images of rain, waterfalls and spoke of opening oneself to the living and having things tumbling in on you.

I want to thank the planning Committee and PSONS for the honor of presenting the McCorkle lectureship this year. This year especially is very meaningful to me for a number of reasons. First, the day that Pam called to do this presentation was the day that my father was admitted to the hospital. Two weeks later he died in his home in the presence of family and friends. That experience in many ways caused me to be attentive to nursing in general and my career choice more specifically. The second reason this year meaningfulness is the theme — "Weaving Our Legacy — The Textures of Oncology Nursing." Some people who know me know that I have been off and on a weaver, both of baskets and cloth. I know personally that the experience of weaving is one of creativity and connectedness/ community. My experience of nursing and this group is definitely one of community, connectedness and colleagues/ friends. The opportunity to do this presentation has given me the incentive to pause and reflect on Nursing, Oncology and more specifically Hospice Care for me.

Looking back over the last 25 years a lot has happened and I think it is worth looking at and remembering. Within that time many of the things that I take for granted in my nursing practice are really a growth and maturation of healthcare and Nursing. My plan in this lecture is to share a few of my stories, to walk the journey of my experiences and hope they are not too far from yours. I believe that there is an importance in holding both the stories which "I'm proud of" and the those that present challenges in my goal of growth, learning and creativity.

Approximately 25 years ago I was in High School taking a speech class. I choice to talk about the question, "If you know that someone you loved had a terminal illness would you tell them?" Now after working in hospice for 15 years I find the idea of a physician/family or other healthcare provider keeping that reality of a prognosis purposely from someone as paternalistic and in most situations wrong. For me that ability to reflect back to that question allows me to appreciate how far we have come. As I reflected back to that talk and probably more importantly why it was an issue for me in high school and remembered one of the first cancer stories. I remember clearly a friend very painfully and tearfully asking me why her father was going to die. He had Leukemia and was now acute. I also remembered having no clue to the answer or of a way to respond. Probably the even sadder issue for me was the distance that friend placed between us. I think because she shared too much emotion and pain. I clearly remember being confused and clueless of where to go for answers and a response.

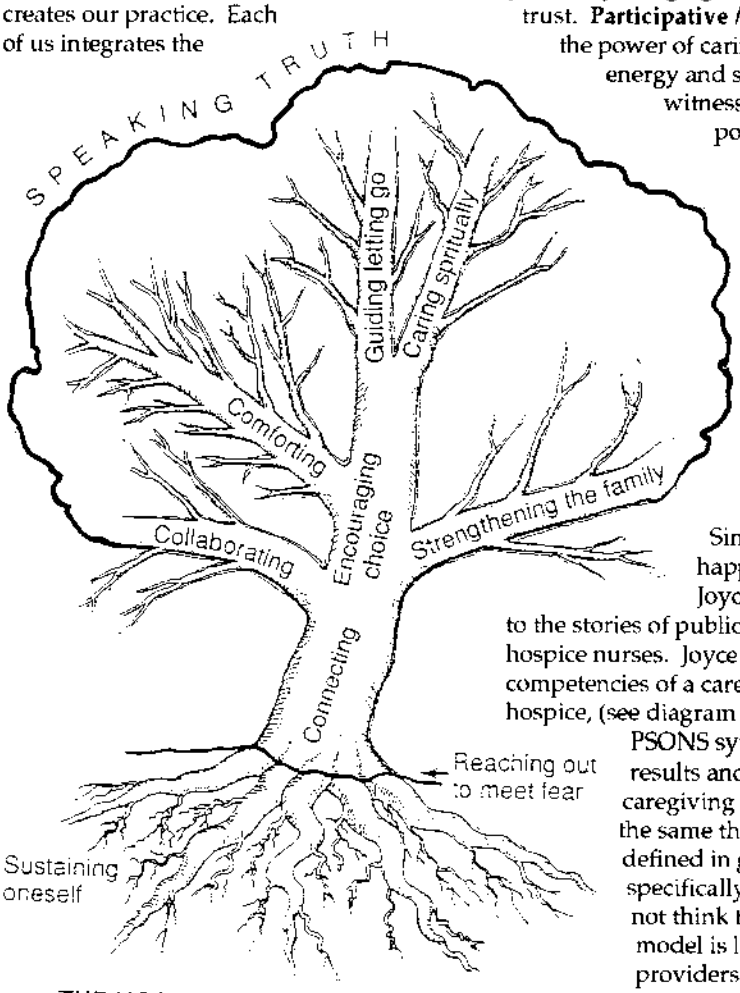
Later I choose to work in the hospital and remember how touched I was by the patients and families. As a novice nurse I remember a young woman who had cancer of the sweat glands, "very rare" and as you can image overwhelming. She was young, in her twenties. I remember her saying to me one day as I transferred her from the chair to the bed that if she wasn't able to walk she was going to die. The reality was that she was dying. She held on to me as I transferred her so tightly I felt as if she was trying to take a little of my energy to continue to live. I began to see with her the importance of being present, listening and witnessing the journey of life.

A few years later I began working in hospice truly not clear what a journey I would be taking. The idea of listening came up once again. While a colleague was visiting a patient and listening the patient spoke of things that she said she had never shared before. My friend intently listened and actively encouraged her to do a life review. The next time she saw this woman the women was very anger. Once she was able to let go of some of the anger she spoke of how seductive having someone listening had been and that she disclosed too much of herself and her past. She said that my friend did not know the power she had by being willing to listen. Although not my story I learned and grew a deeper understanding from my colleague's willingness to tell a story. Her listening had become an invasion of the patient's space and soul.

In sharing this story I want to acknowledge the need to give people permission at times not to talk. This story also speaks to me of the importance of networking with other professionals. It reminds me to improve my awareness of

motive when I talk to patients and families. How often do I give off the impression of what I need from patients and families. One final story is of an early experience in hospice when a spouse of a patient called me. She asked me to come to the house because her husband was looking as if he was dying. When I got there and we talked it was clear that he had died before she called. She thought she would hurt my feelings because she had not called when he began to change. I have grown to believe that the dying time is a very close and intimate time for people and that I am given a gift just being invited in a home as a hospice nurse.

As I reflected on this talk I was not quite sure what to say. I picked up Patricia Benners book "From Novice to Expert." In thinking about how we as oncology nurses network and weave our expertise we can see how we share the practice of Oncology Nursing. It is that connectedness that provides our **legacy**. It is the merging of the Researcher, the Educator, the Clinician and the Administrator that creates our practice. Each of us integrates the area of our practice rely on our peers in other areas of practice to keep our knowledge alive and strong. Pat Benner had an even more intriguing concept than the movement from novice to expert. This concept reflects on the qualities of power associated with caring. These qualities I think are worth reviewing. These include power that is: transformative, integrative, advocating, healing, participative/ affirmative, and problem solving. **Transformative** power is the influence that caring often has with patients and families, that provides a new perspective and acknowledgment of the potentials in life. We see this all the time in our practice settings. **Integrative** caring is the power involved in assisting people in their journey and the ability to attach meaning to what ever is going on. **Advocacy** removes the obstacles in the journey or stands alongside and empowers others. **Healing Power** of caring allows the healing relationship to solicit the patient's internal and external resources and empowers the patient by bringing hope, confidence and trust. **Participative /Affirmative power** is the power of caring acknowledges the energy and strengths gained by witnessing human possibilities. Finally, the power of **problem solving** with care in mind. It is the creative look for options and potential.



THE HOSPICE FAMILY CAREGIVING MODEL

The identification of these qualities came from qualitative research and story telling or exemplars. Similar research is happen more and more. Joyce Zerwekh listened to the stories of public health nurses and hospice nurses. Joyce came up with competencies of a caregiving model in hospice, (see diagram 1). She was at the PSONS symposium sharing her results and talking of the caregiving we all do. Many of the same themes emerge and are defined in greater detail and specifically to hospice care. I do not think that the caregiving model is limited to hospice providers but is an integral part of cancer care and nursing care. We all need have roots which secure us to who we are and maintain a base. The challenge is to reach out to meet the fear, to connect, to provide strengthening to patients all ready existing support systems, to provide through collaboration for comfort care and to support in the journey.

The challenge for this and other research is to help define the work we do. In this time of healthcare restructuring and remodeling the more we are able to articulate the work and outcomes of the work we do as nurses the greater the potential to impact the planning and the discussions of the future.

We each have stories that give the work structure, meaning, and power. Those stories have been the seeds to our individual development and sustain us in the day to day. The twenty years of specialty of Oncology nursing and the gathering of this group first known as RONS and then PSONS has created a rich tapestry of cancer care and friendships. We come together and share stories and create a frame of reference, perspective and expertise.

The song at the beginning of my talk is one that I heard when I first began working hospice 16 years ago. The words that touch my heart are "when you open yourself to the living all things come spilling in on you." And those of us who believe that we are changer's find ourselves changed.

The song that closed the luncheon was written and performed by a woman I worked with at Group Health. It speaks of stories and how often stories are what we have to give to each other. As we develop as a specialty and community of nurses it is our stories that reflect who we are. They build on each other and create our texture. The final song challenges us to share our stories and then let go and trust. Thank you for this opportunity to pause reflect and tell a few stories.

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Business Beat

EDUCATION COMMITTEE

by Judy Oliver, Sue Ford, Marge Ramsdell, Pam Ketzner, Mary Underbrink

It is a pleasure to have Marge Ramsdell as the next education chair. Mary Underbrink will be the chair until January and them Marge will take over. Marge is the Head Nurse of the Hematology/Oncology Clinic at Madigan.

The Puget Sound Oncology Nursing Society co-sponsored an educational event with the University of Washington Medical Center entitled "Advanced Chemotherapy Update" on Tuesday, June 11, 1996, at the Waterfront Activity Center. Martha Purrier RN MN OCN was the presenter and 90 nurses attended.

The PSONS education committee is looking at the feasibility of holding a yearly oncology certification review course. An Instructor's Manual has been developed by the Oncology Nursing Society and we have purchased the package as an investment for our chapter. Angela Collins, Liz Harrington, and Kathi White are in charge of this years review course. The course will be co-sponsored by PSONS and Providence Hospital in Seattle. The dates are August 23 and 24, Friday and Saturday. The price is $60 for members and $75 for non-members. The OCN exam in Seattle is September 28. If you haven't received your brochure yet, please call the PSONS office at 361-4736.

If you are interested in a CD ROM to help study for the Advanced Oncology Nursing Certification, you can call Glaxo Wellcome Education Resource Center at 800-824-2896.

Sandoz invited PSONS to discuss using Sandostatin (octreotide acetate) to help decrease GI complications from chemotherapy. Kent Ditch is the representative from Sandoz and planned a dinner on June 27 at Salty's at Alki Beach which 84 nurses attended.

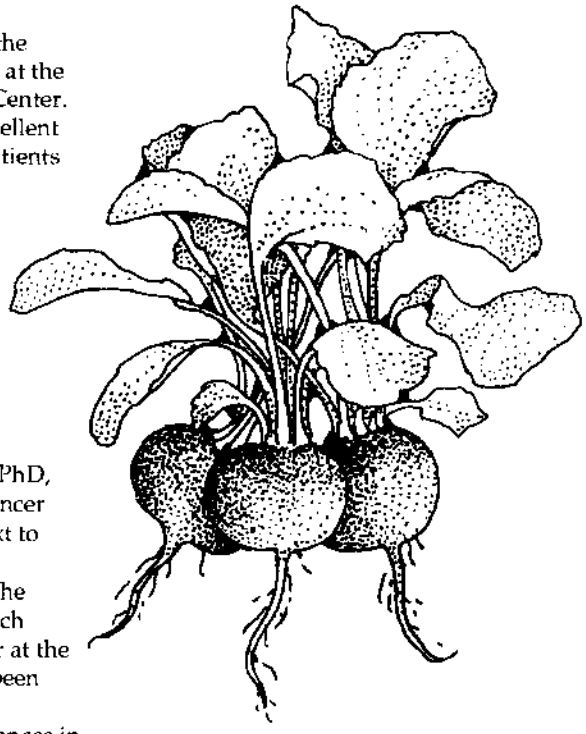
July 10 Michele Lloid presented "Oral complications from Cancer Therapy." Michele is the Assistant Director of Oral Medicine at the Fred Hutchinson Cancer Research Center. She spoke at Madigan and gave excellent information on how to make our patients more comfortable.

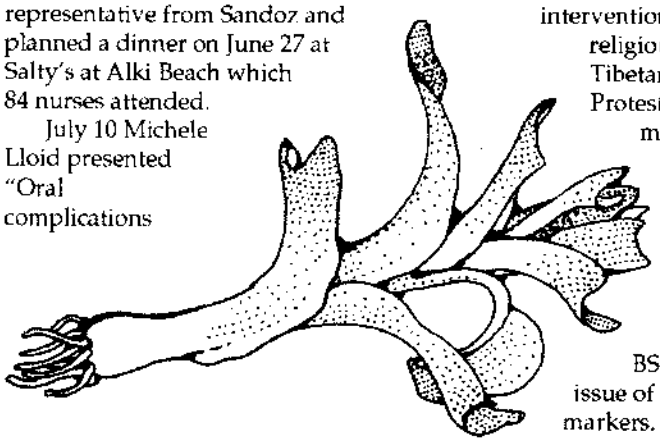
The PSONS Speakers' List is a valuable resource for any nurse who would like to have a speaker come to their institution to share nursing information. Our profession will be stronger if we learn from each other. Call the PSONS office for more information, 361-4736.

On September 18, Donna Berry PhD, RN, OCN will speak on Prostate Cancer at Fred Hutchinson on First Hill next to Swedish. She will cover screening, treatment, pain management, and the latest research. Donna is the Research Assistant Professor/Project Director at the University of Washington and has been working on prostate cancer studies.

In October the topic will be advances in Hospice nursing and Lee Paton RN MSN will speak at Seattle University on October 24. This lecture will address some of the purposes and motivations behind spiritual practices and provide a forum for discussion regarding how to incorporate spiritual care into nursing practice. Lee Paton will discuss common patterns and themes of spiritual paths and will illustrate a model of spiritual growth borrowed from the 13th century mystic, Meister Eckhart. Lee will offer examples of how this model is applicable to nursing care, especially hospice and end of life care. In particular, she will discuss some of the components in the nature of caring and how nursing presence can be a means of integrating spirituality into nursing practice. In addition, Lee will discuss applying spiritual interventions that are found in many religious traditions including Zen, Tibetan Buddhist, Christian, and Protestant and how traditional meditation techniques can be used in patient care.

Cancer genetics and testing has been an issue that oncology nurses have been asked about. In January, at Highline Hospital, Cathy Goetsch RN BSN OCN will talk about the issue of screening people for genetic markers.





WELCOME TO PSONS...

Meri Kessler
Edgewood
Medical Park Covington (Kent)

Michele Slipher
Seattle
Virginia Mason Medical Center
(Seattle)

Monica Smiley
Seattle

Linda Staab
Kirkland
Virginia Mason Medical Center
(Seattle)

Victoria Williams
Seattle
Veteran's Administration
Medical Center (Seattle)

New Speakers' Bureau

The Puget Sound Area in Washington is rich with talented oncology nurses who are available for programs targeting the care of cancer patients. The Puget Sound Chapter of the Oncology Nursing Society has started a Speakers' Bureau to share nursing knowledge between institutions so that we may all provide the highest quality care to patients in Washington. Do you need a speaker for a staff meeting or other function? We would be happy to provide you with a list of nurses who are willing to share their expertise. Please call the Puget Sound Chapter of the Oncology Nursing Society, 361-4822.

- **Update on AIDS**
  Denise Bundow RN ARNP MSN
  Virginia Mason

- **Hope**
- **Quality of Life**
- **Ethical Issues**
- **Biology of Cancer**
- **Pain**
- **Ethical Issues**
- **Spiritual Issues**
- **Spirituality**
  Mary Ersek RN PhD OCN
  Assistant Professor
  Seattle University School of Nursing

- **Cancer Prevention**
- **Cancer Genetics**
  Cathy Goetsch RN BSN OCN
  Cancer Prevention Program
  Virginia Mason Research Center

- **Breast Cancer Vaccine Study**
- **Allogeneic Peripheral Blood Stem Cell Transplantation**
- **Peripheral Blood Stem Cell Harvesting and Transplantation**
- **Medical Research Nursing**
  Kathy Lilleby RN
  Research Nurse
  Fred Hutchinson Cancer ResearchCenter

- **PBSC Transplants: Nursing Theory and Practice**
  Jayne M. Van Brunt RN BSN
  Fred Hutchinson Cancer ResearchCenter

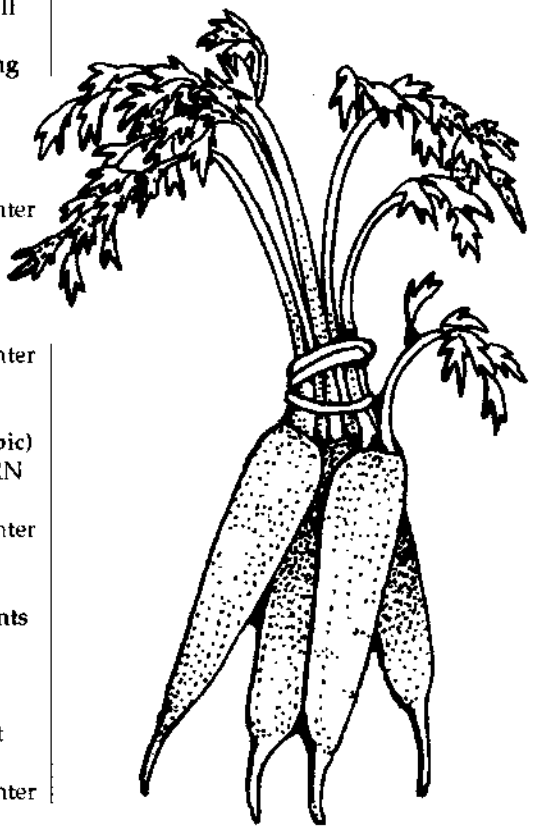
- **Critical Care Related to Immunocompromised Patients (Any topic)**
  Karin Mitchell Supplee RN BSN CCRN
  Critical Care Nurse Specialist
  Fred Hutchinson Cancer ResearchCenter

- **Bone Marrow Transplantation**
- **Peripheral Blood Stem Cell Transplants**
- **Basic to Advanced Oncology**
- **Chemotherapy Education**
  Juanita Madison RN MN
  Assistant Nurse Manger for Inpatient Services
  Fred Hutchinson Cancer ResearchCenter

- **Immunology**
  Michael Wilson RN
  Research Nurse, Department of Immunology
  Fred Hutchinson Cancer ResearchCenter

- **Breast Cancer**
- **Overview of Cancer**
- **Overview of Chemotherapy**
- **Overview of Radiation Therapy**
- **Overview of Cancer Treatments, Prevention, and Detection**
- **GYN Cancers**
- **Chemotherapy Workshops**
  Irenen Karlsen Thompson RN MSN ARNP OCN
  Fred Hutchinson Cancer ResearchCenter
  President of the Puget Sound Chapter of the Oncology Nursing Society

- **Breast Cancer: Screening and Detection**
  Carolyn Albee RN MSN
  Pacific Medical in Lynwood



- **Treating Patients' Relapse After Bone Marrow Transplant. What are the Options?**
  Kathy Beach RN
  Research Nurse
  Fred Hutchinson Cancer ResearchCenter

- **Cancer Related Fatigue**
  Janet L. Oishi RN BSN OCN
  Fred Hutchinson Cancer ResearchCenter

- **Quality of Life Research Methods**
  Mel Haberman PhD, RN, FAAN
  The Oncology Nursing Society, Director of Research
  Fred Hutchinson Cancer ResearchCenter

- **Clinical Research**
- **Ethics**
- **Calicheamicin**
- **Cord Blood Transplant**
  Kathleen Shannon Dorcy RN MN
  Research Nurse
  Fred Hutchinson Cancer ResearchCenter

- **Pain Management**
- **Symptom Management**
- **Breast Cancer**
- **Psycho-Social Issues**
  Barbara Hawkins RN MS OCN
  Oncology Nurse Coordinator
  Southwest Washington Cancer Center

- **Palliative Care**
- **Pain and Symptom Management**
- **End of Life Discussions**
- **Hospice Overview**
  Kathi White MN CRNH
  Palliative Care Specialist
  Group Health Home Health and Hospice

- **Peripheral Blood Stem Cell Transplants: Overview and Rationale, Nursing Care, Outpatient Transplants, Mobilization, and Infusions**
  Mary S. Hinds RN
  Fred Hutchinson Cancer ResearchCenter

Continued on page 10

Speakers' List

Continued from page 9

- **Pain and Symptom Management**
- **Cancer Basics**
  Renee Yanke RN MN ARNP
  Nurse Manager of the Medical Ambulatory Clinic
  Cancer Nurse Specialist
  Whidbey General Hospital

- **Advanced Chemotherapy**
- **Stem Cell Transplants**
- **The Changing Role of the Clinical Nurse Specialist**
  Martha Purrier RN MN OCN
  Clinical Nurse Specialist
  Stevens Memorial Hospital

- **The Use of Acupuncture and Chinese Medicine for Symptom Management in Oncology Patients**
  Mary Berg RN MS LAC
  Licensed Acupuncturist
  Northgate Acupuncture and Chinese Medicine Center
  Fred Hutchinson Cancer ResearchCenter

- **Genital and Urinary Cancer**
- **Quality of Life Assessment**
- **Pain and Symptom Management**
  Donna Berry PhD RN OCN
  Research Assistant Professor/ Project Director
  Biobehavioral Nursing and Health Systems
  University of Washington

- **Nursing Care of Transplant Patients in the Outpatient Department**
  Kathryn Grindeland BSN OCN
  Fred Hutchinson Cancer ResearchCenter

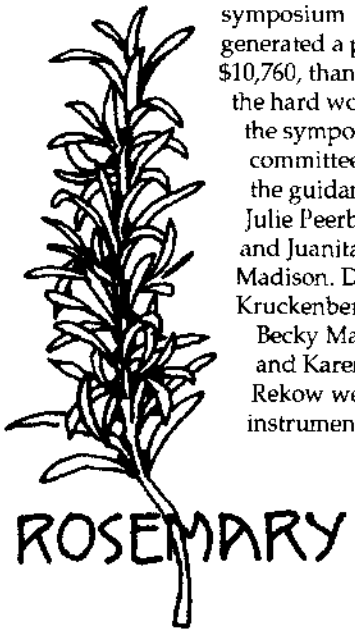
- **Patient and Family Caregiver Education**
  Joanne C. McDonald RN BSN MA
  Fred Hutchinson Cancer ResearchCenter

Treasurer's Report

As this goes to press, PSONS is in the second stage of a fiscal audit by ONS. I feel confident that the audit will go well — it proves that all the nagging the treasurer does to obtain receipts pays off!

We are also finalizing our budget for 1996-97. It should be approved by the board in September. The budgeting process allows us to review the past year. Here are a few highlights from that year:

Overall, we were under budget for 1995-96, generating a $7,980 profit.



Our annual symposium generated a profit of $10,760, thanks to the hard work of the symposium committee under the guidance of Julie Peerboom and Juanita Madison. Deanna Kruckenberg, Becky Marsella, and Karen Rekow were instrumental in obtaining exhibitor support for the symposium.

Membership dues generated $6,700, thanks to all of our members.

Mona Epp Stage, Connie Horton, and Mary Underbrink worked to raise $2,400 to cover some of the cost of our educational programs and the newsletter.

Approximately $19,100 was generated in program fees for symposium and educational programs.

Some of our expenses were: $13,711 for meeting costs (i.e., Meeting space, food) $5,240 for Honorariums, $5,063 for professional services (i.e., audio-visual support at meetings, logo design for pamphlets), $3,890 for newletter and directory printing, $1732 for postage, and $900 for photocopies.

In the coming year, we hope to continue to provide great educational programs for our members, top quality newsletters, and support to oncology nursing research.

— Meg Lohman

President's Message

Continued from page 2

haven't already noticed, a new postage stamp is out. It is the Breast Cancer Awareness Stamp. It is part of a four month public awareness campaign. 4) Need to send flowers to anyone in the near future? Believe it or not, you can do so through ONS!! For every incoming order, $5 will be donated to ONS. Call 1-800-538-3596 to place an order. 5) PSONS now has our own copy of the Advanced Practice Oncology Nursing Review CD-ROM. This is to help members prepare for the AOCN exam (offered in May of '97). 6) ONS has a new clinical practice journal coming out in the Fall of '96. They are currently seeking authors of articles, and members for the ED Board and Review Board. If you are interested, contact the national ONS office. And lastly, PSONS has been given a free copy of the new, revised "Cancer Chemotherapy Guidelines and Recommendations for Practice" and "Standards of Oncology Nursing." Contact me (206-392-1746) if you'd like to borrow them. Well...I think that's about all the news for now. Have a super summer, and as always, please feel free to be in contact if you have any information/issues for your board.

— Irene Karlsen Thompson RN, MSN, ARNP, OCN

Subcutaneous Route of Medication Administration for Palliative Symptom Management

Kathi White, RN, Mn, OCN

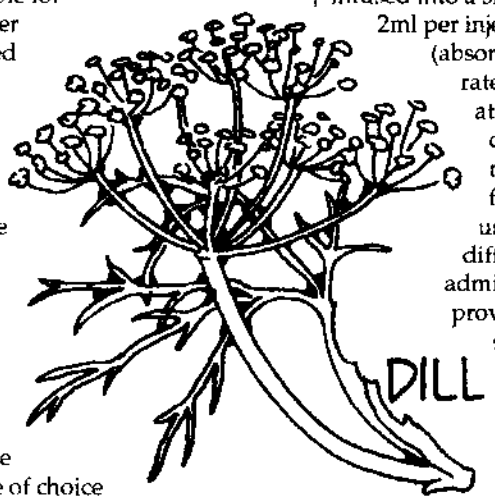
Maximizing quality of life as defined by the patient, becomes the highest goal of care for the health care team working with the terminally ill. Imporant to emphasize is that the focus of care is not just toward the "physical" patient, or the symptoms of the disease, but incorporates the patient's psychosocial and spiritul being, or the meaning of the illness and interventions to both the patient and "family." Management of symptoms must then take into account a plan of care which is individualized to the specific needs of the patient and her/his social and spiritual environment.

Thus, one of the tenets in the Hospice/Palliative Care arena is to utilize low-tech interventions (oral/rectal medications) complimented by non-pharmacologic strategies (massage, relaxation, imagery) whenever possible. The theory behind this tenet is that hi-tech, by virtue of the learning needs of the caregiver, bring more stress into the home. Hi-tech interventions include parenteral routes for medication administration: intravenous (IV), intramuscular (IM) and subcutaneous (SC). Parenteral routes should **only** be considered for the management of pain and other symptoms when the oral, rectal or transdermal routes are inappropriate/ineffective for an individual patient.

The introduction of the subcutaneous (SC) route of medication administration within in past decade has helped bridge the gap between low and hi tech interventions. While the SC route requires more skill then oral/rectal, it does not require level of skill that intravenous (IV) demands in initial insertion, maintenance, infection precautions, ongoing assessment or reinsertion. While not utilized in high-volume, the SC route does become an option for pain and symptom management in Group Health Cooperative's Palliative Care/Hospice program that a nursing protocol was written by Kathi White, CRNH, Palliative Care Specialist and Marv Fredrickson, MD, Hospice Medical Director to assist in the appropriate practice of this care method. Following is a summary of this protocol.

Assessment

SC medications for palliative care can be initiated and administered by a licensed nurse which includes RNs and LPNs under the orders of an MD. The nurse is responsible for performing a patient assessment and determining the need for initiation of SC meds for management of pain and/or other symptoms. The nurse would then consult with the patient's physician regarding the appropriate meds and receive specific med orders (specifying drug, route, dose, frequency and concentration if appropriate). In the home setting or for discharge planning, the nurse is also responsible for patient/caregiver education related to the parenteral route and meds. The nurse may provide site care and/or instruct the patient/caregiver in site care technique.



Advantages

The SC route may be the parenteral route of choice for pain and other symptom management for Palliative Care/Hospice patients without central IV catheters. Temporary peripheral catheters can be problematic for long-term needs especially in the home where maintaining these catheters may increase care demands on the patient/caregiver and home care staff. The IM route is not appropriate in providing palliative care as the injections themselves can be painful, require the caregiver to be trained and constantly available to the patient, and the med absorption is often unpredictable.

SC meds can be administered via injection or continuously with the aid of a portable pump through either a SC port or butterfly-type SC catheter. The SC site can be assessed and the catheter changed by the family/caregiver following instruction by a nurse. Even the most cachectic patient has sufficient SC tissue to access this route. Additionally, in the terminal patient limiting parenteral fluids (via utilizing the SC route which dose not demand a TKO route as dose the IV route) is often a strategy utilized in avoiding fluid overload and subsequent harmful sequalae and to support the patient/family's wishes to not prolong the dying process by providing artificial hydration.

Limitations

As meds must be absorbed from the SC tissue, the amount which can be injected or infused into a site is generally limited to 2ml per injection or per hour (absorption may be unreliable at a rate > than 2ml/hour). Thus, attention must be paid to the concentration of the medication when ordering for the SC route, and it is not uncommon to utilize two different sites for medication administration in order to provide adequate doses for symptom management within the volume limit of one site.

Indications

- Patient is unable to swallow oral medications as the dying process advances, and/or
- Symptoms include nausea, vomiting, malabsorption, and/or
- Patient requires high doses of med to alleviate pain/symptoms and cannot tolerate the amount of oral or rectal medication necessary to administer these high doses, and/or
- Caregiver chooses not to administer rectal meds or rectal route is otherwise inappropriate (e.g. diarrhea), and/or
- Symptom is not controlled by non-parenteral med routes and patient does not have a central IV catheter, and
- Patient verbalizes understanding and

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Clinical Practice

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accepts SC route for med administration, and
- Physician agrees with and orders SC site and appropriate meds for symptom management and specific to the home care setting.
- A competent caregiver is available, able, willing and ready to learn SC med and care.

Contraindications
- Bleeding disorders require special consideration/clinical judgment.
- Patient without an able/willing caregiver in the home.
- Functional central IV catheter.

Patient Assessment
- Efficacy of med regime for symptom control.
- Ability of caregiver with SC med administration and care.
- Site Assessment.
- Patient Controlled Analgesia (PCA) pump function and med delivery accuracy.

Nurse to MD Reportable Conditions
- Uncontrolled bleeding at the site.
- Ineffective symptom management requiring further MD consultation and/or orders.

Patient/Caregiver Teaching
(Specific to home care or dischargeplanning)
- SC site assessment.
- Site care/change.
- Medication administration and record keeping.
- Reporting ineffective symptom management.
- Problems to report to the home care nurse/MD and contact phone numbers.
- Patient Controlled Analgesia (PCA) pump function, medication delivery accuracy and trouble-shooting prn.

Consultation
- The nurse may consult with a Hospice Physician or the Palliative Care CNS as needed for determining appropriateness of initiating the SC route for med administration, specific med /dose or other issues re: the SC route.
- The nurse may consult with a pharmacist as needed on a case by case basis.

Documentation
- Assessment findings.
- Nursing interventions performed.
- Verbal/written instructions provided to patient/caregiver.
- Patient/caregiver response to teaching.
- Physician contact and/or new orders (specifying drug, route, dose, frequency and concentration if appropriate).

References

- Storey, Porter, et al. "Subcutaneous Infusions for Control of Cancer Symptoms". Journal of Pain & Symptom Management, Feb 1990; 5:33-41.
- Bruera, Eduardo, et al. "Continuous SC Infusion of Narcotics for the Treatment of Cancer Pain: An Update". Cancer Treatment Reports, October 1987;71 (10):953-958.

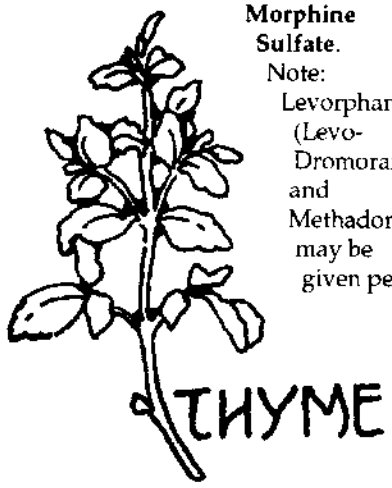
Medications Which May Be Administered Per SC Route
(As per GHC Home Care Services Protocol)

ANTIEMETICS:
- **Dexamethasone** (Decadron).
- **Hydroxyzine** (Vistaril). Note: Also has antispasmodic, antipuritic, anxiolytic properties.
- **Metoclopramide** (Reglan)

Note: Reglan **may** exacerbate "cramping" pain in the presence of bowel obstruction, d/c if this occurs. Note: Chlorpromazine (Thorazine), thiethylperazine (Torecan) and prochlorperazine (Compazine) are tissue irritating and are CONTRAINDICATED for SC infusions/injections.

OPIOIDS
- **Hydromorphone** (Dilaudid).
- **Morphine Sulfate**.

Note: Levorphanol (Levo-Dromoran) and Methadone may be given per SC route, however they have a risk of delayed toxicity due to increasing blood levels for days after the drugs are initiated (especially elderly) and should be considered only if the patient has proven intolerance to MS & Dilaudid. Please consult with a Hospice physician or the Oncology Clinical Pharmacist (994-9249) prior to initiation.



SEIZURE PREVENTION WHEN UNABLE TO TAKE ORAL ANTICONVULSANTS
- **Midazolam** (Versed)

Note: This medication is recognized in palliative care literature as being effective in seizure prevention. However, it is not yet utilized at GHC in the home setting. The nurse is REQUIRED to consult with and receive orders from a Hospice physician on a case by case basis when this medication seems to be an appropriate intervention.
- **Phenobarbital Sodium**.

Note: Phenobarbital **is not** compatible w/ narcotics. Note: Phenytoin (Dilantin) is extremely irritating to peripheral veins, and CONTRAINDICATED via the SC route.

SECRETION CONTROL
- **Atropine**.

Note: This can be added to SC infusions of narcotics or antiemetics.

DELIRIUM, HALLUCINATIONS, CONFUSION
- **Haloperidol** (Haldol).

Note: With severe symptoms rapid escalation of dosage may be necessary; consult with a Hospice physician prn.

ANTIPRURITIC
- **Hydroxyzine** (Vistaril).

ANXIOLYTIC SEDATIVE
- **Hydroxyzine** (Vistaril).
- **Midazolam** (Versed): see seizure prevention above.

SMALL BOWEL OBSTRUCTION (SBO)
- **Dexamethasone** (Decadron).
- **Octreotide** (Sandostatin).

Note: Medication will generally be effective at 0.1-0.2mg SC TID within 24-48 hours or will not be effective at all for an individual patient...therefore request that the physician only order a 3-4 day supply until proven effective.

CHRONIC DIARRHEA
- **Octreotide** (Sandostatin).

Note: Initiate only after (1) correctable

Continued on next page

Chapter News

MOUNT HOOD CHAPTER

In January, Mary Maxwell won a year's membership to ONS. A more worthy person would be hard to find. Commitment to oncology nursing is exemplified by Mary Maxwell. Mary's first experience in oncology nursing came before the term "oncology" was commonly used. This was when she went to work at a cancer hospital in the Midwest. After two years in the Peace Corps (1970-72) in Saipan, where she worked with the Public Health Service, Mary and her husband moved to Ecuador. There she did private duty nursing, working with non-Spanish speaking Americans.

When she returned to the United States, she began work on her Master's Degree at OHSU. She was planning on becoming a CNS, but was asked by a physician to become a Nurse Practitioner in the chemotherapy clinic at the Veteran's Administration Hospital in Portland. He felt that with the interns and residents changing so often, the patients needed someone who would follow them throughout the course of their care. It's now been twenty years, since Mary started at the VA outpatient clinic.

But, this isn't all of the story. In the mid 1970's Mary began to meet with oncology nurses for the purpose of forming the Oregon Chapter of the Oncology Nursing Society (now called Mt. Hood ONS). She was the first chapter president. She went on to serve on the national level, first on the Board of Directors (1978-80), then as Vice President (1980-82).

Mary also has become Dr. Maxwell as she has earned a PH.D from Portland State University in Urban Studies. Mary has written numerous article about oncology

nursing. Currently, she has just completed two chapters for the fourth edition of **Cancer Nursing: Principles and Practice** and is coordinating the November issue of "Seminars in Oncology Nursing: Update on Lung Cancer.

Mary's family includes three grown children and her husband Farley. Farley has recently retired after many years as pastor of the First Congregational Church in Vancouver WA. Instead of "taking it easy", he is running for 18th District Representative to the Washington State Legislature. Now, Mary can add politics to her list of interests! Mary's daughter Anne Maxwell-Hammond is a legal assistant in Portland. She works at a firm involved in the concerns over silicon breast implants. Robin Maxwell-Payment followed mom into the health care arena with her Master's Degree in Nutrition. Her son Julio, adopted while they lived in Ecuador, is a salesman for a furniture and home decorations store in the Portland area.

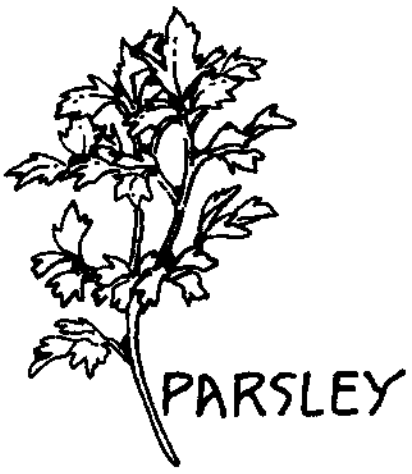
Mt. Hood ONS is proud to have Mary Maxwell as a member of our chapter.

COLUMBIA BASIN CHAPTER

As the summer of 1996 draws swiftly to an end, we continue to be excited about all our chapter has accomplished. We celebrated our first Anniversary as an official Chapter in April and are proud of the Chapter Award we received as the with the highest percentage of chapter members voting in the national ONS election. ONS members also volunteered their time to assist in various capacities for the Cancer Survivor's Day Program in June.

Our speaker for the Tri-Cities meeting was Dr. Richard Giever. He spoke on the topic: "Uses for Radium Implant's Using Today's Technology." This was a dinner meeting, sponsored by NMC.

Our September Board meeting will be on the 11th in Walla Walla. The topic is: "Biological Response Modifiers. We look forward to a good turnout for this meeting. Our Pain Network is also busy at work planning classes in an effort to continue to educate the nursing staff in extended care facilities and clinics, as well as nursing students. CBONS was also represented at a recent Update of Pain Management for nurse Educators, held in Seattle. It was an excellent two-day conference.



Clinical Practice

causes have been exhausted and (2) proven ineffectiveness of other preparations including tincture of opium, lomotil, et al. Note: see above.

SPINAL CORD IMPINGEMENT SYNDROME/BRAIN INVOLVEMENT

- **Dexamethasone** (Decadron).

Do you have a clinical topic that you'd like to share information on with your colleagues?

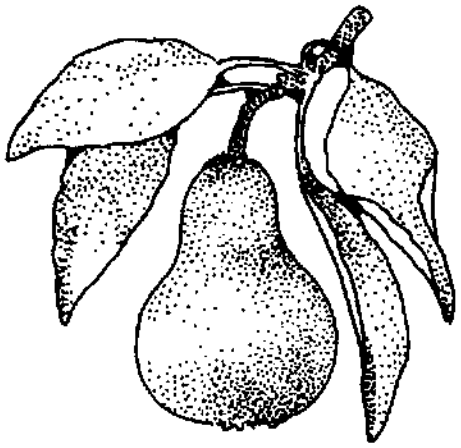
If so, why not write an article for this column. If interested, contact **Judy Peterson** home (206) 633-1326 or work (206)3681608.

The deadline for the next issue of the *Puget Sound Quarterly* is October 1, 1996.

PSONS Profile

Marge Ramsdell

Despite diverse specialty roles and backgrounds, the common thread that weaves oncology nurses together is their interest in oncology nursing and a love for the patients we care for. Marge Ramsdell, Head Nurse of Outpatient Hematology/Oncology at Madigan Army Medical Center, exemplifies such a background and interest. Marge had an early interest in nursing gained from a high school job in a nursing home in a suburb of Cleveland, Ohio where she grew up. She later enlisted in the Army and worked for six years as an orthopedic technician prior to attending nursing school, first at Tacoma Community College and later graduating in 1986 with her BSN from Pacific Lutheran University. Since leaving active duty in 1982, Marge has continued her military services in the Army Reserves and was called up to serve in Saudi Arabia during Desert Storm from November,1990-March, 1991.



Marge's first job as a nurse on a medical unit that received overflow oncology patients introduced her to a particular patient. It was that relationship that sparked her interested in oncology nursing. Marge's current position as Outpatient Hematology/Oncology Head nurse at Madigan enables her to continue to provide hands-on patient care while implementing her administrative role. The clinic sees 800-900 patients a month, 180-200 of whom receive chemotherapy. The majority of the patient population is mostly military retirees and their dependents but the clinic also services active duty military personal as well as their families. Madigan is a teaching hospital and Marge finds satisfaction in working with the oncology fellows and her patients appreciate her ability to help them navigate in a system where "you can't just make one phone call" to get what you need. In addition to her managerial and patient care responsibilities, Marge helps teach Madigan's chemotherapy certification course. Marge herself has been OCN certified since 1989.

Marge's PSONS membership has included participation on the symposium planning committee for the past three years. She has recently joined the education committee to focus on nursing and patient education issues. She is also a member of the American Nurses Association and actively participates in American Cancer Society events such as the City of Destiny Classic and Relay for Life.

In her "off duty" time, Marge enjoys reading, sewing and especially gardening. She and her husband Paul, a journalist, enjoy life in their home in Gig Harbor. Future plans for Marge include pursing a Master's degree in Oncology Nursing as way to "branch out," while keeping active in the nursing care of patients with cancer. As Marge says, "they are amazing people... the things that they go through and the hope they have."

— Karen Black

A Call to Office

Continued from page 5

TREASURER

Responsibilities

1. Know mission statement and structure of ONS.
2. Understand relationship between ONS and PSONS.
3. Supervise financial transactions of chapter.
4. Maintain all financial records of chapter in compliance with policies and procedures established by Board and ONS.

Job Description

(Refer to Chapter Treasurer's Handbook)

1. Develop annual chapter budget, based on review of budget from previous year and the goats and objectives of chapter as approved by the Board.
2. Collect annual dues from chapter members.
3. Maintain systematic and accurate records of all chapter revenues and expenditures.
4. Assist the membership committee in maintaining an accurate chapter membership roster.
5. Prepare the Quarterly and Annual Treasurer's Reports for the chapter president to sign.
6. Submit Treasurer's reports to ONS by published deadlines.
7. Contribute to development and implementation of chapter goals and objectives.
8. Contribute to development of Board and membership meeting agendas.
9. Prepare Treasurer's report for presentation at each meeting of Board and membership business meeting.
10. Attend all Board meetings.
11. Attend all general membership meetings.
12 Attend transition meeting between outgoing and incoming members of Board and committee chair persons.
13. Contribute to development of Chapter Annual Report.
!4. Maintain chapter records associated with office of Treasurer according to procedures established by ONS
15. Perform other responsibilities as designated by Board or ONS.

Several years ago, PSONS made the decision to expand the Board of Directors meetings to include the chairs of all committees. Meetings are usually 4-6 times a year. This eliminates all the committee meetings the Board of Directors is usually expected to attend. It also increases the information flow and support directly with the committee chairs.

I hope this gives you an idea of expectations, and I really encourage anyone interested to call either myself or the President or Treasurer for more information about what holding the office is really like! It's an excellent opportunity to use and develop leadership skills you have, and in a friendly, supportive way (and it always looks good on the old resumé!).

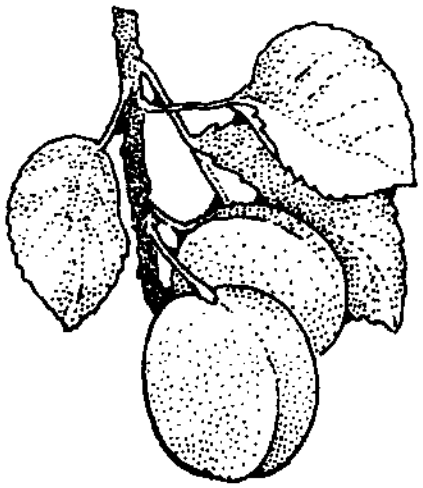
The Last Word

ONS Congress has come and gone, so has the annual stomach heartburn of those who have either taken the renewal or the initial certification tests. Yes, it matters little which you sit for (general or advanced), theoretically, the same amount of gastric acid increase is experienced. We do have successful passage to report, much to his thinking to the contrary, **Ryan Iwamoto**, now can put the AOCN behind his name. Congratulations! Should you send him any correspondence, be aware that the credentials now string out behind his name and on to the backside of the envelope!

As for congrats, hats off to **Diana Wilke**, as she was selected one of the UW outstanding faculty this year for Public Serve. Diana has provided countless volunteer hours educating the public, mentoring nurses, and assisting in health care research efforts of both nurses and physicians around the state. Thanks also goes out to the nurses who have volunteered their efforts for the many ACS activities, (Relay-for-life, Camp Goodtimes, and the Summer Oncology Colloquium — just to name a few), our members are involved in especially in the summer months. If you have any pictures, please send them along to **Connie Horton**, we need something in this journal besides articles!

So you say your employer is requiring 'cross-training', get a load of the new program **Barb Fristoe** has just completed - Nurse Practioner/Plumbing Apprentice. Using the nursing process; the leak was assessed, referrals made, the river stopped, and mop up initiated. Hey, if we can figure out the clotting cascade - an under the sink rupture should be a cinch! Anyway look for this class at the next PSONS symposium in March '97.

Speaking of those good folks at Virginia Mason, these were the people who followed



directions at the PSONS Mariners Nite and *didn't* sit in the Non-Alcoholic section with their beers. If you're wondering who did, just ask **Meg Lohmann**, as Chapter Treasurer what an example to set. Despite seats in the NA section (doesn't sound like the Sue Ford of numerous '80's ONS Congress'), the Mariners won and we sat with and were recognized on the scoreboard with quite a number of other distinguished groups, like Mrs. Hanson's 3rd & 4th grade class!

News is traveling too slow around these parts - how come I have to look at the faculty listing in a National ONS pain management brochure to know that **Anna Williams**, is now **Anna Du Pen**? Go figure!

So, send in your messages regarding new credentials, weddings, babies, or just general tidbits of gossip to Sue Ford any of these easy ways:

Voicemail: (206) 566-5225
E-mail: sueford@aol.com
Fax: (206) 752-3872

Or just call the 'old-fashioned' way by phone! (206) 752-7804.

— Sue Ford

NEWS FLASH

The Oncology Nursing Foundation is now a designated recipient of United Way of King County funds.

Donations will be sent to the National Foundation in PSONS's name.

WHAT DOES THIS MEAN? As a chapter, we can then access these funds for chapter activities, like community outreach, research etc.

When you are planning your United Way donations this fall, consider **The Oncology Nursing Foundation — Puget Sound.**

Puget Sound Chapter of the Oncology Nursing Society

Chapter Board of Directors
President: Irene Karlsen-Thompson
W-557-9576 H-392-1746
President-Elect: Elizabeth White

Secretary: Mary Underbrink
Treasurer: Meg Lohmann
W-384-4019 H-935-1722

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Annual PSONS Symposium: Julie Peerboom
Historian: Barb Fristoe
Nominating: Sue Ford
Membership: Elizabeth White
Public Relations:
Education: Mary Underbrink
Quarterly Newsletter:
Editor: Connie Horton
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PSONS NEWSLETTER
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Editor: Connie Horton,
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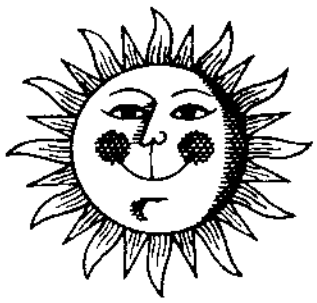

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