



# RONs

REGIONAL ONCOLOGY NURSING

Vol. 5, No. 4 — Winter 1982

## PRESIDENT'S REPORT

Ann Oakley, chairperson of our annual symposium was inadvertently omitted last fall when I wrote about the excellent work being done in preparation for our January meeting. Her able leadership and professional commitment has served RONs well. It has been rewarding for me, as your President, to see the amount of work a small but dedicated committee can accomplish. I am grateful to you all.

In November I attended a meeting of the American Pain Society in Miami Beach. This was the third general meeting of this multidisciplinary group. The next meeting will be in Chicago. For further information, write the American Pain Society, 340 Kingsland St., Nutley NJ 07110. Meanwhile, the Western Pain Society will have its annual meeting May 19-21 at the Inn at Spanish Head in Lincoln City, OR.

The APS meeting provided an excellent forum for the exchange of ideas and I discovered that we, as nurses, are greatly under-represented. Ada Rogers, RN from Memorial Sloan Kettering convened the first nurses' meeting within the APS and announced that nurses comprised less than 5% of the membership. If you are interested in pain, acute or chronic, I would urge you to consider becoming involved. Membership is \$20 for APS, and there is no fee for the Western Pain Society if you belong to the parent organization.

It was the consensus of the nurses that there is strength in numbers and this organization offers us an excellent chance to articulate our professional capabilities and research projects to members of many disciplines.

Judy Kornell, RN

EDITORS' NOTE: This is the last issue of the Newsletter to be partially funded by the Cancer Nursing Outreach Grant. Our publishing costs will no longer have outside funding. Look for our new format; we will return!

## QUARTERLY MEETING MINUTES

The following is an abbreviated version of the secretary's minutes of the meeting held October 22, 1982 in Seattle. A quorum was present.

Treasurer's report: current budget account is \$2515.30.

### Committee Reports:

A. Fifth Annual Cancer Nursing Symposium on Humanistic Dimensions of Cancer Nursing to be held Jan. 21,22 was discussed.

B. Newsletter: Kudos! to the editors of the newsletter for a great job, as they continue to provide articles of interest and notices of upcoming events.

Alternate funding sources for future issues were discussed.

C. Program and UICC: future programs may include topics on funerals and religious views.

A letter from Ruth McCorkle was read thanking the membership for their response and support of the UICC social gathering on September 14, 1982.

D. Bylaws: proposed bylaws will be sent out to membership prior to Jan. meeting.

E. Nominating Committee: there will be two vacancies this year: Vice-Pres. and Treasurer. This committee is also looking for more members; two year commitment.

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FIFTH ANNUAL CANCER NURSING SYMPOSIUM  
HUMANISTIC DIMENSIONS OF CANCER NURSING  
January 21 and 22, 1983  
at Swedish Hosp. Medical Center  
sponsored by RONs

Faculty: Leah Curtin, RN,MS,MA,FAAN  
Johnny Cox, RN,PhD.  
Rosario T. Degracia, RN,MS  
Jane La Farge, RN,PhD.  
Barbara Burns McGrath, RN,MA  
Fee: \$50.00

RONs Annual Business Meeting, held  
in conjunction with the Symposium  
January 21, 1983  
4:00 to 5:30 PM  
Please attend!

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F. Ad Hoc: representatives of Seattle area institutions are finalizing a draft of a proposed Hickman Catheter Care Standards.

New Business:

Formation of a local chapter of ONS was again discussed. Mary Maxwell will be available at the Jan. meeting to discuss the pros and cons. A motion was passed that the board make recommendations regarding chapter affiliation and present them at the annual meeting.

It was suggested that the membership committee examine long range membership goals for RONS and present findings at the annual meeting. A motion was passed that annual membership dues will be collected annually in January.

-Ryan Iwamoto, secretary

RESEARCH ABSTRACT:

CANCER PATIENT RESPONSES TO PSYCHOSOCIAL VARIABLES

Methodology: A short-term longitudinal design was used to study persons with newly diagnosed lung cancer (61 subjects) and myocardial infarction (52 subjects). These groups were contrasted at one and two months after diagnosis, utilizing interviews, paper and pencil tests, and review of medical records. Key variables with adequate properties to constitute a scale were: Broad Personality Adjustment, Enforced Social Dependency, Symptom Distress, Pain, Acknowledged Awareness, Staff Support, Current Concerns, Mood Disturbance, Coping Strategies, and Coping Effectiveness.

Findings: Persons with lung cancer or myocardial infarction were comparable in many ways at one and two months after diagnosis. Patients' Concerns, Staff Support, Acknowledged Awareness, and Broad Personality Adjustment did not differ between the two groups. The most striking difference was the greater degree of Symptom Distress and Pain that the cancer pts. experienced. Within both groups at the first occasion, the presence and severity of Symptom Distress and Pain increased patients' Enforced Social Dependency, Mood Disturbances, and their Concerns. By the second month, although Symptom Distress remained constant, Concerns lessened and Mood improved.

These results suggest that although both groups were experiencing a situational crisis brought about by their diagnosis, the majority were able to develop a perspective about the seriousness of their situation as expressed by their concerns and moods by the second month. It is likely that many came

to realize that their situation was not as immediately life-threatening as they had feared.

The array of problems described by both groups was similar, but there were some notable differences between the two groups of patients as to how they managed their problems. For the heart patients, many were concerned with their recovery regimen and instituted specific recovery programs to cope with the problem. Most of these programs were prescribed for them by their physician; one has to wonder if this would have been an active coping strategy if patients' were left to their own initiatives. For the cancer group, many had to learn to manage increased dependence and their feelings of fatigue by themselves.

Investigators: Ruth McCorkle, RN, PhD  
Jeanne Q. Benoliel, RN, DNSc.  
Granted by Div. of Nursing, Univ. of Wash.

CANCER INFORMATION SERVICE WINS GRANT

The Fred Hutchinson Cancer Research Center's Cancer Information Service has received a \$17,330 grant from the Boeing Employee's Good Neighbor Fund to purchase computer hardware for automating the current paper information and retrieval systems.

Each year the CIS answers questions from some 6000 Washington state cancer patients, families, members of the general public and health professionals. They do not provide diagnoses, nor make case-specific treatment recommendations.

Their hours are Monday through Friday, 9 am to 4:30 pm. The statewide toll-free number is 1-800-552-7212. Within King County, call 343-7900.

RONS NEWSLETTER

Published Quarterly by Regional Oncology Nurses

Edited by Kit Bakke and Judy Moore

Letters and articles are requested from all RONS members and other readers.

Submit material for publication to Kit Bakke, RN, Children's Orthopedic Hospital and Medical Center, H-517, 4800 Sandpoint Way NE, Seattle WA 98105.

Fall Meeting:

CHILDREN & DEATH

Joanna Beckley and Cynthia Lee, social workers at the Tumor Institute at Swedish Hospital presented information on the needs of the child during and after the death of someone close to them. They spoke at the RON's Fall Meeting, Oct. 22. The following reviews some of the important issues they raised:

- 1) Be open and honest about what is going on with the ill person. Kids pick up indirectly, and will use fantasy to fill in unanswered questions. Parents should guard against making up "little stories" because the truth is difficult.
- 2) Help the child to understand how their parent's illness is affecting family functioning.
- 3) Reassure the child that he will continue to be cared for.
- 4) often the well parent has less time with the child, so this time should be quality time.
- 5) If the well parent is away, introduce a stable person the child likes and trusts, and who will be constantly available.
- 6) Kids may feel helpless around the ill person. Encourage them to do what they can for the ill person.
- 7) Kids should maintain personal contact with the ill person, especially if he or she is away from home. If the visits to the institution are lengthy, have kids bring projects and games to help make it more like the home environment.
- 8) If the parent is not doing well, help the child review the pleasant and not-pleasant memories, and the healthy times of the ill parent. The child needs to know that negative, as well as positive, comments about the ill parent are okay.

Deaths should be talked about as they occur in a child's life. When talking to children do not be evasive. Avoid philosophical or religious overtones. Do not say the parent has "gone to sleep," "gone on a long trip," "was taken because he or she was good," or "died because he or she was sick."

Children may demonstrate coping problems with behaviors such as regression, clinging, wanting extra attention, poor school

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performance, eating disturbances, defiance, withdrawal, refusing to see the parent, tears or signs of depression.

Cultural interpretations of the funeral and bereavement period are an important consideration. The funeral often makes clear the place a person has in the family, as well as helping to redefine roles to fill the hold created by the death. Children should have a choice about funeral attendance. The child's readiness to participate in the funeral should be considered. It is useful to identify one person who will provide support and answer questions for the child during the funeral.

Following the death of a parent, one problem can be that the child must take on part of the lost parental role. This may be more responsibility than the child is ready for.

After the death it is good to have momentos and pictures of the deceased around the house. Children do not remember well abstractly. Ideally, the dying person could give the child the pictures of him or herself.

Becky Hunter, RN, MN

LETTER TO THE EDITORS

I read on p. 5 of the Autumn, 1982 RONs Newsletter Karen Landenburger's thoughtful request to recognize my support for RONs. However, it was both Ruth McCorkle and myself who began the RONs organization, so Ruth must also be credited for her continuing support.

I think it also would be helpful for the organization to know that the funds which have supported both the Cancer Nursing Outreach Project and the annual cancer nursing symposia came from grants written by Ruth McCorkle and myself, and from the Cancer Control Grant. No funds have ever been provided by any agency or institution other than the funds from those grants by the National Cancer Institute.

Gail Hongladorum, RN, PhD

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MARK YOUR CALENDARS: JANUARY 21-22

FIFTH ANNUAL CANCER NURSING SYMPOSIUM  
RONs ANNUAL MEETING

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SAFE HANDLING  
OF CYTOTOXIC AGENTS

There is growing concern that exposure of health care workers to cytotoxic drugs in the course of patient administration is an occupational health hazard.

Current recommendations for maximum safety include the use of a vertical laminar flow cabinet for all mixing of drugs. The cabinet should be placed in the corner of a room, away from major traffic patterns.

Dr. Jeanne Stellman, Assistant Director of Columbia University's Cancer Control Program studied the conditions under which nurses mixing and administering anti-cancer drugs worked. Her safety recommendations, in addition to those listed above, include:

1. When drug-filled syringes are being emptied of air bubbles, they should be pointed back into the vial rather than into the air. The expelled air contains the drug in aerosol form--the state most effective for delivering the drug to the lungs.

2. Nurses administering IV chemotherapy should always wear polyvinyl chloride gloves.

Copies of the full recommendations can be obtained from the Cancer Control Program, Columbia University, 60 Haven Ave., Room B-106, New York, New York, 10032.

(information courtesy Oncology News, Sept.-Oct. 1982.

LODGING FOR OUT-OF-TOWNERS

Cancer patients from out of town will now be able to stay at one of several premier downtown hotels, thanks to the Service-Rehab committee of the Seattle American Cancer Society. Committee members Judy Kornell, Della Gordon, Molly Ferch and Arline Rabinovich have negotiated with the Westin and Alexis hotels to provide free accommodations for cancer patients on a space-available basis. Several other hotels are also considering the service.

The hotel space will be available for patients coming here for radiation or other therapies that will span two weeks or longer. Three patients have already stayed at the Westin.

PRN BY PATIENT

(from the Chicago Tribune)

Allowing hospitalized patients to administer their own pain-killing medication cuts down dramatically on the amount of drugs they use, and improves their pain relief significantly, a University of Kentucky researcher reported recently at the annual meeting of the American Society of Anesthesiologists.

The idea behind Patient-Controlled Analgesia (PCA) is that patients can push a button for a jolt of medication through intravenous tubes to relieve pain as it occurs. A timer on the machine prevents them from getting an overdose.

A study of the new technique showed that by the fourth day, PCA patients were using  $\frac{1}{2}$  as much medicine as patients receiving medications from nurses.

RONs  
Fred Hutchinson  
Cancer Research Center  
1124 Columbia Street  
Seattle, WA 98104

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