Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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service evaluation will be conducted to assess the effectiveness of the ANP role, which furthermore may identify areas for development.

Conclusions: Clinical research nursing has evolved into a specialised area of practice and the introduction of the ANP role is a direct result. Implementing the ANP role in the Gastrointestinal & Lymphoma Unit will expand service delivery, provide clinical support to doctors and maintain continuity of care by improving the overall experience for our trial patients.

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Catheter-related venous thrombosis: Experience with blue advance peripherally inserted central catheter (PICC) in a day hospital during the pandemic

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Background: The PICC in our Day Hospital (DH) has become the central line of choice for the therapeutic management of oncological and hematological patients when the duration does not exceed 6 months. The impact of COVID-19 in these patients led to an increase in risk factors for the occurrence of venous thrombosis (VT) and catheter-related venous thrombosis (CRVT), forcing admission-like immobility, intensification of supportive treatment with granulocyte colony growth factors (G-CSF) and a higher duration does not exceed 6 months. The impact of COVID-19 in these patients led to an increase in risk factors for the occurrence of venous thrombosis (VT) and catheter-related venous thrombosis (CRVT), forcing admission-like immobility, intensification of supportive treatment with granulocyte colony growth factors (G-CSF) and a higher number of PICC insertions in metastatic patients. Given these circumstances, it was decided to use the Blue Advance PICC with antithrombogenic coverage. The objective was to record the incidence of symptomatic CRVT related to Blue Advance PICC in oncological and hematological patients in active treatment, as well as the incidence of other complications and causes of withdrawal.

Methods: A retrospective observational study was performed, in a consecutive series of patients from November 2019 to June 2021. All catheters were inserted in DH for oncopsic treatment, using PICC Blue Advance Teleflex Medical®, 4’5Fr, 1 lumen, by ultrasound-guided puncture and tip confirmation by fluoroscopy. Variables recorded: demographic data, diagnosis and stage, treatment administered, date of insertion and removal, vein diameter, cause of removal and complications.

Results: A total of 295 blue PICC were analyzed, with a total length of stay of 46,150 days and a mean of 156 days per catheter. Ninety-eight percent of the PICCs were placed at the first attempt, and the predominant access was the basilic and brachial veins, with diameter between 2.9-5.6mm. There were 9 cases of symptomatic CRVT (3%, 0.19/1000 catheter days), confirmed by Echo-Doppler, which did not require catheter removal and treatment was completed. Six CRVT were diagnosed between the first and third week of insertion in female patients, with cytostatic Adriamycin and G-CSF. The main cause of withdrawal was end of treatment in 94.9%.

Conclusions: The use of the antithrombogenic Blue Advance PICC during the pandemic period, despite the increase in risk factors, kept the incidence rate of symptomatic CRVT unchanged in our historical pre-COVID cohort.

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Achieving global standards in pediatric oncology nursing: Pediatric oncology clinical profile of Turkey

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Background: Nurses have an important role in improving the quality of care for pediatric oncology patients. In this context, it is important for nurses to apply care within the framework of international standards. This study aimed to examine the status of reaching the global nursing standards determined by SIOP in pediatric oncology nursing in Turkey.

Methods: The descriptive study was conducted with nurse managers in 62 pediatric oncology centers in Turkey between February and May 2022. The ‘Information Form’ and six global nursing standards created by the SIOP Nurse Working Group were transformed into a form by the researchers. Respondents were invited to respond by ‘Available’ or ‘Not Available’ in the clinics of these standards. The data were obtained online by reaching the nurse managers in cooperation with the Oncology Nursing Association and the Turkish Pediatric Oncology Group.

Results: It was determined the mean number of beds in the clinics was 21.73±11.28, the number of nurses working in the clinics was 14.00±6.96, there were no specialist nurses in 68.2% of the clinics, and specialist nurses were included in the rotations in 18.2% of the clinics. It was found that 27.3% of the clinics met the nurse standard for five patients, 17.2% of the clinics applied for an orientation program, 77.3% of clinics applied at least 10 hours of continuous training program annually. 77.3% of clinics accepted nurses as part of a multidisciplinary team, 63.6% had all resources available for safe pediatric oncology care, 63.6% adopted evidence-based pediatric oncology nursing policies and procedures, and 36.4% were financially supported in research conducted to improve nursing policies and procedures.

Conclusions: It was determined that it was insufficient to meet the standards developed for pediatric oncology nurses in pediatric oncology clinics in Turkey. It was determined that the number of specialist nurses working in the clinics is low, the number of patients a nurse takes care of is high, and the nurses are not financially supported enough in their research to develop nursing policies and procedures. It is important that managers and associations have action plans that require pediatric oncology nurses to reach global standards.

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