President’s Message  Jacqui Mitchell, MSN, APRN, AOCNS

I was delighted to find out the topic of this issue’s ONS newsletter was pediatric oncology. When most people think of adult nursing versus pediatric nursing, the variation between the two appears so vast that there is little commonality. Different diseases, side effects to medication, developmental stages, and prognosis are just a few. However, when the word cancer is used to describe them both the bond between these two types of nurses becomes unmistakable & resilient.

I first encountered this resilient bond many years ago when I was working in the bone marrow transplant unit. Occasionally pediatric patients would come in for transplant so I was required to cross train in a pediatric ward in another hospital. I remember the face of my first patient there. His name was Marc, and he was the cutest most fragile little boy I had ever seen, with big brown eyes, a sweet smile & no hair. I became very attached to him & one day while we were talking, he hugged me & told me he didn’t want to die.

So-You Think You Want To Be a Pediatric Oncology Nurse?

By Kristen Thompson, RN, CPON

At Kapi‘olani Medical Center for Women and Children, on the Wilcox Unit, we see the full gamut of feelings from the student nurses. Some are terrified of the patients and their families, some feel so sad about patient situations and actually cry, and others just can’t decide. However, there are some that work with our patients and families and just love it. We often try to recruit the nurses who have an immediate connection with the patients and families and enjoy working in pediatric oncology. We do this by giving them positive feedback, or encouraging them to return as a co-op students or even coming to do their final semester on our unit. These are the nurses we mentor to become pediatric oncology nurses. They train on our unit for 2 years, using our clinical pathway. The process takes a lot of time, teaching and patience, but the end result is a great nurse.

On Wilcox, once a new nurse is hired, & enters in to the New Graduate program, they are off a running for the next 12 weeks. This initial program consists of a 2 week didactic session on pediatric topics, which will begin to clinical (cont pg 3)
President’s Message Continued

At that moment, I thought my heart would burst. If not for the forethought & guidance of the pediatric nurse standing next to me, I don’t know what would have happened. She gently guided us all over to the bed where we sat and talked to this frail, courageous child about death, dying & heaven. She chose to stay with me & mentor me through the next 3 months of my rotation there. During this time, Marc died a quiet & peaceful death with his family & friends around him. My new mentor & I attended his funeral service together. An experience I will carry for the rest of my life. Therefore, to all the pediatric oncology nurses my heartfelt gratitude & respect for all you do.

Mahalo, Jacqui

CLINICAL TRIALS FOR PEDIATRICS  CarolKotsubo. RN, MSN, CPON

Every advance in curing childhood cancer has come through research. The Children’s Oncology Group (COG) is considered the premier childhood cancer research organization in the world. The COG includes 5000 members representing many disciplines who are located at over 200 leading children’s hospitals, university hospitals, and cancer centers in North America, Europe, Australia, and New Zealand.

Since the 1950’s, cooperative research has improved the survival rates for childhood cancer from less than 10% to nearly 80% overall. Today more than 40,000 children are treated on or receive follow up as part of COG clinical trials. In the US, the majority of children who are eligible for COG clinical trials enroll & are treated on those trials.

Over the last ten years, a few of the major advances include:
- improvement in survival rates for common forms of non-Hodgkin lymphoma from 70% to 90%;
- improvement in survival rates for metastatic neuroblastoma from 10% to 45% & reduction by 50% or more of the need for radiation therapy in some groups of patients, thereby reducing risks of long term effects

Nurses are very active in COG. They are members of every relevant disease, scientific, & governance committee. A nurse is assigned to each clinical trial during the development stage & works with the planning committee throughout activation & into analysis & publication of results. In the Nursing Committee, dyads are formed between nurse scholars & nurse clinicians to develop companion or freestanding nursing research protocols. Examples of such nursing studies include, “Parental Caregiving Demands in Childhood ALL” and “Stories and Music for Adolescent/Young Adult Resilience During Transplant.”

(See PG 4 clinical trials)
their clinical training on the floor. Each nurse is then assigned a preceptor who will work with them intensely during the next 10 week period. At this time, a new nurse generally takes care of the med-surg population on our floor getting their basic foundation of skills & competencies. The ped onc patients that they are exposed at this time are the ones admitted for fevers or neutropenia. The new grad nurse generally shadows her preceptor initially then begins to take the patient load one at a time. By the end of the 12 week period, when they are able to manage a full assignment, they come off orientation & begin to work independently with the staff there as a resource.

On the next step in our clinical pathway and usually during their first 6 months of employment, new nurses on Wilcox take the Pediatric Advanced Life Support class (PALS), which is very helpful when caring for critically ill patients & dealing with emergencies on the floor. The basic information of ABC’s is welcomed & found to be useful in their everyday work.

Next in the pathway, during mos. 6-12, the new grad nurse will attend classes called The Fundamentals of Pediatric Oncology. This is a 3 day standardized course from the Association of Pediatric Hematology and Oncology Nurses (APHON). It explains each of the Pediatric Oncology diagnosis in detail. It includes the scans necessary for diagnosis, common symptoms, pathophysiology, treatment & supportive care. The instructors of this class are Carol Kotsubo, our pediatric oncology CNS & the senior nurses on the Wilcox unit, both who bring a wealth of “real life” experiences & examples to their new graduate audience.

At the 1 yr mark of working on Wilcox, the nurses are ready for APHON’s Chemo & Biotherapy class. This is a 2 day course, which will explain how to administer chemo, each of the chemo drugs & their side effects. At the end of these classes, they will take an exam. Once the exam is passed, they begin to work on their Chemo competency. Another chemo certified nurse will check them off on proper administration, documentation & patient/family ed. Once they are signed off on their competency, the nurses begin to care for pediatric patients receiving chemotherapy independently.

Once a nurse is considered competent in the administration of chemotherapy, the last step in our clinical pathway is to taking the APHON Hematopetic Stem Cell Transplant Class. This is a second 3 day class, which is taken

“Usually during their first 6 months of employment, new nurses on Wilcox take the Pediatric Advanced Life Support class (PALS)”
Current research challenges in the COG include examining cancer genetics & expanding cancer control, prevention, supportive care, & survivorship research. COG also is working to develop international partnerships in order to extend the reach of life-saving treatments developed through cooperative research. Participation in pediatric clinical trials offers many benefits to the parents and children diagnosed with cancer in Hawaii. The families do not need to travel to the mainland to receive the most up to date treatment on the same protocols that they would receive at Stanford, Duke, or St. Jude. Biological specimens from the tumors are sent to sophisticated labs on the mainland for advanced diagnostic and genetics testing as part of this collaborative research. Consultation with world experts in rare diseases is also readily available through the COG network.

In Hawaii, the institution members of COG are Tripler Army Medical Center, & University of Hawaii/Kapi'olani Medical Center for Women and Children. More information about COG and its research can be found at: www.curesearch.org Information about COG nursing can be found at http://www.curesearch.org/our_research/index_sub.aspx?id=1782.

“Participation in pediatric clinical trials offers many benefits to the parents and children diagnosed with cancer in Hawaii. The families do not need to travel to the mainland to receive the most up to date treatment.”

So-You Think You Want To Be a Pediatric Oncology Nurse? (Cont)

“Our clinical pathway to becoming a pediatric oncology nurse takes time, and often it leaves nurses feeling overwhelmed and challenged.”

which is taken at the 12-18 month mark of employment, and explains in detail, how a transplant is done on a patient from admission thru discharge. The nurses are taught how each system is affected, how to do a thorough assessment, side effects to watch out for and how they are treated. After these classes, the nurses are able to take care of a patient admitted for a bone marrow or stem cell transplant.

Our clinical pathway to becoming a pediatric oncology nurse takes time, and often it leaves nurses feeling overwhelmed and challenged. Their first two years of orientation is likely to bring many of the ups and downs of being an oncology nurse, however, with supportive preceptors and staff, one step at a time, Pediatric Oncology nurses are being made on Wilcox
Perspective of 2 “Camp Nurses” of 20 years...

By Lori Conley, RN, MSN, FNP, CPON, & Joyce Wong, RN, APON, CHTP

Volunteering can be a way for one to re-discover what originally drew you to nursing. Was it a compelling thought of helping others in need, with compassion and kindness plus the human connection and a little laughter added? In pediatrics, laughter and play is essential. We love this about being a pediatric oncology nurse but also found it in an emphatic way at American Cancer Society’s camp programs that started 20 years ago. Camp Anuenue is an all expenses paid, weeklong summer camp for Hawaii’s children, ages 7-18 that have or have had cancer. The children attending vary from being newly diagnosed on active treatment to being 10+ year survivors.

We are HOOKED! Hook, line and sinker.

We are “hooked” on cancer camp nursing for kids---we tell the other nurses “It's the BEST job at camp”, and encourage them to come and do the same. We get to see our young patients at the “take-out window”, where they come after meals to get meds 1-2- or 3 times a day. Then there are the “special deliveries”—that is a timely placement of Lidocaine cream for a camper’s Methotrexate IM injection (as per protocol) one hour later, AND An occasional 2:00 am wake up when there’s an unfortunate roll out of the bunk AND a 5:00 am Antibiotic hook-up that goes up early so the camper can come to breakfast with his cabin OR, On “Big Dance” night, searching out kids at various places of FUN, to get their last dose of meds (they won’t have to miss a minute of the party, movies or games). AND there are lots of plastic dressings placed to cover central line catheters (which allows a once a year swim in the pool), mending & dressing scrapes and tending to coughs & sniffles.

No IF’s or AND’S, but...one BUT: we do it all safely, without putting too much emphasis on the medical aspect. This is not the hospital; it is all about having FUN. The key word is FUN. Luckily, we get to participate in all of camp, with the kids: Songs. Water play. Food Challenges. Bowling. Skits. Games. Cooking. Arts & Crafts. Makeovers. Archery. Ropes. Canoeing. Casino Night. Tea Party. LAUGHTER. And More. We have treasured pictures and DVD’s to tell many a story with lots of smiles and cheer. Oh yes, the families, children, and the American Cancer Society are grateful for the nurses and doctors volunteer time...taking their own vacation to come; but it is Lori and Joyce, the pediatric camp nurses who love to come back yearly and remember each year. We treasure those special moments at the campfire, flying kites or tie-dying a T-shirt---when a camper looks at you in the eye, and sometimes “talks story", (cont pg 7-Camp)

“Camp Anuenue is an all expenses paid, week long summer camp for Hawaii’s children, ages 7-18 that have or have had cancer.”
FYI-Excellent Article on Extravasation!!!!

Looking for a good reference for extravasation? Well here’s a tip from fellow chapter member Paul Ross: Check out the nurse's guide on EXTRAVASATION just published by the European Oncology Nurses Society (EONS). It is attached in its entirety below. The appendices alone are worth the price of admission!

If you wish to check out the site, go to www.cancerworld.org, click on EONS, then publications, then guidelines!

DON’T FORGET!!!!!

ONS Ninth Annual Institutes of Learning
November 14–16, 2008 · Seattle, WA &
ONS Advanced Practice Nursing Conference
November 13–15, 2008 · Seattle, WA
For More info: http://www.ons.org/ceCentral/conferences/annualconferences.shtml

Chapter Annual Conference is coming soon!

NEW DIRECTIONS: CUSTOMIZING CANCER CARE
Friday August 15th
7:30-4:00PM

Venue: Ala Moana Hotel
410 Atkinson Dr.
Honolulu, HI

FEE:
ONS Members & Students $100
Non-members $125
we know we love this week of being "normal" in an "abnormal" cancer world. About 15 years ago, we and other nurses (including our own Pat Nishimoto) & volunteers at Camp Anuenue recognized that the teens with cancer wanted more than a typical camp experience, they wanted to talk about more serious issues as survivors. We wanted teens to not only survive but also to thrive, to better understand their experience, and to succeed in life after cancer. **Ho ‘oulu Me Ka Ikaika** (Grow with Strength) was created in 1993 and is now an annual event during spring break. As one of the participants said, “At camp (Anuenue) we come to get away from our problems, at "Ikaika" we learn to deal with them.”

This 4-day program allows teens to be themselves, have fun, make life long friends, uplift and encourage one another as well as address some of the challenges of being a cancer survivor. An all professional staff of experienced facilitators utilizes journaling, peer panels, and experiential exercises to address topics such as long term side effects, body image, peer relations, sexuality, and much more. Topics of focus are solicited from the teens themselves and many have progressed to being leaders and facilitators.

We know **our patients are not their cancer** and in these camps filled with hope, love and smiles, they can really be closer to the person they remember before cancer and even more for the experience. We smile from cheek to cheek, sometimes cry and look at each other in a knowing way. These heroes inspire us, and we know why we are nurses. We are happy to be a part of ACS’s camps, and we will be back next year.

We are **HOOKED** on camp!

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“We know our patients are not their cancer and in these camps filled with hope, love and smiles”
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Calling for Submissions-FALL Newsletter!

In an effort to get more submissions from different members, the board has decided to announce the plans for each upcoming newsletter. This Fall's issue will focus on survivorship. Please submit any articles or news to the editor by September 15th! Mahalo in advance for your submissions!