

The purpose of this poster is to describe how UNC Hospitals' began its Patient and Family Support Program and how this program has impacted patient outcomes and patient satisfaction.

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STEM CELL TRANSPLANTATION PATIENT FAMILY CAREGIVERS: A PROGRAM FOCUSED ON "CARING FOR THE CAREGIVER"

Adornetto-Garcia, D.L., Williams, L.A., Jackson, A., Norman, L., Lederleimer, C., Mir, M. MD Anderson Cancer Center, Houston, TX.

One of the most important aspects of Stem Cell Transplantation (SCT) is identifying a family caregiver to care for the patient during the transplant journey. At one of the largest transplant centers in the county, the focus is to develop a comprehensive SCT Caregiver Program. The program is based on current caregiver literature and on the qualitative research of Dr. Loretta Williams. The program is based on six themes identified in Dr. Williams's research and includes commitment, expectation management, role negotiation, self care, new insight and role support.

There are three components of the SCT Caregiver Program. The first component is the development of a comprehensive Caregiver Manual. The manual will contain both education and resource information focused specifically towards the family caregiver. The second component is to provide caregivers with expressive art materials such as journals, photo albums and scrap books. Researchers have suggested that psychological symptoms rather than physical symptoms are the most overwhelming to most caregivers and that 20 – 30% suffer from these symptoms. The use of creative activities may promote feelings of well being, provide comfort, and lower anxiety. The third component is to conduct quarterly Caregiver Appreciation Weeks. During one week of each quarter, caregivers are offered opportunities to participate in a variety of activities. The activities include massage, journaling, scrap booking and bingo. Providing this recognition is our way to acknowledge the caregiver as an important person in the SCT journey.

In summary clinicians can provide support to family caregivers by providing them with education and expressive arts, and by acknowledging their unique contributions to the SCT patients. The development of the SCT Caregiver Program will provide the framework to meet the needs of the family caregiver throughout their SCT journey.

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NURSING CARE OF THE BONE MARROW TRANSPLANT PATIENT IN SEPTIC SHOCK WITH ACUTE RESPIRATORY DISTRESS SYNDROME

Mulholland, K. Froedtert Hospital, Milwaukee, WI.

Purpose: Provide a case study of a complex bone marrow transplant (BMT) patient in septic shock with Acute Respiratory Distress Syndrome (ARDS). To educate nurses about the pathophysiology of and nursing interventions for a patient in septic shock with ARDS. **Rationale:** Due to the immunocompromised nature of the BMT patient, sepsis and ARDS are more frequently seen in this population. The effects can be devastating and often result in multi-system organ failure and death. Nurses can play a key role in patient outcomes by recognizing the signs and symptoms of septic shock and ARDS. It is necessary for nurses to understand the current treatments and interventions to provide high quality patient care. **History:** The case study is based on a thirty-eight year old male diagnosed with Hodgkin's Lymphoma who underwent autologous and allogenic bone marrow transplants. He was admitted to the BMT unit with worsening renal insufficiency. The night before he was scheduled to have a Mahukar placed, he aspirated some water with his nighttime medications. Throughout the night his oxygen requirements increased. While having the Mahukar placed, his oxygen level dropped and he was intubated. **Interventions:** The patient required critical care interventions, including multiple

vasopressors, frequent ventilator changes, and continuous renal replacement therapy (CRRT). He was medically paralyzed and required advanced cardiac life support. **Implications:** BMT nurses need a current knowledge base in the care of the septic and ARDS patient. Nurses should be aware of the risk factors for sepsis and ARDS and be able to recognize the signs and symptoms of both conditions. It is important for nurses to be knowledgeable of the current treatment and interventions for septic shock and ARDS in order to take quick action in these emergency situations.

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SUCCESSFUL INTEGRATION OF COMPLEMENTARY THERAPIES IN A COMBINED ADULT AND PEDIATRIC BONE MARROW TRANSPLANT UNIT

Mueller, K., Farmer, A., Talbert, G., Shea, T. University of North Carolina Hospitals, Chapel Hill, NC.

The University of North Carolina Hospitals' Bone Marrow and Stem Cell Transplant Program was established in 1992. Since that time, hundreds of transplants have been performed. Many changes have occurred: new regimens, new chemotherapies and other medications, and the addition of biotherapies. Unfortunately, the side effects of pain and discomfort during treatment still exist. Pain medications have been part of the transplant process since the beginning. Morphine, Hydromorphone, Fentanyl, and others have helped smooth the rough road of transplant. Antiemetics have been used to reduce the side effects of nausea and vomiting. Recently, complementary therapies have further paved the way to a more easily tolerated transplant experience.

At UNC Hospitals, the Bone Marrow and Stem Cell Transplant Program has incorporated massage therapy, relaxation and meditation exercises, pet therapy, aromatherapy, healing touch, singing bowls, and prayer labyrinths into its practice for those patients interested in combining complementary therapies with medication to decrease the intensity of pain with treatment. Patients may have massages in their rooms. They may use a prayer labyrinth to become grounded and connect with their spiritual selves. They also have the opportunity to use singing bowls to focus energy. Our recreational therapists guide patients into meditation exercises using guided imagery, biofeedback, diaphragmatic breathing, and relaxation tapes to calm fears and relieve discomfort.

The purpose of this poster is to describe the complementary therapies utilized by UNC's Bone Marrow and Stem Cell Transplant Program and the ways in which patients undergoing transplants have benefited from these therapies.

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PREVENTING FALLS FOR HEMATOPOIETIC STEM CELL PATIENTS

Wood, J.M., Schuldt, T.L., Eilers, J. Nebraska Medical Center, Omaha, NE.

In accordance with Joint Commission's National Patient Safety fall prevention goal, we have focused on decreasing falls in our hematopoietic stem cell (HSCT) patients. The medications and side effects that accompany HSCT place this population at high risk for falls. Sustained low platelet counts following transplant place the patients at greater risk for life threatening injuries in the event of a fall. In attempt to decrease our fall rate, we reviewed incident reports and conducted post fall patient interviews. We identified the high risk group to be the alert and oriented patients in their 50's and 60's, most involving toileting issues. Interviews determined the most frequent reasons for not calling for assistance were not acknowledging increased weakness and a desire to maintain personal dignity and independence with toileting. We initiated an extensive education program to help patients gain an understanding of their fall risk and the potential seriousness of related injuries. Patient/family education begins pre-transplant, is followed up on by the