NORTHWEST REGIONAL EDITION

PUGET SOUND QUARTERLY

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Oncology Nursing Society Vol. 27, No. 3 Fall 2004

LOCATION! LOCATION! LOCATION!

The Importance of Central Line Tip Location

Jo Anne Cox, RN, MSN, CRNI, OCN
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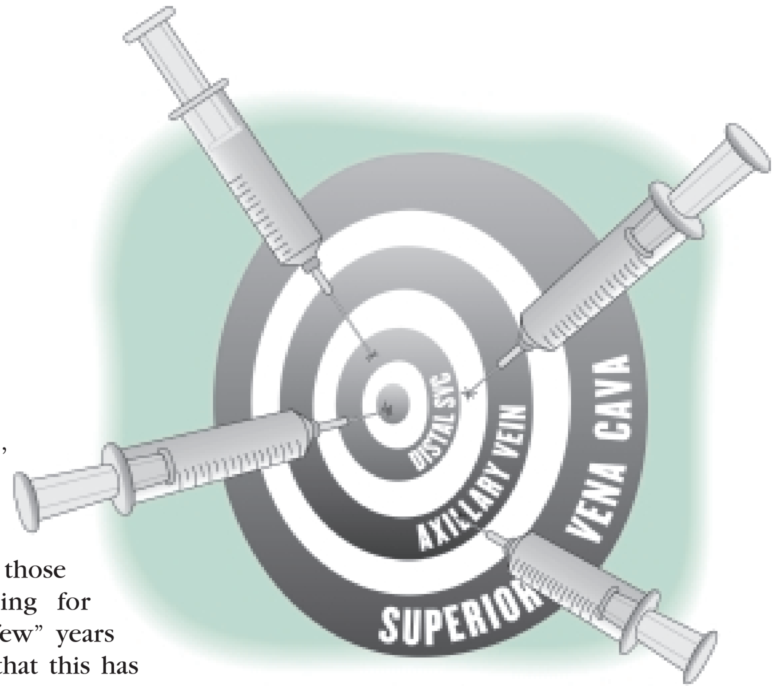

The past two to three decades have seen the development of a variety of central venous access devices that can enhance patient care in many diagnoses. Tunneled and cuffed catheters, peripherally inserted central catheters (PICCs), and chest or arm implanted ports offer patients and their health care providers varied options for reliable venous access necessary for the plan of treatment.

This access to the central venous system enables treatment with irritant and vesicant therapies, intermediate-to-long term regimens, facilitates laboratory testing, and preserves peripheral veins, ensuring patient safety, comfort, satisfaction, and uninterrupted treatment.

Although central venous access devices are not without their risks and require careful assessment to determine the best choice for the patient, complications can be avoided or minimized by correct catheter placement and tip location.

As early as the 1950's the superior vena cava (SVC) was described as the acceptable location for the tip of a central venous catheter (Position Statement, Association for Vascular Access [AVA], 1998). However, those of us in nursing for more than a "few" years have observed that this has not been a consistent practice in central line placement. We remember times when tips were placed in the subclavian vein, brachiocephalic (innominate) vein, even the axillary vein. These catheters were called midclavicular, deep lines, or long lines and deemed appropriate to use as central access. Over the past decade central line tip location has been growing as a topic of attention and controversy.

What has happened over the last decade to bring the issue of central line tip location to the forefront of vascular access? Along with the increasing use of central venous access devices, our knowledge has improved regarding coagulation pathways, hypercoaguable conditions, and the way many diseases impact coagulation states. A number of studies found positive correlations between catheter tip location and the complications of thrombosis, malposition, and malfunction. A central line tip not in the distal SVC, but in another vein of the chest has a greater incidence of these complications. Likewise, central line tips in the proximal (high) SVC or at the confluence of the SVC and brachiocephalic veins also have a greater incidence of these complications (Hadaway, 1998; Position Statement, AVA, 1998).

As a result of the above complications, the distal SVC, or the junction of the SVC and right atrium, is now recognized as the optimal location for the tip of a central line, and has become the standard of care. When a central line tip is in the distal (lower) SVC, it is more likely to hang freely, parallel to the vessel wall without being in contact with that wall (particularly if inserted from the patient's right side), because of the rapid laminar flow of blood in the SVC. The blood flow in the SVC is 2000-2500 milliliters per minute, providing speedy

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PRESIDENT'S MESSAGE

Reflections on Hope

Deborah Hodges RN, MN, AOCN
PSONS President

Recently I was listening to the daughter of a friend as she was enthusiastically anticipating a local "nursing camp" designed to give high school students who are considering nursing as a career an opportunity to shadow "real live nurses" for a week. I was struck by her incredible energy level, and hit by a wave of pride knowing that nursing was getting such a fine individual. She undoubtedly will, and already has become an influence to others as she pursues her dream.

Age has a way of tempering our approach to life. And this future nurse prompted me to think back on some of the moments in my career that fanned the flames, re-igniting that level of energy in me.

One in particular involved a patient named Merle. Merle was in his 60's and had metastatic melanoma. He was participating in a clinical trial that I was coordinating. I was feeling a bit stressed at that time. Many of my patients had been having unpredictable and unpleasant reactions to an early version of a monoclonal antibody, and I was doing some inner work around my choice of careers.

Merle's philosophy, as he went through this phase of his treatment, was that he wanted to role model for his grand kids the importance of giving. What better gift could he give than that of improved knowledge through clinical research and the hope of improved outcome for others with a diagnosis of cancer? For months Merle gave and gave of himself to everyone around him. During a particularly good couple of weeks, he made a beautiful wind chime for me. It still has a special place on my front porch.

Over a period of 6 months Merle's health failed him. Our efforts shifted to focusing on his quality of life, and comfort measures. He died quietly in his wife's arms as she assured him he was

Debra Hodges

loved and gave him permission to move on.

Several weeks after his death, his wife, equal to him in her generosity, came to see me. She thanked me for all I had done for them and instructed me as she handed me a gift of daffodil bulbs, "Plant these in a location that when they come up every spring you will see them and they will remind you of what is possible in life, and know, with great confidence, that there is always hope."

It's been twenty years now. And every year I think of Merle when those bulbs come up, and I remember his wife's

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EDITORS' NOTES

Area Nurses Step Forward to Share Their Expertise

Angela Hall RN, MSN, OCN.
Natasha Hauptman RN, MSN, OCN.
Co-editors

Once again the health professionals in the Puget Sound have demonstrated their knowledge, and willingness to share their expertise, by contributing to our Quarterly and to the community for the benefit of our cancer patients.

Our past president, Cathy Goetsch, and current co-editor, Natasha Hauptman, staffed a booth at a recent women's basketball game to promote breast cancer awareness. Health promotion is a benefit that nurses can give to the community at large.

Joanne Cox is a certified infusion therapy nurse and she has written an excellent and informative article on central line tip location. She reports that central lines have revolutionized patient treatments, but we should not become complacent in our care of these devices.

Patricia Buchsel reviewed the cancer lifeline cookbook. We are all challenged with healthy eating habits in today's world and this cookbook provides recommendations for nutritional and tasty meals. Good nutrition is important in cancer prevention as well as during cancer treatment.

Fariba Fuller reports on an interview with Renita Vance who is well known not only in the Swedish Healthcare System, but to all of us in the Puget Sound Oncology Nursing Society.

Paul Hoffman, a Puget Sound pharmacist, provided us with this timely article on Cetuximab. It has very recently been approved for the treatment of metastatic colon cancer.

Evidence-bases research is propelling nursing into a profession that we can all feel proud to be part of. Our research committee wants you to be aware of ways you can contribute to this increasing wealth of nursing knowledge.

Finally, Sue Heffernan organized a unique and exciting nursing camp for high school students interested in pursuing a career in nursing. We are reminded by her creativity that there is so much we can do to promote nursing.

We need not look far for inspiration on ways we can promote nursing, our career development, or community health. We encourage everyone to become involved. The efforts of our volunteers benefit us all.

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Tip Location: Catheter Tip Contact Can Cause Trauma on Vessel Wall

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dilution and transport of infusates. Central venous catheters whose tips are outside the SVC (suboptimal positioning), are more likely to have tip contact with the vessel wall due to the diameter, curvature, valves, and lesser volume blood flow in those veins (Position Statement, Association for Vascular Access, 1998).

The Association for Vascular Access was the first professional organization to address the issue of central line tip location in a position statement. The reader is referred to this document published in 1998 for a concise summary of the research and comprehensive listing of sources. The AVA is an international, multidisciplinary organization of health industry professionals dedicated to enhancing the care of patients requiring vascular access through collaboration in education and research.

Why is catheter tip contact with the blood vessel wall a concern? A catheter tip in contact with the vessel wall can inflict mechanical trauma by rubbing against the wall. This rubbing injures the tunica intima, the innermost layer of the vein wall, composed of a single thin layer of smooth, flat endothelial cells. This endothelial layer rests upon the basement membrane of the vessel wall. The smoothness of the endothelial cells and the numerous factors they contain that promote or inhibit coagulation aid in maintaining homeostasis of the blood (Hadaway, 2001). Injury to this endothelial layer initiates the inflammatory response, which in turn triggers the clotting process promoting thrombosis. Catheter thrombosis can lead to catheter occlusion, malfunction, venous thrombosis, vessel stenosis, and infection. A strongly positive correlation exists between a thrombus and infection. Thrombosis provides a feeding ground for bacteria (Mermel, 2000).

Injury to the vessel endothelium can also occur with the insertion of a catheter. In this case thrombosis may result sooner, whereas with a malpositioned tip the injury is progressive due to the ongoing irritation of the endothelium (Vesely, 2003).

In addition to the mechanical trauma of the vessel wall from catheter tip malposition, chemical trauma is generated by the solutions or medications being administered. The practice standards of the Infusion Nurses Society (INS) state that infusates with pH of less than five, or greater than nine, osmolarity of 500 mOsm/l or greater, or an inherently caustic chemical structure, should be administered by a SVC central line. Infusates with these chemical characteristics, considered an irritant or vesicant, infused through a catheter whose tip is rubbing on a vessel wall will only compound the vein wall trauma and greatly increase the incidence of complications (INS, 2000).

In outlining the rationale for SVC placement earlier, right-sided insertion was highlighted. In the venous anatomy of the chest, the subclavian-brachiocephalic vein path is longer on the left than the right. Therefore, more vein to traverse with more potential for vein trauma. From the left this path enters the SVC at a sharp oblique angle. As it enters at this angle it is apt to bounce off or abut the contralateral wall of the SVC and not hang as freely especially if the catheter has been cut too short.

On the right, the path is shorter. The brachiocephalic vein on the right is on average 2.5 cms in length. On the left it is on average 6.5 cms long. On the right the brachiocephalic enters the SVC in a gentle drop, so that the catheter is more apt to advance and hang freely in the SVC (Ryder, 1993). Left-sided central line placement can be a risk factor for thrombosis (Vesely, 2003; Herbst, 2001; Puel et al., 1993; Duntley et al., 1992). Interventional radiologists advocate that placing a central catheter tip in the center of the vessel lumen is best achieved by inserting through the right internal jugular as it is a straight shot into the SVC, allowing the catheter to hang freely (Vesely, 2003). Insertion via the internal jugular is preferred for dialysis catheters, to avoid traversing the sublcavian vein and possibly occluding it. When subclavian vein occlusion occurs, the same side arm is lost as possible sites of ateriovenous fistulas for dialysis (National Kidney Foundation guidelines, 2001).

A newer area of study, "biofilm" relates to complications occurring with suboptimal central line tip placement. A bacterial biofilm is a structured community of bacterial cells enclosed in a self-produced polymeric matrix and adherent to an inert or living surface (Ryder, 2001). Bacteria produce their own slime, especially Staphylococcus epidermidis, and attach to the catheter surface, fibrin and thrombus. The polymeric matrix protects the community from all host defenses and antibiotics. Thus, it is important to not only prevent or minimize the possibility of thrombus, but also treat fibrin with a fibrinolytic agent as soon as symptoms present. Fibrin deposits, although a normal physiologic response to the presence of a foreign body, can grow to engulf the entire catheter like a sock, causing retrograde flow of the infusate and infiltration. It can calcify, causing loss of catheter function. Fibrin also acts as a scaffold on which to catch circulating RBCs and build a thrombus (Ryder, 2001). Some

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Progression of Catheter Thrombosis

Rubbing of the vessel wall ▶ Cellular injury of tunica intima ▶ Inflammation ▶ Clotting process trigger ▶ Thrombosis ▶ Occlusion ▶ Loss of line function.

Thrombosis ▶ Stenosis ▶ Decreased vessel capacity for future use.

Thrombosis ▶ Infection.

Thrombosis ▶ Thrombotic events in the greater vessels, lungs.

Rubbing vessel wall ▶ Exposes basement membrane ▶ Erosion ▶ Perforation.

Tip Location: Catheter-Related Infections Burden on Health Care System

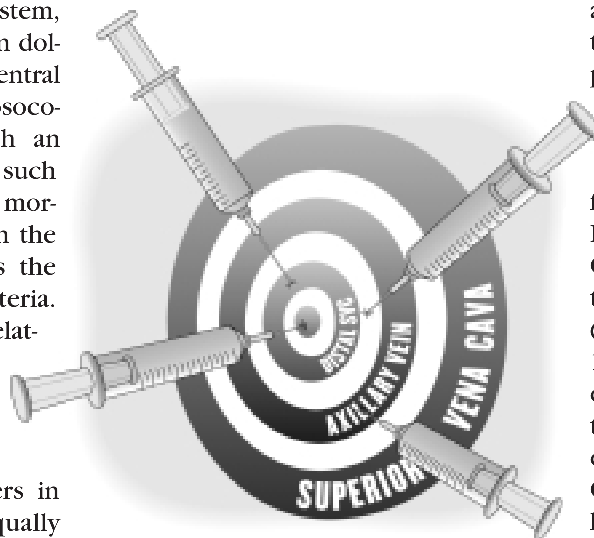
Continued from page 3

practitioners believe that if one lumen of a multilumen catheter has fibrin or thrombus but is no longer needed for therapy, there is no need to deal with it. However, if the catheter remains in the patient, it is important to treat that unused lumen as it can still be a source of infection.

Intravenous catheter-related infections are a significant burden on the United States (U S) health care system, costing $296 million to $2.3 billion dollars annually (Hadaway, 2003). Central lines are the cause of 70% of all nosocomial bloodstream infections with an estimated 400,000 episodes of such infections in the U.S. each year.The mortality rate is 15-35%, depending on the organism. Of addition concern is the growing problem of resistant bacteria. The cost of treating one catheter-related blood stream infection in a critical care patient is $34,000-$56,000 (Ryder, 2001; Hadaway, 2003). As important as thrombosis and fibrin are as major players in infection, skin antisepsis is equally important. Every square centimeter of our skin is home to approximately 10,000 microorganisms (Coulter, 1992). Of these, the staphylococcal family, particularly Staphylococcus aureus and Staphylococcus epidermidis, are the key culprits in intravenous (IV) related infection. Human skin, catheter hubs, and injection ports are the major factors in these infections. Careful, thorough handwashing before handling any part of an IV system, IV site antisepsis, and vigorous disinfecting of hubs and injection ports before use are vital to preventing infection (Mermel, 2000).

In review, placement of central lines with their tips in the distal SVC helps to reduce a host of problems (a) thrombosis, (b) infection, (c) larger thrombotic events, and (d) malposition or malfunction. Each complication will disrupt treatment, decrease patient satisfaction, and increase the complication risks to the patient. This is important in the oncology population as cancer generates a hypercoaguable state which increases the risk of thrombosis.

It is recognized that in some patients, distal SVC placement may not be possible due to disease states or other medical conditions (a) superior vena cava syndrome, (b) invasive tumors, (c) abnormal anatomy, or (d) crushing chest injuries or (e) surgical alterations. In these cases, careful consideration must be given to the chemical characteristics of the planned therapy, intended length of therapy, coagulopathies, and other comorbidities that can contribute to



thrombotic complications with non-central tip location. The benefits and risks need to be weighed. Central line tip location in the inferior vena cava may be a consideration in these cases.

No discussion of central line tip location would be complete without venturing into the highly contested territory of insertions into the right atrium. The reader should note that the following discussion is specific to the adult patient. Central line tips should not be placed in the heart of the neonatal or pediatric patient, as the myocardium in these patients is too thin to allow such placement.

A previously common practice of placing central line tips in the right atrium known as right atrial catheter (RAC) was discontinued. In 1989 the Federal Drug Administration's (FDA) Central Venous Catheter Working Group directed that central line tips should not extend into the right atrium citing incidences of cardiac complications such as arrhythmias, valve damage, and perforation (Scott, 1995). Since 1989 the FDA directive has become increasingly controversial. Some practitioners take the position that those cardiac complications were with the earlier generation of polyethylene and other rigid catheter materials, and the FDA made no distinction between catheter material and the associated complications. A growing number of practitioners claim that proximal right atrium placement with the current soft silicone catheters is safe and results in improved catheter function (Petersen et al., 1999). Indeed, some practitioners feel that dialysis catheters in particular need to be placed in the proximal right atrium to take advantage of the high turbulent blood flow for an adequate dialysis run (National Kidney Foundation guidelines, 2001). Others still hold to the opposing view that right atrial placement is not safe (Collier & Goodman, 1995; McGee et al., 1993; Vesely, 2003). Nurses taking care of patients with central lines are finding themselves caught in the middle. Not only the FDA, but INS, AVA, and the Oncology Nursing Society have published their guidelines and practice standards stating that central line tips should not extend into the right heart.

The jury might still be out on this issue.The FDA has yet to change its mandate, but according to interventional radiologist Tom Vesely (2003) "the scientific literature has thus far failed to provide sufficient evidence to indisputably support or condemn the placement of a catheter tip in the right atrium." Clearly, more study is needed. The reader is referred to Dr. Vesely's excellent article for a well-rounded discussion of this controversy. It is a goal of AVA to lead a national consensus congress on this very vital subject in the not-too-distant-future.

The evolution of central venous access devices has enabled many patients to receive therapies that have cured them, allowed them to live longer, or to die comfortably. Without these devices such treatment would not be possible. These devices have proven to be of great benefit to patient care, but they are not without their risks. Although they are now quite common-

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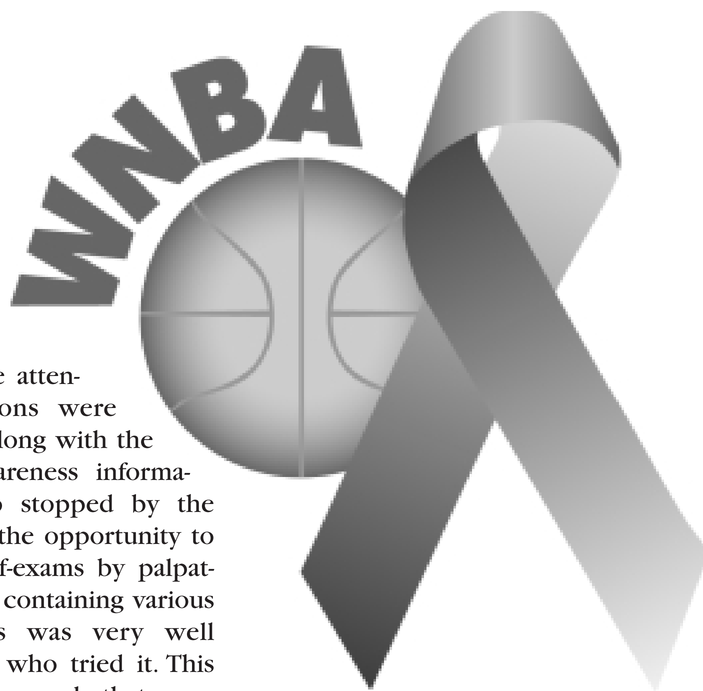
PSONS Members Promote Breast Cancer Awareness



The Puget Sound chapter of ONS joined the Women's National Basketball Association and Virginia Mason Medical Center in recognizing breast cancer survivors and raising breast cancer awareness. July 1. 2004, was designated Breast Cancer Awareness day by the Seattle Storm. Survivors were honored with verbal tributes, pink tee shirts, and pink and white basketballs signed by the entire team. Cathy Goetsch, ARNP and Natasha Hauptman, RN, staffed an informational display that included handouts about screening and early detection for game attendees. Pink ribbons were given to the fans along with the breast cancer awareness information. Women who stopped by the booth were given the opportunity to practice breast self-exams by palpating a breast model containing various sized lumps. This was very well received by those who tried it. This and the BSE shower cards that were distributed assisted in reminding women to do monthly BSE's using proper technique. Additionally Natasha and Cathy were able to answer individual questions from passers-by about breast cancer risk and treatment.

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place in the U S, central venous catheters should not be taken for granted. This article has sought to illuminate that correct catheter placement with the tip in the distal SVC and ongoing scrupulous care of the catheter can do much to reduce complications and enhance patient treatment, safety, and satisfaction.

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Clinical Information on Erbitux™ (Cetuximab)

Paul Hoffmann
Pharmacist, US Oncology
PSONS Symposium Speaker

Recently a new medication for colorectal cancer was introduced to the oncology market that was a newsmaker to the financial and celebrity world prior to the medical community. Cetuximab (Erbitux, BristolMyers Squibb) was originally developed by ImClone. The following is some clinical information that you might find helpful in you practice.

FDA Approved Indications:

- Cetuximab, used in combination with irinotecan, is indicated for the treatment of EGFR-expressing, metastatic colorectal carcinoma in patients who are refractory to irinotecan-based chemotherapy.
- Cetuximab administered as a single agent is indicated for the treatment of EGFR-expressing, metastatic colorectal carcinoma in patients who are intolerant to irinotecan-based chemotherapy.

EGF Receptor Testing: Patients enrolled in the clinical studies were required to have immunohistochemical evidence of positive EGFR expression (DakoCytomation EGFR pharmDx test kit used in trials).

Side Effects:

- Severe infusion reactions have occurred with the administration of cetuximab in approximately 3% of patients. Approximately 90% of reactions occurred during the first infusion. Reactions are characterized by rapid onset of airway obstruction (bronchospasm, stridor, hoarseness), urticaria, and/or hypotension. STOP therapy immediately. Initiate appropriate medical therapy.
- Infusion reaction of some degree occurs in 25% of patients.
- Mild to moderate infusion reactions are managed by slowing the infusion rate.
- Acneform rash can occur in 89% of patients. Topical steroids are of no benefit.
- Sunlight can exacerbate skin reactions. Instruct patients to wear sunscreen and hats and limit sun exposure.
- The incidence of antibody development has not been adequately determined.
- Non-suppurative acneform rash described as acne, rash, maculopapular rash, pustular rash, dry skin, or exfoliative dermatitis.
- Swelling of lateral nail folds of the toes and fingers.
- Additional side effects: interstitial lung disease, fever, sepsis, kidney failure, pulmonary embolus, dehydration, diarrhea, malaise.

Regimen:

- Premedication: H1 antagonist (eg, 50 mg diphenhydramine IV)
- Loading dose: 400 mg/m2 IV infusion over 2 hours
- Weekly maintenance dose: 250 mg/m2 IV infusion over 60 minutes Maximum infusion rate – 5 mL/min

Monitoring: Observe the patient for 1 hour after completion of infusion.

Drug Information:

- Administer with the use of a low protein binding 0.22-micrometer in-line filter.
- Flush with 0.9% saline solution at end of infusion.
- Piggyback cetuximab into the patient's infusion line.

Cost:

- AWP = $585.60 per 100mg
- Medicare allowable = $556.32 per 100mg
- Normal weekly dose allowable will be about $2225.28. Medicare patients without supplemental insurance may need to be counseled about the 20% co-pay responsibility.

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President's Message: Recruiting Nurses is Top Healthcare Priority

Continued from page 2

words. And whenever there is a breeze, Merle's wind chime surrounds me with the melodic notes that will forever be the sound I associate with hope.

One of my hopes is that the daughter of my friend has a career that continually rekindles the energy she now has and the energy of those around her. I know she will be generous, and that someday she will have a wind chime on her front porch.

Recruitment is a top priority in healthcare now. Many organizations across the country are trying creative methods in an effort to attract the next generation of nurses into the profession. The nursing camp mentioned has been successful here in the Puget Sound area. Other local and regional models are being used as well. I encourage sharing of successes and ideas so that all will benefit. As we know the nursing community, and particularly the oncology nursing community is a moving target. The majority of us have worked in multiple settings, so we should see the success of one recruitment effort to be a success for all.

See article on Summer Nursing Camp in this issue of the Quarterly.

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Book Review

The Cancer Lifeline Cookbook

Patricia Buchsel, RN, MSN, FAAN
Creative Cancer Solutions, Inc.

Almost all Puget Sound Oncology Nursing Society (PSONS) members are familiar with Cancer Lifeline. Many have referred patients to this healing center for supportive care before, during, and after cancer therapy. There are those of us who have had the opportunity to visit the center while some of us are volunteers. Cancer Lifeline offers a wide range of programs, support groups, classes, activities, and presentations aimed at optimizing the quality of life for cancer patients and cancer survivors and their families, friends, co-workers and caregivers. One of Cancer Life's latest offerings to cancer patients and the community at large is a second edition of The Cancer Lifeline Cookbook.

The far-reaching and well-researched information written and collected by the authors, Kimberly Mathai and Ginny Smith, offers an exceptional and mouth watering palate of a broad range of recipes. Members of PSONS have contributed to this new edition in the area of symptom management of the patient with cancer. The premise of the book is based on scientific evidence that diet and lifestyle are linked to cancer. Creating this cookbook to support healthy and good tasting meals is an important gift to the cancer community. The Cancer Life Line Cookbook is primarily for people living with cancer and cancer survivors although it is also intended for anyone interested in a health-conscious diet. The authors have incorporated:

Easy-to understand descriptions of the key components of good nutrition, including the Top 10 "Super Foods" which may protect and fight against cancer.

Practical, easy-to-implement suggestions for incorporating healthy eating into one's lifestyle.

A variety of recipes for great-tasting dishes that are quick and easy to make, even though one may be a novice.

A helpful resource for caregivers who are trying to make healthy and appetizing for the patient with cancer.

Suggestions for reducing the side effects of cancer.

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Upcoming Events

Future ONS Congress Meetings

- **April 28-May 1, 2005**
  – Orlando Florida
- **May 3-6, 2006**
  – New Orleans, LA

Future Institutes of Learning

- **November 5-7, 2004**
  – Nashville, TN
- **November 11-13, 2005**
  – Phoenix, AZ
- **November 10-12, 2006**
  – Pittsburgh, PA

Eighth National Conference on Cancer Nursing Research

- February 3-5, 2005
  – Fort Lauderdale, FL

Employment Opportunities

Looking for a unique opportunity to work outside of the clinical arena, yet still utilize your oncology clinical skills and knowledge?
Consider working part-time hours for NexCura, Inc., a Seattle-based company that provides proprietary, web-based decision-support technologies for cancer patients.

Positions available include:

- Oncology clinical specialist position involves researching and writing material for online education tools, flexible hours working at home or our office
- On-call positions to help coordinate the recruitment, screening, and scheduling of qualified patients and caregivers for research interviews
- A combined part-time position supporting both of these needs for a qualified individual

Contact Judy Petersen, RN MN Manager of Clinical Development
Email: judyp@nexcura.com fax: (206) 270-0229 or phone: (206) 272-1134
to learn more or submit your resume.

NEXcura

Nursing Camp Gives Teens an Up-Close Look at Health Care Careers

Sue Heffernan, RN, MN, CNS
Childrens Hospital, Seattle

Jessica Johnson, a senior at Nathan Hale High School, had considered becoming a nurse. After the Summer Nursing Camp at Children's last week, she has no doubt about wanting to pursue nursing as a career.

Jessica and eight other teenage girls got firsthand experience in a variety of clinical areas throughout the hospital during the weeklong camp. (One additional student got a bit too close to the action; she had to have an emergency appendectomy here on the day she was supposed to observe in the OR.) Each day, the students rotated through a number of areas to get a taste of what life is like in various facets of the hospital. From shadowing nurses in the inpatient units and clinics, to watching pharmacists mix IVs, to being in the OR watching surgeries, the students were given behind-the-scenes opportunities not commonly available to their peers or the public.

Abby Burrows, whose mother is a nurse in the Hem/Onc Clinic, wanted to attend the camp to get a better idea about what her mom does at work. During her rotation in the Neurology Clinic, Abby had the chance to be in the OR during a surgery to remove a brain tumor. "I was standing right behind the surgeons – it was amazing."

That kind of unique inside perspective was possible thanks to the willingness of staff members to participate in the camp, and due to the tremendous organizational efforts of Sue Heffernan, clinical nurse specialist, who coordinated the camp again this year. Sue praised the students for their maturity and responsibility, noting that she had gotten many compliments from staff members about the girls' behavior in often hectic or difficult situations.

At the end of the camp, all the students agreed that the experience confirmed their desire to go into nursing or other health care careers. Said Manda Valentine "It was so much better learning in real-life situations instead of in a classroom. I was pretty much a nurse for a week. All the nurses and others wanted to make it a good experience for us." Sarah Elliott from Shorecrest High School appreciated getting to do things she wouldn't be able to otherwise and to see the breadth of career options available in nursing. "I had a stereotypical view of what a nurse does. Now I realize there are so many fields to choose from."

In a time of staff shortages in many health care fields, camps like this are invaluable tools in drawing students toward hospital-oriented careers. Carrie Cady, RN, a 19-year veteran of Children's inpatient medical unit, has seen the value firsthand. Although this is the first year she's participated in the camp here, Carrie has worked with Seattle Pacific University's nursing camp committee for 12 years and has encountered former students who now work as nurses (even at Children's) thanks to their camp experience.

To help determine the impact of Children's nursing camp, Sue plans to follow up with this year's campers to see if they choose health care careers. Based on comments from the students' camp evaluations, she should get a highly positive response: "I'm attending nursing school in the fall, but now I want to be a nurse even more!"

Reprinted with permission of Children's Hospital and Regional Medical Center, Seattle.

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Cookbook: Many Premier Seattle Chefs Contributed to Book

Continued from page 7

Help in improving one's lifestyle and sense of well-being and control.

Recipes cover breakfast, salads and appetizers, soup, vegetables side dishes, entrees and desserts. Many of Seattle's premier chefs from favorite and well known Seattle restaurants' have contributed to the book. These include Greg Atkinson of Culinary Consulting; Tom Douglas of Etta's, Palace Kitchen and Dahlia Lounge, Charles Ramseyer from Ray's Boathouse, and Kathy Casey.

In addition to recipes with the full nutritional values added, the authors have given tips for changing one eating style and transforming favorite recipes from high fat to low fat. They also suggest ways to reduce salt and increase fiber.

This book is an excellent resource for all persons who wish to attain a healthy lifestyle. We are very proud as members of the PSONS chapter to have contributed to this excellent resource. The book is beautiful from cover to cover. It is no surprise that this product represents the artful and meaningful gift to the cancer community, so reflective of the mission and service of Cancer Life Line.

The Cancer Lifeline Cookbook costs $17.95 and is available at stores such as Barnes and Nobel, Borders, and the University Book Store. It can also be ordered directly from Cancer Lifeline at 206-297-2100. Profits will benefit Cancer Lifeline.

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The Research Committee is Here to Assist You!

The role of the research committee is to promote and raise awareness of oncology nursing research in our community. There are several ways this is accomplished.

Two PSONS research grants are available for the conduct and dissemination of oncology nursing research. These grants are in the amounts of $1,000 and $500, respectively. Applications are due March 1 of each year. We encourage you to take advantage of this opportunity and apply!

Other ONS grants are available at http://www.ons.org/research/funding/opportunities.shtml

Research Resource

If you have any research questions, you are invited to email Co-chair Linda Cuaron at lcuaron@gene.com. The most knowledgeable committee member will respond to your question.

Poster Class

Look for an upcoming two-part educational offering in January to help you produce a professional poster of your research or clinical practice project. Please contact Linda Cuaron at lcuaron@gene.com if you are interested.

Calendar of Research Events

- 2005 ONS Congress Abstract Submission – Due August 17, 2004. Support for writing an abstract is available through the ONS Mentorship Program, contact eccit@ons.org.
- 8th National Conference on Cancer NursingResearch. Marriott Marina. Ft. Lauderdale, Florida - February 3-5, 2005.
- 2005 ONS Distinguished Researcher Award Nominations.Applications are due August 15, 2004. This award is designed to recognize the contributions of a member who has conducted or promoted research that has enhanced the science and practice of oncology nursing.
- "Excellence Through Evidence: Improving Patient Outcomes." Thursday, September 16, 2004, 8:30-4:00. Virginia Mason Medical Center. Continuing Nursing Education Program.

ONS Launches Cancer Basics Online Series

If you're new to oncology, this four-part series will provide you with a fundamental understanding of cancer care. If you're an experienced cancer professional, it will serve as a valuable review. Either way, this new distance-learning offering provides quality instruction in a convenient, flexible format.

- Course 1 provides a comprehensive understanding of cancer, disease statistics, and detailed information on cell structure and the cell cycle.
- Course 2 explores our current understanding of the many ways that cancer is treated, including surgery, radiation, chemotherapy, and biotherapy.
- Course 3 addresses patient care management and treatment-related symptoms.
- Course 4 examines cancer as a chronic disease. It focuses on cancer control, survivorship and spirituality, support and coping, patient education, ethical issues, advanced directives, and hospice care.

In addition to nurses, pharmaceutical sales representatives, nursing instructors, nursing students, case managers, and insurance company claims reviewers will also benefit from this course.

For complete information or to register, visit the Nursing Education area of www.ons.org.

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Welcome New Members

Puget Sound Oncology Nursing Society welcomes these new members to our organization:

Rowena Abela

Colleen Burt
Cascade Cancer Center

Siouxan Christian
Stevens Healthcare

Eileen Dorsey

Holly Glass
Puget Sound Cancer Center

Patty Gonzalez
Overlake Internal Med. Assoc.

Pat Guizzetti
Wenatchee Valley Clinic

Karen Jackson
The Polyclinic

Marsha Justus
Western Washington Oncology

Diana Katseyeans
Highline Community Hospital

Jada Lynn

Lisa Marrow
Harborview Medical Center

Denise Mitchell
Capital Medical Center

Brenda North
Skagit Valley Hospital

Shahla Taleban
Highline Community Hospital

Lisa Toomey
Whidbey General Hospital

Janine Wilhite
Genentech

Saualofa Vala

PSONS Profile

Renita Vance, CNS

Fariba Fuller, RN. ACRN
Virginia Mason Medical Center

Renita is the Oncology Clinical Nurse Specialist (CNS) for Swedish Medical Center. She covers all three campuses (Ballard, Providence and First Hill) and is also in charge of the IV team. She has always known that she wanted to be a nurse and she is very passionate about nursing, particularly oncology nursing.

Renita has been the Oncology CNS at Swedish for the past four years. However, she has worked at Swedish for the past seventeen years. Most of those years have been in bone marrow transplant (BMT). She managed the bone marrow transplant unit for six and a half years and then went on to be the nurse educator in BMT for two and a half years before taking on her current position.

Renita sees her current role as one of service to the staff. She develops standards of care, teaches chemotherapy classes and works hard to help staff at the bedside develop professionally and personally. She believes, "it's important to empower nurses." Renita encourages nurses to seek out knowledge and skills. While she mentors and supports them, she simultaneously makes sure that the practice of nursing is evidence based.

In the current environment, we are all moving towards standardization of care. For most of us this is a blessing and a challenge at the same time. Renita has been working to this end too. It can be particularly challenging for Renita as she has to standardize care across different institutions – each with its own culture and ways that they have always done things. For Renita, it is a matter of establishing relationships and adopting the best practice.

Renita shares our efforts in trying to stay on top of a fast paced, every-changing specialty, "It's a huge scope of practice!" She always carries articles and journals everywhere she goes and reads them whenever and wherever she can. Renita not only has to meet her own needs but also the needs of many different people, from many different perspectives.

Some highlights of her career include the first time she spoke at a national ONS conference and when the faculty of her graduate program named her as graduate student of the year (much to her surprise!). However, Renita also remembers a connection that she made with a patient while in her role as nurse educator; "When the patient came back and asked for me – now, that really was a highlight!"

Renita is a member of ONS and PSONS. She speaks for ONS at a national level and sees herself becoming involved on the national board in the future. Locally, she is a very active member of PSONS. She has been a part of the education consortium since its conception as a planner and a speaker. Renita has also been a chairperson of the nominating committee for the past two years. She feels that both ONS and PSONS are very inclusive and welcome people from all levels and perspectives. However, she says, "It's as great as you make it. Like many organizations of this type it always needs new blood to keep it vital."

Renita tries to keep her busy work life balanced with her family life. She has a husband and fifteen year old daughter. She is also close to her family of origin with parents, a sister and two brothers all in the area (Seattle, Spokan and Portland). They get together often as family is the most important thing to Renita. She also enjoys reading, quilting and gardening.

When Renita looks to the future, she sees more writing and publishing, "I really want to expand my writing and do a lot more than I have been doing." Also, she would like to speak more on a national level. Many of us have heard Renita speak and know how excellent she is. I think we should share her.

It was a pleasure to talk with Renita. She is a warm and engaging person, full of enthusiasm and passion for nursing. She is inspiring and always makes me proud to be a nurse – we are lucky to have her in our nursing community.

PSONS Happenings

Board Meeting

The PSONS board met in August to review and update the chapter bylaws. These will be reviewed and voted on by the general membership in the near future.

Communications Committee

John Sedgwick has resigned to pursue other interests. We thank him in helping to keep our PSONS webpage up-to-date. Judy Petersen will be taking over this role at this time.

Education Committee

A duel membership meeting/educational meeting is planned for October. Look for more information soon.

Research Committee

Please see research column on page 9.

ONS Students Virtual Community Has Much to Offer Nursing Students

Have you visited the ONS Students Virtual Community lately? The site contains an array of resources beneficial to all nursing students, including educational and scholarship information. Plus, students can sign up to be mentored by an experienced ONS member who can help ready them for their chosen profession. They can also take advantage of the ONS/NSNA dual membership offer, and nonmembers can join the Society through the site.

Please share this site with all nursing students you encounter. ONS Students Virtual Community can be accessed from "Participate in ONS" of the left drop-down menu of the "Membership" tab on the ONS Web site (www.ons.org) and selecting ONS Students Virtual Community from the listing, or via http://students.ons.wego.net.

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TREASURER'S REPORT

for Second Quarter 2004

	$117,738.69
Uncleared checks last quarter	15,376.74
A. BEGINNING BALANCE	**$102,361.95**
REVENUE	
Dues	1,385.00
Program Fees	9,410.00
Interest Checking	16.28
Interest Savings	1.67
Gain IDS	353.21
Donations	3,075.00
Exhibit Fees	8,950.00
Fundraising	0.00
Miscellaneous Other (Advertising)	315.00
B. TOTAL REVENUE	**$23,506.16**
EXPENSES	
Printing (Typing, xeroxing, etc.)	188.95
Postage	347.74
Supplies	78.39
Meetings (Place, refreshments, etc.)	16,563.72
Travel (Airfare, hotels)	811.47
Bank Service Charges	0.00
PO Box Rental	0.00
Honorariums and Speakers	2,330.00
Grants/Scholarships/Awards	0.00
Fundraising	0.00
Miscellaneous	4,790.19
C. TOTAL EXPENSES	**$25,110.46**
D. ENDING BALANCE THIS PERIOD	**100,757.65**
E. Outstanding Checks	**805.00**
Total Outstanding Deposits	**0.00**
F. TOTAL (Balance + O Checks + O Deposit)	**$101,562.65**
Balance Checking	61,349.66
Balance Savings	1,176.80
Balance Investment Savings Account	39,036.19
TOTAL ASSET BALANCE	**$101,562.65**

Puget Sound Chapter of the Oncology Nursing Society

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Letters, articles and announcements are requested from all PSONS members and other readers on topics of interest. Submissions and questions should be sent in electronic format to **newsdesk@psons.org**.
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