The Role of the Haematology Specialist Nurse

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Key Roles

- Information
- Support
- Advice
- Patient advocate
- Education
- Coordination of care
Information

- Patient
- Family
- Carers
- Health care professionals
- The disease
- The treatment
- How to access other support systems
Support

- From diagnosis throughout cancer journey
- Patients and carer
- Nurse led clinics
- One on one sessions away from the clinical areas
Advice

- Managing drug therapies
- How to utilize services
Patient Advocate

- Liaison between Consultants and Patients
- Support Group
Education

- Patient
- Family
- Carers
- Health care professionals

- Formal
- Informal
- Accurate, timely and readable materials

- Disease
- Treatment
Co-ordination of Care

- Liaison
- Colleagues
- Primary Care
- Research
- Palliative Care

- Nurse led clinics
- Streamlining appointments
- Continuity of care
- Active member of MDT
- Co-ordinate diagnostic investigations
Referral/Access

- Verbal or written
- Business Card
- Open access
- Mobile phone
- Available during outpatients clinics
- Excellent working relationship with medical colleagues
All the other bits !!

- Service Development
- Audit
- Developing policies and procedures
- Telephone clinics
- Support group
- Maintain and develop own knowledge base
- Maintain clinical skills
- Network and National
- National Cancer Guidelines
- Haematology site specific group
- Network policies and procedures.
- Network patient information
Managing Side Effects

- Peripheral Neuropathy
- Pain secondary to bone disease
- Fatigue
What is peripheral neuropathy?

- Peripheral neuropathy is damage to the peripheral sensory nerves that transport messages to the central nervous system i.e. brain and spinal cord.

- Areas most commonly affected
  - Fingers and toes
  - This may gradually move upwards in a “stocking-glove” fashion
  - Bowel
  - May cause or worsen constipation
  - May cause intestinal blockage
  - Other: face, back, chest
Causes

- Vince alkaloids
  - Vincristine, Vinblastine
- Other chemotherapy drugs
  - Cisplatin, Etoposide
- Targeted therapies
  - Thalidomide, Velcade, Revlimid
Individuals are at greater risk if they have pre-existing neuropathy due to:

- Diabetes
- Alcoholism
- Severe malnutrition
- Previous chemotherapy
- $B_{12}$ and Folate deficiency
Symptoms of Peripheral Neuropathy

- Numbness, tingling of hand and/or feet
- Burning of Hands and feet
- Numbness around mouth
- Constipation
- Loss of sensation to touch
- Loss of positional sense
- Weakness and leg cramping or pain in hands and/or feet
- Difficulty picking things up or buttoning clothes
Managing symptoms of Peripheral Neuropathy

- **Protect**
  - Do not walk around bare footed
  - Wear socks and good shoes
  - Check your feet regularly
  - Take care around loose rugs etc

- **Avoid extremes of temperature as they may make symptoms worse.**
  - Wear gloves etc
  - Caution with bath and shower water
  - Take care when cooking
Neuropathic Pain

- Pain killers
- Antidepressants
  - Amitriptyline
- Antiseizure medications
  - Gabapentin
Other therapies:

- Stretching and massage
- Walking aids
- TENs machine
- Acupuncture
- Relaxation and visualisation
- Occupational therapy
What is bone disease?

- One of the main features of myeloma
- Myeloma cells have an affinity to bone
- Myeloma cells increase osteoclast activity
- They interact with the bone environment and cause bone destruction
- Typically manifesting itself as ‘lytic lesions’
- Affects: spine, ribs, skull, long bones
It manifests as:
  - Bone pain
  - Osteoporosis
  - Pathological fractures
  - Hypercalcaemia

The average myeloma patient looses 2 inches in height
Normal bone remodelling

Osteoclasts (dissolve bone) = Osteoblasts (produce new bone)
Treatment

- Chemotherapy
- Radiotherapy
- Surgical interventions
- Analgesia
Non-medical

- TENs
- Acupuncture
- Massage
- Hot and cold packs
- Relaxation
- Correct positioning
Self Help

- Taking medication regularly
- Don’t be scared of Morphine
- Occupational therapy
- Distraction therapy
- Remain as active as possible
- Communicate with HCP
- Do not play it down
Fatigue

Everything is too much effort. It is ridiculous. Just to comb your hair or get dressed is just too much effort. It was as much as I could do to get out of bed and or to the loo. I couldn’t cope with doing the hovering or an thing like that – it is too much.

Cancerbacup 2006
Causes

- Chemotherapy
- Radiotherapy
- Anaemia secondary to disease and/or treatment.
- Hyperviscosity
- Can lead to anxiety, stress and depression
Effects of fatigue

- Difficulty with activates or daily living
- No strength or energy
- Difficultly thinking, speaking, concentration, making decisions
- Breathlessness
- Insomnia
- Loss of sex drive
- Feeling emotional
Chemotherapy and Radiotherapy

- Can get worse as treatment progresses
- Improvers and often returns to normal after treatment
- Can take some months
- Often longer after High Dose Therapy
Anaemia

- Can be secondary to disease process and/or treatment effecting production of red blood cells
- Blood transfusion
- Erythropoetin
Cancerbacup 10 point plan

1. Sleep
2. Wake up same time every day
3. Exercise when you can
4. Reduce noise
5. Keep a steady temperature in your room
6. Have a bed time snack
7. Avoid stimulants
8. Know how naps affect you
9. Limit your intake of alcohol
10. Know when to say enough
Other strategies

- Relaxation
- Planning
- Psycho-social help