

How to Establish Post-operative Mitomycin Treatment in the Bladder. Urological Departement of Frederiksberg Hospital Copenhagen, Denmark

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Create education materials, teach/& guide the staff on how to handle MMC, develop & communicate instructions for the staff

including theoretical teachings on how the treatment works (desired effects and side effects) for the staff and for the patient, how to implement the medicine in practice, etc.

Make MMC part of the standard assortment in EPM

The Electronically Patient Medication System. After the prescription in EPM by the doctors, the nurses order the medicine from the pharmacy the day before the operation. The nurses administrate the medicine after the operation.

Control sufficient amounts of equipment:

i.e. tools/kits for eye injuries, fluid to rinse/clean eyes after contamination, secure ways of disposing Clinical Risk Waste, etc.

Order all accessories needed:

i.e. gloves, (neoprene), overall coats, protection glasses, operation mask and yellow waste bags for hazardous waste.

Development of Clinical Guidelines

of how to handle MMC, according to the guidelines implemented by to Laws of Environmental Security and Chemotherapies.

Create Clinical guidelines for the surgeons and the nurses

on whether the patient is to receive MMC, & how and when to ordinate MMC in the Postoperative Period.

"What to do info"

Make a short note, for the staff billboard, containing information about what to do, if the eyes or the skin are contaminated with MMC.

Make & implement an information brochure for patients

who leave the ward after instillation of MMC. The information contains suggestions on self-care precautions after installation with MMC: 'How to prevent spill on the skin and what to do, if MMC is spilled'; 'The effect and side effects of the treatment'; 'how to get in contact with the nursing staff in case of a leakage and spill of urine'; etc.

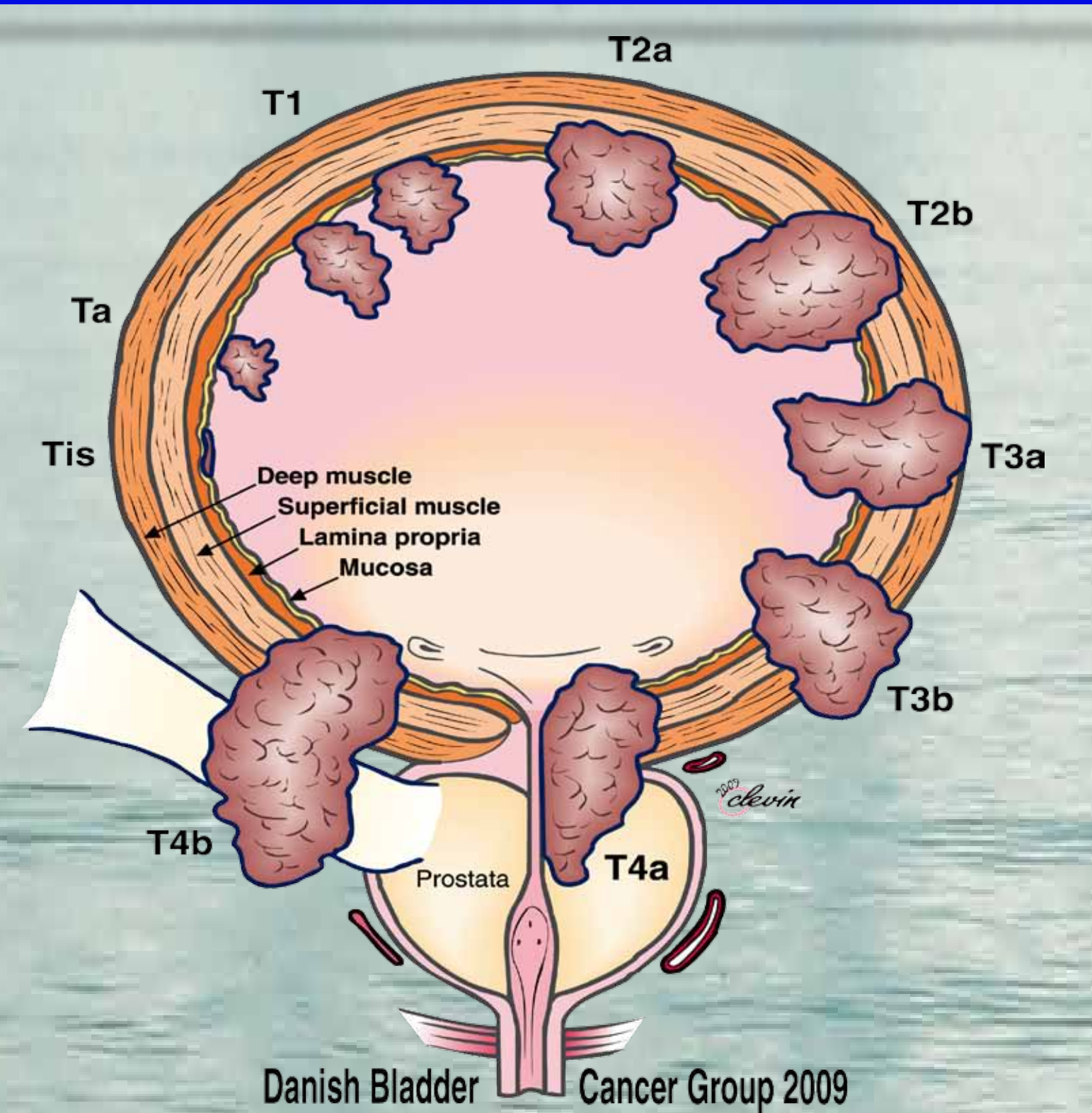
Re-entering patients

Information about how to take care of, and handle patients, who are re-entering the ward after having left the hospital

Patient enquiry:

How was the level of information? How were you treated by the staff? How were your possibilities of "self-care" after the Instillation?

Patients were quite satisfied.



Conclusion:

This implementation plan started out slowly and yet efficient: a few patients & a few nursing staff learning the skills. Practical Peer Learning followed the theoretical learning sessions. Subsequently everybody should be able to administrate MMC in a meticulous and confident manner, 24 hours around the clock

