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Dedicated to the care of children, adolescents, and young adults with cancer and blood disorders, and their families

Integrative Nursing: Addressing the Psychosocial Needs of Pediatric and AYA Oncology in the Ambulatory Setting

Mary Langevin, *APRN-CNP CPON®, Family Nurse Practitioner, Survivorship/Adolescent and Young Adult (AYA) Program/Integrative Oncology, Cancer and Blood Disorders Clinic, Children's Minnesota*

Integrative nursing describes the holistic and whole-system care provided around the world by committed and caring nurses who continue to explore ways to meet the needs of patients and families.

Principles of integrative nursing say that human beings are whole systems inseparable from their environment and have the innate capacity for health and well-being (Koithan, 2014). Nature has healing and restorative properties that contribute to well-being. Integrative nursing is person centered, relationship based, informed by evidence, and uses the full range of therapeutic modalities to support healing, moving from less intensive/invasive to more intensive/invasive. Finally, integrative nursing focuses on the health and well-being of caregivers as well as patients.

Many parents of children with cancer consider using integrative therapies to manage the side effects of treatment, provide psychological support, and supplement conventional treatments (Kelly, 2009). International surveys indicate that integrative therapies are used in 31%–84% of pediatric cancer patients (Kelly, 2004). Children's Minnesota's emphasis on integrative oncology nursing in the ambulatory setting addresses psychosocial needs, such as coping, stress management, physical function, and symptom management within the context of the patients' developmental stage (Marcus, 2012).

One strategy to develop integrative/holistic nursing is to provide education to nurses. In 2009, pediatric oncology nurses were invited to participate in a 6-day course on transformative nurse training provided by a neighboring adult hospital. Nurses were educated in many different modalities, including energy therapies, aromatherapy, guided imagery, massage, transcultural nursing, and music and creative arts expression. This started the journey toward the provision of holistic oncology nursing

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INSIDE

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EDITOR'S INTRO

J. Katherine Youngblood, *MS BSN RN CPN CPHON®, Staff Nurse, St. Jude Children's Research Hospital; Editor*

In this issue, *APHON Counts* focuses on integrative therapies and care in the psychosocial domain. These topics are not new to nurses, who always have provided more than physical care. The care of the person as a whole is fundamental to our practice. In reviewing the articles, I was not surprised to see that whether patient care requires traditional medicine, spiritual comfort, behavioral assistance, or complementary therapies, knowledgeable nurses with good communication skills and strong relationships with their patients and families are key in the implementation of integrative therapies and care in the psychosocial domain.

As advocates for our patients, we are well-versed in the psychosocial issues they face daily. Read the President's Pen to learn about the "Standards for the Psychosocial Care of Children with Cancer and their Families," which was driven by parents who saw firsthand the impact of childhood cancer and understood the importance of access to high-quality psychosocial care.

Chemotherapy/Biotherapy News gives us a sneak peek into the fourth edition of APHON's *The Pediatric Chemotherapy and Biotherapy Curriculum* and how the psychosocial implications of chemotherapy and biotherapy administration have evolved. Treatment Innovations provides a primer on spiritual support for our patients and families, and Practice Corner shares an alternative to the traditional animal-assisted therapy for immunocompromised patients. APN Updates reports on the prevalence of, guidelines for, and inherent challenges in treating pediatric patients for anxiety and depression. Administrative Tidbits shares how a nurse coordinated an interdisciplinary Pediatric Palliative Oncology Symposium, the largest in the United States. Evidence-Based Practice/Research gives an update on the Integrative Health model, what is being studied, and which topics would benefit from more research. The COG Feature emphasizes the importance of clinicians having a working knowledge of the different modalities of complementary and alternative medicine to guide patients and families in making informed decisions.

Finally, our Feature article follows one institution's journey in developing an integrative wellness program, and Local Chapter News shares ideas for nurses to implement at the local level to enhance communication between patients and clinicians and increase healthcare providers' knowledge of integrative therapies. It is my hope you will take something from each of the articles to inform, invigorate, and inspire your nursing practice.

This issue marks the beginning of my tenure as editor of *APHON Counts*. I am honored and excited to have this opportunity. I would like to say a special thank you to our outgoing editor, Kaye Schmidt. Her expertise, editorial leadership, and mentorship helped me develop the tools to take on this role and serve each of you. I look forward to working with a great team of editors to bring timely topics to our nursing community. Finally, I encourage anyone who has an idea for a theme, is interested in writing an article, or would like to become a column editor to complete a willingness-to-serve form on the APHON website. We want to hear from you! ●

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DEADLINES FOR INCLUSION IN *APHON COUNTS*:
FALL 2018 ISSUE: June 20, 2018 Theme: Social Media/Technology
WINTER 2018 ISSUE: September 20, 2018 Theme: Hematology

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PRESIDENT'S PEN

Implementing the Psychosocial Standards of Care: A Nursing Call to Action

Susan Burke, *MA RN CPNP CPHON®, Pediatric Nurse Practitioner, MACC Fund Center–Children's Hospital of Wisconsin; APHON President*

As I reflect on my early nursing years, I recall that resources for psychosocial care to children with cancer were limited. I relied on my nursing education and knowledge of theorists such as Erikson and Piaget to provide me with a basic framework for my clinical practice and guide my interventions with patient and families.

When I started working in the cancer arena in the early 1980s, social workers were often the initial and sometimes only contact parents had with a psychosocial team member, making them instrumental in providing emotional and financial support to patients and families. Child-life specialists provided interventions to assist the child with coping with their disease and treatment, but their services frequently were available only to hospitalized patients. Getting access to psychologists in general was challenging, especially those who specialized in pediatric oncology. Fortunately, times have changed, psychosocial resources have increased, and research findings have documented the need to offer a broader array of specialized psychosocial services across more practice settings and throughout the trajectory of care. Even though considerable strides have been made, there continues to be significant variability in what is available to patients and families across institutions.

And so it began with a 7-year-old boy named Mattie, who was diagnosed with multifocal osteosarcoma. Mattie endured multiple treatments and surgeries, but despite his strength, determination, courage, and will to live, Mattie ultimately died from his cancer. During his treatment, his parents observed the profound impact that his disease and treatment had on his quality of life, coping, and overall psychosocial functioning. They recognized the importance of psychosocial support for Mattie, as well as themselves. After his death, Mattie's parents founded the Mattie Miracle Cancer Foundation (www.mattiemiracle.com) to honor their son and ensure that all children with cancer and their families have access to optimal psycho-social care from the time of diagnosis, throughout treatment, and into survivorship or end-of-life care. In addition, they wanted to ensure that healthcare providers were knowledgeable about the impact of a cancer diagnosis on these children and their families (Weiner, Kazak, Noll, & Patenaude, 2015).

So, Mattie's parents set out on their journey to make a difference in the lives of children with cancer. They enlisted psychosocial experts in the field of pediatric oncology who shared their passion. Initially, the team, along with a group of bereaved parents and parents of childhood cancer survivors, met with congressional leaders to discuss the importance of ensuring psychosocial care for children with cancer and stressed the need for a universal approach to this care. Through these conversations, it became evident that legal or governmental support would come only if there were well-established and widely accepted standards for psychosocial care in pediatric oncology.

Mattie Miracle
CANCER FOUNDATION
It's not just about the medicine!™

After a successful Psychosocial Symposium on Capitol Hill, multiple steps were taken, including rigorously reviewing the literature, conducting surveys with psychosocial experts, sponsoring think tanks, and forming project teams (Weiner et al., 2015). The culmination of this work was the development of the "Standards for the Psychosocial Care of Children with Cancer and Their Families" published in a special edition of *Pediatric Blood & Cancer* in December 2015. Mattie Miracle has funded open access to these standards indefinitely. These evidence- and consensus-based standards provide a foundation for critical areas of psychosocial care for children with cancer and their families, encompassing recommendations throughout all phases of care.

The entire set of standards are available for download at www.mattiemiracle.com/standards and address

- Psychosocial Assessment
- Monitoring and Assessment of Neuropsychological Outcomes
- Psychosocial Follow-Up in Survivorship
- Psychosocial Interventions and Therapeutic Support
- Assessment of Financial Burden
- Psychosocial Care for Parents of Children with Cancer
- Anticipatory Guidance and Psychoeducation
- Procedural Preparation and Support
- Providing Children and Adolescents Opportunities for Social Interaction
- Supporting Siblings
- Academic Continuity and School Reentry Support
- Assessing Medication Adherence
- Palliative Care
- Bereavement Follow-Up After the Death of a Child
- Communication, Documentation, and Training Standards in Pediatric Psychosocial Oncology.

Nurses look for opportunities to improve care, have a reputation for getting things done, and are advocates for patients and families. We play a significant role in the provision of psychosocial care, working collaboratively with multidisciplinary colleagues. It is imperative that we learn the standards and use them to support and advance the provision of psychosocial care. We need to look for opportunities to

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PRACTICE CORNER

The Youth and Pet Survivors (YAPS) Program: Animal-Assisted Therapy Using Pen Pals

Anne Ingalls Gillespie, *BSN RN CPHON®, Founder of YAPS, Center for Cancer and Blood Disorders, Children's Hospital Colorado*

One way to help pediatric patients cope with the demands of treatment and hospitalization is animal-assisted therapy (AAT). Many of you are familiar with therapy dogs visiting patients in hospitals, and some of you may have such a program at your institution. This phenomenon began 40 years ago, when what is now known as "Pet Partners" was created (Pet Partners, 2017). In the years that followed, research findings emerged that examined the healing benefits of the human–animal bond.

An integrative review in 2012 showed that AAT improved quality of life in hospitalized pediatric patients, and had physiological and psychological benefits such as reduction in pain, decreased fear, increased pleasure and socialization, and decreased emotional distress (Urbanski & Lazenby, 2012).

Unfortunately, because of infection risk, many pediatric oncology and bone marrow transplant (BMT) patients are excluded from receiving visits from therapy dogs. They are considered high-risk patients for participating in AAT because of their compromised immune systems (severe neutropenia with an absolute neutrophil count less than 500) and the potential for having open wounds or indwelling medical devices, among other risk factors (Bouchard, Landry, Belles-Isles, & Gagnon, 2004). Children's Hospital Colorado has a policy that prohibits therapy dogs from visiting the oncology and BMT areas for similar reasons (CCBD Infection Control Protocol, 2015). Providing AAT alternatives is important for these patients.

The Youth and Pet Survivors (YAPS) pen pal program is one way to enable pediatric cancer and BMT patients to experience the benefits of a therapy animal visit without the associated risks. YAPS participants (ages 7–18 years) exchange letters and photos with dogs and cats who have survived cancer or other serious medical conditions.

> The Youth and Pet Survivors (YAPS) pen pal program is one way to enable pediatric cancer and BMT patients to experience the benefits of a therapy animal visit without the associated risks.

Established at Children's Hospital Colorado in 2001, YAPS is the only known program of its kind, now leading the way in the emerging field known as virtual AAT. "For those times when therapy dogs cannot be present, creative human-animal bond programs, such as the YAPS program . . . have been developed to help children facing serious illness . . . Both child pen pals and pet owners have reported that they benefit greatly from the program." Pet owners share that participating in YAPS lends purpose to their pets' disease. Patients also love the program; for example, one child remarked, "It gives me hope. If my dog pen pal can do it, I can do it too." (Fine, 2015, p. 269).

The child selects a dog or cat pen pal from a portfolio of pets for whom owners have submitted photos and biographies. Pet owners, who are referred by veterinary oncologists and undergo interviews and a background check, write letters in the voice of their pets. Once matched, the patients send and receive mail as a way of having virtual visits with a dog or cat. This enables patients to share feelings about having cancer with a safe, unconditionally loving animal who has been through many of the same challenges. When asked why she wants a dog pen pal in YAPS, one 11-year-old girl replied, "They know how I feel more than my other friends."

After 16 years of success at Children's Hospital Colorado, the time has come for YAPS chapters to be established in hospitals nationally and internationally. Although a lot of anecdotal evidence about YAPS exists through participant testimonials and human-interest stories, rigorous research is the next step. In fact, a qualitative research study is underway to provide empirical data and explore a structure for packaging the program so it can be disseminated properly. In other words, how can the moving parts of the YAPS program fit into other institutions? AAT research

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NEWS ON CERTIFICATION

Pamela Asfahani, *BS, Communications & Marketing Manager, Oncology Nursing Certification Corporation; Column Editor*

Due to Renew Your Certification in 2018? It Could Be Free—for Life!

If you're due to renew your certification this year, submit your renewal materials by June 15, 2018, for your chance to be one of five certificants to win free certification renewal for life. To enter, you must submit your application (including the early bird discounted fee) and completed learning plan by June 15. Each winner will receive a refund of the 2018 renewal fee, and future renewals of the same credential will be free.

If you can't submit your materials by June 15, you still can save $100 on the final deadline fee if you submit by the early bird deadline of September 15, 2018. The final deadline date to submit a 2018 renewal application is October 15, 2018. Learn more about certification renewal at www.oncc.org/renew-certifications.

Looking for Continuing Education (CE) for Certification Renewal?

CE in pediatric oncology can be hard to find outside of APHON and a few other professional organizations. However, there is a variety of free or low-cost CE you may be able to use for certification renewal points on the Oncology Nursing Certification Corporation (ONCC) website. Check out these resources:

- **online continuing education resources**—a list of providers of accredited continuing nursing education (CNE) and continuing medical education (CME). Both can be used for certification renewal. Visit www.oncc.org/resource-center/continuing-education to find these resources.
- **big lists of free CE**—lists of specific programs and the categories where they can be used for Individual Learning Needs Assessment (ILNA) points. Programs are free, but may be time limited. Find lists of free CE at www.oncc.org/continuing-education/big-lists-free-ce or enter the term "free CE" in the search box at www.oncc.org.

Keep in mind, you can earn ILNA points by completing accredited CNE or CME, so take advantage of the variety of offerings. Be sure to check that the CE is available before completing a program—ILNA points are not awarded for CE programs that do not offer accredited CNE or CME.

If you have questions about certification renewal, contact ONCC customer service at 877.769.ONCC (6622) or e-mail oncc@oncc.org. We're here to help. ●

The Youth and Pet Survivors (YAPS) Program: Animal-Assisted Therapy Using Pen Pals

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overall is in its infancy, and few studies exist that examine its effectiveness specifically regarding children and adolescents with cancer. Currently, no published studies look at the impact of virtual animal interactions on children and adolescents with cancer or those undergoing BMT.

This is an exciting time for the expansion of YAPS in the growing realm of human–animal interaction study in health care, especially with its novel use of virtual methods to deliver AAT. As YAPS research is published and the program is further explored, pediatric oncology nurses with a passion for AAT can become part of the YAPS movement to widen the spectrum of virtual AAT programs available to their patients. ●

The reference list for this article is available at www.aphon.org.

Integrative Medicine

Susan Dulczak (left), *MSN RN PNP-C, Clinical Director/Nurse Practitioner, The Valerie Fund Center for Children with Cancer and Blood Disorders at The Unterberg Children's Hospital at Monmouth Medical Center*

Kathleen Perko, *MS CHPPN® CPNP CPON®, Program Director, Bridges Palliative Care Program, OHSU Doernbecher Children's Hospital*

Michael is a 4-year-old boy with standard-risk leukemia. He is in maintenance therapy and had a recent increase in his liver enzymes that required a decrease in his oral chemotherapy. You are seeing him in clinic, and while reviewing his medication list with his mother, you ask, "Are you using any complementary therapies or medications in addition to those listed?" His mother shares that she started him on a supplement about a month ago to "help with his blood cells."

You share this with the team and after an interdisciplinary assessment (including a physician, nurse practitioner, registered nurse, and pharmacist), it is thought that the supplement, in conjunction with his oral chemotherapy, likely is the cause of the increase in liver enzymes. The family agrees to hold the supplement for now and the team agrees to reassess its use in the following months.

This case demonstrates the importance of communication, the relationship between the healthcare provider and the family, the interdisciplinary team approach, and the comfort level and trust of families when looking at changes in health care, including complementary and alternative medications.

Advancements in childhood cancer research, including in gene therapy, immunotherapy, the use of stem cells, and surgical techniques, have impacted diagnosis, treatment, and survival. However, medicine as we know it continues to be a disease-oriented approach that is costly to the point of potential economic devastation for some families. As our healthcare system struggles, many patients are seeking alternatives to the conventional healthcare model. In this way, it appears that the use of integrative medicine—a blend of conventional medicine and complementary therapies—is being driven by the consumer (i.e., patient). For the pediatric patient population, the interest in integrative medicine also is driven by factors such as chronic illness, pain, and ways to incorporate preventative medicine.

The National Center for Complimentary and Integrative Health (NCCIH) defines *complementary therapies* as "evidence-based healthcare developed outside of conventional Western medicine used in conjunction with conventional care" (McClafferty et al., 2017). Integrative medicine should not be confused with alternative therapies, which are used in place of conventional medicine.

Integrative medicine takes into consideration the whole person (i.e., body, mind, and spirit) and focuses on wellness rather than just disease. It recognizes the patient as unique and entails creating a healthcare plan and recommended lifestyle changes with and for the patient. This model acknowledges that healthcare providers need to take time to listen to the patient so they can understand the disease's progression and to ask questions to better balance the approach to health care.

> { As our healthcare system struggles, many patients are seeking alternatives to the conventional healthcare model. }

In 2016, NCCIH presented a strategic plan that emphasized the cost, use, and importance of evidence-based information in complementary and integrative medicine as it relates to health care. The objectives and scientific priorities of this plan included enhancing the complementary and integrative health research workforce; disseminating objective, evidence-based information on complementary and integrative health interventions; developing clinical trials using innovative study designs to assess complementary health approaches and their integration into health care; and producing communication strategies and tools to improve scientific literacy and the understanding of clinical research (NCCIH, 2017).

Integrative medicine can be challenging, and sometimes threatening, for some conventional medicine providers. However, when we approach the topic with open minds, we can recognize the possible benefits and potential problems of integrative medicine. We must recognize any unconscious bias toward complementary treatment modalities and be willing to step outside of our comfort zone. It is important to remember that natural products are not always safe, hence the need for evidence-based practice, education, and training in integrative medicine. Only time, research, open communication, and education will determine whether conventional and complementary medicine will result in safe, optimal care and positive outcomes for health and healing in our patients.

Communication and open relationships between the clinician, patient, and family are central to integrative medicine. Our local chapters are in prime positions to be catalysts for developing education and supporting evidence-based practice. This can be accomplished by disseminating information about evidence-based chapter projects at the local and national levels using presentations or posters. In addition, chapters should invite colleagues or community members to share their expertise in integrative medicine. Chapters also could provide seminars on open communication techniques. These methods would enable us to increase our knowledge base, improve communication, and develop strong relationships with our patients and families. Nurses always have kept their patients as the primary focus for care. Staying informed and being open to parents' ideas and questions helps us ensure that we provide the very best care for our children and their families. ●

The reference list for this article is available at www.aphon.org.

“Spirituality Is 100% What Gets Us Through”

***Cheryl L. Petersen**, PhD RN, Clinical Assistant Professor, Carthage College*

The focus on holistic care—advocated for at St. Christopher’s, the world’s first hospice—tremendously influenced contemporary end-of-life care, with the provision of spiritual care now being considered a vital aspect of nursing (Campion, 2011).

Spirituality is universal, regardless of age, religion, or culture. In fact, children may be more aware of their spirituality than adults (Hufton, 2006). Children with cancer and their families often struggle to make sense of the diagnosis, suffering, and losses, and look beyond the physical world for answers (Purow, Alisanski, Putnam, & Ruderman, 2011). These children may encounter spiritual suffering as the end of life approaches—when feelings of safety are replaced by fear, loneliness, and insecurity—or spiritual growth as they find hope and meaning in their experience (Foster, Bell, & Gilmer, 2012).

Nurses can provide support, manage spiritual suffering, and enhance quality of life for children with cancer at the end of life (Petersen, 2013). This involves support of the spirituality of patients and their families, careful assessment, and a compassionate response to spiritual needs. The primary goal of spiritual care is to assist in the patient’s search for meaning, hope, and peace, even during great loss (Burkhart & Hogan, 2008). Using chaplains and other members of the care team often is indicated, although nurses must realize the impact they can have if they develop and use their skills in this area of care. Given the exposure pediatric hematology/oncology nurses have to these vital concerns, it is imperative that we reflect on the provision of spiritual care.

How Can Nurses Provide Spiritual Care?

- **Assess spiritual needs:** A spiritual assessment should be conducted for all children with cancer so that interventions can be initiated and supportive practices identified. Spiritual assessment involves communicating to identify spiritual needs; recognizing sources of hope, strength, and fear; and mobilizing supportive relationships (Puchalski et al., 2009).
- **Assist children with the expression of feelings and fears:** Children with cancer face many impending losses, and some describe their lives as full of sadness and heartache (Woodgate, Degner, & Yanofsky, 2003). Common concerns they face include issues of self-identity, finding meaning in suffering, concern for loved ones, and resolving unfinished business (Jones & Weisenfluh, 2003; Foster, Bell, & Gilmer, 2012). By addressing these fears, nurses help children share these feelings and find peace with them.

{ The primary goal of spiritual care is to assist in the patient’s search for meaning, hope, and peace, even during great loss (Burkhart & Hogan, 2008). }

The hands that you see in this photograph are those of an adolescent who experienced his third relapse of leukemia and his oncologist. His bracelet reinforces the importance of hope to him and to his family: “Never give up!”

- **Assist children in the search for meaning:** This profound journey often begins at the time of a cancer diagnosis and intensifies as the end of life approaches. Developing a sense of meaning and purpose helps children find a sense of closure and peace in their final days (Petersen, 2013).
- **Guide children in strengthening relationships:** All children have the need for connection (Narayanasamy, 1999). Relationships with peers, loved ones, and God/a higher power can offer great support, protection, companionship, and strength (Monterosso & Kristjanson, 2008). In providing spiritual care, nurses help families strengthen their relationships with others to maximize the available spiritual support for their child (Petersen, 2013).
- **Aid children in finding hope:** As nurses, we can help shift children’s focus to smaller, more attainable goals, such as looking forward to activities with friends and family (Petersen, 2013). Hope for a cure also may be transformed into hope for a dignified, peaceful death; better relationships; or a positive experience in an afterlife (Robinson, Thiel, Backus, & Meyer, 2006).
- **Facilitate remembrance:** A legacy involves the identification of accomplishments and ways a child affected the lives of loved ones. This process may include sharing a special gift, video, or letter from the child; gifting of special mementos; giving away personal items; or a life review. For some children, meaningful conversations or special outings can foster connection and remembrance (Foster, Bell, & Gilmer, 2012). By assisting a dying child in creating a legacy, often with the assistance of the child-life specialist, nurses give a special gift, for these items can hold great meaning to the individuals left behind (Meert, Thurston, & Briller, 2005).

Spirituality provides the parents of children with cancer a way to find meaning, understanding, and support in the face of great loss (Dell’Orfano, 2002; Robert et al., 2012). I will leave you with the words of a mother whose son was facing his third relapse of leukemia:

“Spirituality is 100% what gets us through . . . Spirituality makes you feel this sense of peace because you’ve got God in your back pocket. I’m not doing this by myself. He’s with me always. Spirituality brings hope, definitely, and grace and love. It’s this trust in something you can’t see. Without faith, I would be pretty lost in looking toward the future. There is a better place, and someday, we will all be together again. That knowledge is a gift” (Anonymous, 2014). ●

The reference list for this article is available at www.aphon.org.

CHEMOTHERAPY/BIOTHERAPY NEWS

The Upcoming Fourth Edition of the APHON Chemotherapy/Biotherapy Curriculum Shows the Evolution of Psychosocial Applications for Childhood Cancer Treatment

Casey Hooke, PhD APRN PCSN CPON®, Associate Professor, School of Nursing, University of Minnesota

As each new edition of APHON's *The Pediatric Chemotherapy and Biotherapy Curriculum* is written, the evidence it shares about children and families' psychosocial experience becomes richer and more informative. In previous editions, we depended on expert opinions or nursing theories on the psychosocial impact of chemotherapy on patients, their parents, and their siblings.

However, in the new edition coming soon, the psychosocial section focuses on chemotherapy and biotherapy's influence on quality of life, adherence to therapy, the psychosocial needs of adolescents and young adults (AYAs) receiving chemotherapy, and how the patient and family's culture may influence their treatment experience.

Our understanding of the quality of life, how patients and families define it, and how treatment impacts it has grown. Our definition of families and their members also has expanded as we recognize that each family is unique in its composition and its members' roles. Chemotherapy can be given over months to years, which can represent a major portion of the child's life. The impact of chemotherapy on the child's ongoing development, as well as its impact on healthy siblings, has been a focus of recent research.

The concept of adherence to chemotherapy and its relationship to treatment outcomes has evolved in recent years. Nursing and interdisciplinary research has changed our understanding of adherence, the barriers families experience, and how nonadherence impacts the risk of relapse. This knowledge creates the foundation for testing nursing interventions to facilitate improved adherence.

AYAs seek independence in a complex world, and that search is further complicated by the diagnosis of cancer and its treatment. Nurses are well positioned to both recognize this population's unique psychosocial needs and implement interventions that support AYAs' coping and resilience to improve their outcomes during chemotherapy.

Amidst all of the dimensions and challenges of psychosocial care, the concept of culture influences styles of communication, mistrust and prejudice, decision-making and family dynamics, traditions and spirituality, and sexual and gender issues (Betancourt, Green, & Carrillo, 2016). Nurses should be leading cross-cultural care that promotes effective communication and quality health care for all of the patients and families we serve, and the nursing assessments and interventions identified in the new manual offer resources to support that effort. By synthesizing the latest evidence on the psychosocial experience of pediatric cancer patients receiving chemotherapy and their families, the fourth edition of *The Pediatric Chemotherapy and Biotherapy Curriculum* serves as the go-to reference for caring for this population. ●

> Nurses are well positioned to both recognize this population's unique psychosocial needs and implement interventions that support AYAs' coping and resilience to improve their outcomes during chemotherapy.

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COG FEATURE OF THE QUARTER

Complementary and Alternative Medicine in Clinical Trials

__R. Jennifer Randall,__ MSN RN PPCNP-BC, Pediatric Hematology/Oncology Nurse Practitioner, Children's Hospital of Philadelphia

More than 15,000 children and adolescents are diagnosed with cancer in the United States each year (CureSearch, n.d.). The majority of these children are enrolled in Children's Oncology Group (COG) clinical trials. Fortunately, new treatment options have led to rising survival rates over the past few decades.

Despite improvements in treatment and long-term survival, the diagnosis and treatment of childhood cancer continue to cause emotional and physical distress. Supportive care medications may not be fully effective in alleviating symptoms for nausea, pain, and anxiety. When unable to successfully manage their child's symptoms with conventional medicines, parents may ask about other options for coping with symptoms and treatment side effects to improve their child's quality of life.

Complementary and alternative medicine (CAM) is an emerging field in which the approach to symptom management includes healing methods that combine medical, psychological, social, and spiritual aspects of health and illness. In pediatric oncology, a holistic approach to care is highly valuable. A substantial proportion of pediatric oncology patients use some form of CAM during treatment (Bishop et al., 2009). Although some studies report that patients and families have discontinued the use of CAM after discussing it with their oncologists, most have found that patients and families do not discuss CAM with the healthcare team, often because the clinician does not ask about it (Sanchez, Karlson, Hsu, Ostrenga, & Gordon, 2015). In populations where the majority of patients participate in clinical trials, accurate documentation and tracking of side effects is required. This makes it vitally important that clinicians inquire about CAM use.

> Complementary and alternative medicine (CAM) is an emerging field in which the approach to symptom management includes healing methods that combine medical, psychological, social, and spiritual aspects of health and illness.

CAM, a component of integrative therapies, is defined by the National Center for Complementary and Integrative Health (2016) as "a group of diverse medical and healthcare interventions, practices, products, or disciplines that are not generally considered part of conventional medicine." Well-known CAM modalities include herbal supplements, acupuncture, aromatherapy, massage, and yoga. The most commonly reported CAM interventions among pediatric oncology patients are herbal remedies, specialized diets and nutritional supplements, and faith healing (Bishop et al., 2010; Sanchez et al., 2015).

Unlike pharmaceuticals, there are no regulatory requirements for the U.S. Food and Drug Administration to approve dietary supplements for safety or efficacy before reaching the consumer. In addition, very little research exists regarding the use of herbs and supplements in general, let alone in the pediatric population. Particularly in oncology, there is concern that supplements containing antioxidants may diminish the efficacy of anticancer therapies that work by promoting oxidation of free radicals (Jacobs, 2014). There also is concern regarding the use of probiotics in patients who are immunocompromised, although some studies have shown certain probiotics to be effective in the prevention of specific conditions—such as antibiotic-associated diarrhea—in otherwise healthy children (Lenfestey & Neu, 2017). Some supplements may increase side effects of a chemotherapeutic agent, while others may diminish the efficacy of chemotherapy or other supportive medication. Herbs and supplements can be harmful to the pediatric oncology patient, and there is little research to guide their use. Therefore, this type of CAM always should be used under the guidance of a pediatric oncologist.

Despite the need for further research in pediatrics, nonbiologic-based therapies are generally safer to recommend for pediatric patients than herbs and supplements, and

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ADMINISTRATIVE TIDBITS

Using Nursing Skills in New Situations

Robin Wilcox, *BSN RN CRA-RN CPHON®, QoL Palliative Care, St. Jude Children's Research Hospital*

Nurses often are given tasks that make us think, "I must have missed this class in nursing school." I have thought this many times in my years as a nurse. As caregivers, we learn early on to adapt to situations and become creative problem solvers. The 2016 vision of the Quality of Life/Palliative Care Department at St. Jude Children's Research Hospital included the development of an Interdisciplinary Pediatric Palliative Oncology Symposium as a new forum for educating nurses.

The symposium was scheduled for June 8–9, 2017. I was tasked with the responsibility of being the event coordinator. The symposium was the first of its kind, a first for our department, and a first for me. This created a great opportunity for me to use my adaptive and problem-solving skills to take the lead in planning, organizing, and implementing a quality symposium. It was a challenging journey, and there were many times when I wondered if I would make it to June 10.

The original vision entailed 75 people attending a 1-day event. Throughout the planning phase, this number grew to 325 people attending a 2-day event, which made the symposium the largest pediatric palliative care conference ever held in the United States. A group of bereaved parents and speakers from various disciplines all over the world served as educators. Every aspect of the logistics and planning changed several times. I had to adapt quickly and frequently to the needs of the event, presenters, and attendees. The tasks that became more complex throughout the planning process included coordinating transportation, providing lodging and food, designing promotional items (e.g., announcements, gift bags, and brochures), budgeting, and finding more space. I found myself outside my comfort zone but able to use the nursing skills I've learned, such as teamwork, communication, delegation, and courage, to get it done and get it right.

I had helpful advice from friends and colleagues who had experience with event planning. I was encouraged to create a timeline, task list, and budget. I also learned a great deal on my own during the process. The following are some of the lessons I took away from the symposium-planning experience:

- **Always accept help when it is offered.** Nurses learn to work as a team when taking care of patients. This truth will get you through a lot of new experiences. Identify the strengths of your colleagues so that you can assign tasks to the appropriate people as needs arise. I reassured everyone that asked, "Yes, I will get back to you when I know what you can help me with." I was able to delegate two huge tasks—registration and promotional items—to supportive colleagues who were more than capable, and I trusted their competence and consistent communication. This allowed me to focus on other needs.

> I found myself outside my comfort zone but able to use the nursing skills I've learned, such as teamwork, communication, delegation, and courage, to get it done and get it right.

- **Identify the right people early in the process.** Working on contracts with outside vendors and other departments within the institution challenged my knowledge, and I needed input early in the process from the appropriate people to be sure I didn't promise anything that I couldn't deliver.
- **Delegate any responsibilities that allow you and other nurses to provide the best care.** I embraced this philosophy on the day of the event. Team leaders were assigned to take care of the tasks that needed to be done during the event. This enabled me to be accessible for any questions or issues that occurred. I was then able to direct those questions or issues to the appropriate team leader, empowering them to handle situations in their area.
- **Most importantly, be brave and step outside your comfort zone.** In the beginning, this assignment seemed overwhelming, and I wasn't sure I could handle it. However, using the adaptability and problem-solving skills I developed as a young nurse, I was able to lead our palliative care team through this innovative project.

On June 8–9, the first annual Interdisciplinary Pediatric Palliative Oncology Symposium was held. It was a huge success, and we made it to June 10. This event would not have been possible without tremendous institutional support from St. Jude and a great team wholly committed to quality of life and palliative care. I proved to myself and others that nurses have excellent leadership skills developed early in our careers. These skills also enable us to be successful in innumerable circumstances outside of our nursing practice. Again, I encourage all nurses to take their nursing skills outside their comfort zone. Try something new. You will be amazed at what you can accomplish. ●

EVIDENCE-BASED PRACTICE/RESEARCH

Integrative Therapies: Updates in Pediatric Research

Deborah Lafond, *DNP PPNCP-BC CHPPN® CPON®****,*** *Codirector, PANDA Care Team Division of Hospitalist Medicine, Children's National Medical Center; Column Editor*

Children with cancer and blood disorders often suffer from myriad symptoms, including pain, nausea and vomiting, fatigue, constipation, diarrhea, anorexia, and anxiety, among others (Dodd et al., 2001; Olajunju, Sarimiye, Olajunju, Habeebu, & Aina, 2016; Pritchard et al., 2008; Wolfe et al., 2000).

Although pharmacological management of symptom distress has advanced significantly over the past decade, mitigating symptom distress remains a challenge. Symptom distress impacts perceptions of suffering and quality of life (Walker, Gedaly-Duff, Miaskowski, & Nail, 2010; Woodgate, 2008). Often, pharmacological interventions contribute to increased sedation or the occurrance of other symptoms (e.g., constipation with use of opioids for pain). Integrative therapies, often referred to as complementary and alternative medicine (CAM), include numerous modalities. Examples include acupressure, acupuncture, aromatherapy, healing touch, massage, mind-body therapies, Reiki, and several others (Table 1).

The use of integrative therapies in pediatric hematology/oncology is becoming more pervasive. An interesting finding of one study is that 78% of families reported use of integrative therapies to their healthcare team, though only 16% of physicians approved of its use (Jacobs, 2014). Research is limited regarding the effectiveness of integrative therapies in mitigating symptom distress in pediatrics. A meta-analysis of 28 studies by Bishop and colleagues (2010) found a prevalence ranging from 6% to 91% in the use of integrative therapies among pediatric oncology patients. They found herbal therapies to be the most commonly used CAM modality. Another recent systematic review found 44 studies of randomized clinical trials (RCTs) on integrative therapies in pediatric oncology (Radossi et al., 2017). The authors found two clinical trials on acupuncture, one on aromatherapy, nine on massage therapy, and 32 on dietary supplements. These RCTs most commonly evaluated integrative therapies for weight loss and febrile neutropenia. In both of these systematic reviews, studies were found to be of poor to fair quality, lacking appropriate controls, and often had very small sample sizes (Bishop et al., 2010; Jacobs, 2014; Radossi et al., 2017). This remains a significant challenge in objectively evaluating the effectiveness of integrative therapies.

Mind-body therapy is a broad category that includes deep breathing and relaxation techniques, guided imagery, hypnosis, faith-based therapies, yoga, tai chi, massage, mindfulness-based stress reduction (MBSR), music and art therapies, and eurhythmy therapy (movement therapy), among others. An overview of mind-body therapies in pediatric oncology reported decreased severity of nausea and vomiting, improved sleep, and increased oral intake. Subjective measures of patient- or family-reported outcomes also were included; however, results were not consistent across studies (Kanitz, Camus, & Seifert, 2013).

Hypnosis is reported as one of the most effective integrative therapy interventions for mitigating pain during procedures and other pain experiences. In the studies reviewed by Kanitz and colleagues (2013), hypnosis was found to be the first choice for mind-body therapies in pediatric oncology. Similarly, a clinical trial of MBSR in adults with cancer improved

Table 1. Examples of Integrative Therapies in Pediatrics (Jacobs, 2014)

Integrative Therapy Modality	Uses	Comments
Acupressure and acupuncture	· Nausea and vomiting · Pain · Fatigue · Anxiety · Insomnia	Evidence for efficacy in chemotherapy-induced nausea and vomiting in pediatric oncology as well as for pain in pediatrics in general
Massage	· Anxiety · Pain · Nausea · Depression · Fatigue · Generalized discomforts	Evidence for decreasing anxiety, but research is limited in pediatrics
Mind-body therapies (e.g., relaxation and guided imagery, hypnosis, healing touch, Reiki, yoga, mindfulness-based stress reduction [MBSR])	· Procedural pain · Anxiety · Stress · Generalized distress	Evidence for efficacy in pediatrics, especially hypnosis and MBSR
Herbal therapies (e.g., melatonin, ginger, probiotics, glutamine, carnitine, valerian, kava, milk thistle, and fish oil)	· Melatonin for sleep, asthenia, nausea/vomiting · Ginger for nausea · Probiotics for diarrhea · Glutamine for peripheral neuropathy and mucositis · Carnitine for fatigue · Valerian and kava for sleep · Milk thistle for liver toxicity · Fish oil for nutrition and cognitive problems	Most evidence is in adult oncology with limited evidence in pediatrics. Many studies have small samples and are of poor to fair quality.

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Anxiety and Depression: Prevalence, Guidelines, and Inherent Challenges

Elizabeth A. Gilger, *MSN RN APRN-BC CPON®, Pediatric Nurse Practitioner, Cincinnati Children's Hospital Medical Center; Column Editor*

Pediatric anxiety and depression incidence rates increase into adolescence. Anxiety disorders affect 15%–20% of children (Wehry, Beesdo-Baum, Hennelly, Connolly, & Strawn, 2015). In adolescence, depression rates increase anywhere from 12% to 25% (Lewandowski et al., 2013).

Depression and anxiety affect overall patient health, development, school performance, substance abuse, early pregnancy rates, and decreased functioning (Lewandowski et al., 2013; Libby et al., 2007). In pediatric oncology patients, depression and anxiety have been associated with worsening outcomes, medication adherence issues, increased pain, and increased disease morbidity (Wiener, Battles, Zadeh, Widemann, & Pao, 2017).

> While efforts to increase access to behavioral medicine specialists are underway, anxiety and depression assessments are the first step in interventions.

There are limited studies evaluating anxiety or depression in patients receiving active oncologic therapy. Myers and colleagues (2014) evaluated standard-risk acute lymphoblastic leukemia (ALL) patients during the first year of therapy on AALL0331. At 1 month from diagnosis, 25.2% and 21.7% of patients were noted to be at risk for or clinically significant for anxiety and depression, respectively. At 12 months from diagnosis, anxiety and depression rates were 14.2% and 21.1%, respectively. Anxiety levels were more prevalent during the first month of therapy and decreased through the first year of treatment, whereas depression levels remained relatively constant during the first year of therapy. Also, family functioning, or lack thereof, was an indicator for increased anxiety or depression (Myers et al., 2014).

The prevalence of pediatric anxiety and depression is outpacing the supply of behavioral medicine providers. Literature notes the need for a systematic approach to address needs within the primary care provider community (Cheung et al., 2007; Zuckerbrot, Cheung, Jensen, Stein, & Laraque, 2007). Identifiable and modifiable factors in primary care provider willingness to initiate medication include overall knowledge, difficulty addressing psychosocial issues, and the presence (or lack) of onsite mental health therapists (Radovic et al., 2014). However, lack of access to behavioral medicine specialists is not an issue solely for primary care providers, as the issue crosses into subspecialty practice. After the U.S. Food and Drug Administration (FDA) black box warning, Phipps and colleagues (2012) elicited pediatric oncologist views of initiating selective serotonin reuptake inhibitors (SSRI) therapy. Fifty-one percent of pediatric oncologists responding noted that the black box warning did not impact their decision to prescribe medication. However, many providers monitored patients less than the black box warning guidelines. Lack of access was the biggest reason patients were not consulted by a behavioral medicine specialist (Phipps et al., 2012).

While efforts to increase access to behavioral medicine specialists are underway, anxiety and depression assessments are the first step in interventions. Depending on the degree of anxiety or depression, therapy recommendations can range widely. Counseling with a behavioral medicine specialist is an important component to care. Other nonmedicinal therapies for treating anxiety or depression in pediatric patients include painting, gaming, music therapy, hypnosis, yoga, and exercise (Bradt, Dileo, Magill, & Teague, 2016; Chen, Liu, & Chen, 2017; Danhauer, Addington, Sohl, Chaoul, & Cohen, 2017; Radovic, Melvin, & Gordon, 2017; Tahmasebi, Maghsoudi, & Talakoub, 2017; Thabrew, Stasiak, Garcia-Hoyos, & Merry, 2016). Furthermore, providers are encouraged to review the importance of lifestyle issues such as sleep hygiene, exercise, and family coping skills (Garland, 2004).

Pediatric practice guidelines recommend SSRIs as first-line medications for moderate to severe pediatric depression and anxiety. Prior to starting SSRI therapy, several considerations should be addressed, such as family history of mental illness, individual history of suicidal ideation, current symptoms, and medication interactions. One challenge to consider is that side effect profiles can be similar to disease processes, oncologic therapy, or symptom management of medication side effects (Lauer, 2015). Both Escitalopram (12+ years) and Fluoxetine (8+ years) are FDA-approved for pediatric depression. Fluoxetine (7+ years), Fluvoxamine (8+ years), and Sertraline (6+ years) are FDA-approved for anxiety-related obsessive-compulsive disorder, but not for other types of anxiety. Recommendations include starting with a low dose and frequent monitoring. Monitoring is weekly for the first month, every 2 weeks for the second month, once during the third month, and then as clinically indicated. Patient response and side effects are important monitoring points. Document and pay particular attention to any suicidal thoughts, intent, or plans.

Anxiety and depression symptoms are multifactorial and range from change in affect, sleep disturbance, fatigue, change in thought patterns, and pain (PDQ Supportive & Palliative Care Editorial, 2002). Compounding the challenges, these symptoms also can be side effects of the underlying cancer or its treatment. However, given the prevalence of anxiety and depression, further work needs to occur to improve overall physical and mental health outcomes. ●

The reference list for this article is available at www.aphon.org.

Integrative Nursing

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> "A 16-year-old young man developed significant neuropathy in both feet from lymphoma therapy. He found it difficult to walk and as nighttime pain increased, his interrupted sleep (began) affecting his quality of life significantly. I informed this delightful young man and his mother about healing touch. I started working on his feet and legs, to which he had a great response. Both he and his mom were interested in learning more. I gave instruction to mom and she was able to help her son. The beautiful thing about healing touch is that it helps the patient, which is our ultimate goal, but it also allowed mom to be a part of her son's care at home, helping him feel better and giving mom a sense of control in a situation (in which) she felt so totally out of control."
>
> — Anonymous, 2017

care in our program. In 2012, advanced practice registered nurses from the integrative medicine and the oncology departments collaborated to develop a 3-day pediatric integrative nursing curriculum, which now is offered annually to pediatric nurses in greater Minnesota.

In 2015, an interdisciplinary group of oncology staff from Children's Minnesota began to brainstorm about how to promote wellness interventions to our population of patients and families within the context of a cancer diagnosis. This group consisted of a child-life specialist, a physical therapist, several nurses and social workers, and a psychologist. A patient focus group was organized by the adolescent and young adult leadership team at Children's Minnesota to provide input on the integrative therapies they would be interested in learning more about. These efforts resulted in the development of an integrative wellness program beginning with a "Highway to Wellness" health fair in 2015, followed by scheduled classes for patients and families in nutrition, yoga, dance, tai chi, cooking, and mind-body skills. Overall, there was much interest in the program.

A recovery and wellness clinic was initiated by one of the pediatric oncologists, an oncology-designated physical therapist, and a dietician from Children's Minnesota in 2015 with the goal of seeing all patients with a leukemia or lymphoma diagnosis within 1–3 months of completing their treatment. The aim was to provide a meaningful transition from treatment to recovery and wellness in the cancer care journey. This clinic replaces a regularly scheduled follow-up visit to ensure there are no additional clinic visits or costs for the family. The visits include a basic mental health screening, nutrition consult, lab evaluation, physical therapy evaluation, mind-body skills education, and cognitive function assessment. The oncology team completes a routine exam and labs, and patients may see a psychologist or social worker if needed. Patients receive a recovery and wellness booklet with written wellness goals; nutrition information and recommendations; a BMI evaluation and goal setting information; blood pressure, vitamin D, and lipid measurements; physical activity goals; sleep hygiene tips; and an individualized wellness challenge. The patient feedback about this program is very positive, with many patients requesting visits to this type of comprehensive clinic once a year throughout their survivorship follow-up.

> { Through education and interdisciplinary collaboration, we have strengthened our commitment to an integrated practice model and have created a trusting, caring relationship with patients and their families to facilitate healing. }

Integrative nursing is now woven into all aspects of outpatient oncology care. This approach is grounded in relationships and focuses on healing the whole person, with substantial consideration of the emotional, social, and environmental factors contributing to the illness or treatment. To support these principles, we developed a complementary and alternative medicine cart, which contains essential oils, educational materials, prerecorded guided imagery scripts, and acupressure bands. Patients are taught mind-body skills, including deep breathing and other relaxation techniques. Many nurses practice massage therapy, acupressure, and healing touch.

Integrative oncology also includes collaboration with the entire psychosocial team. Psychologists, social workers, and a dietician are available to provide counseling and support. Massage therapists are available to patients and child-life specialists teach mind-body skills and distraction techniques and can be available for support during procedures. Music therapists help patients and families make music videos as a therapeutic intervention to increase coping skills and emotional expression. Patients may request an integrative oncology consult with a trained integrative oncology provider. Through education and interdisciplinary collaboration, we have strengthened our commitment to an integrated practice model and have created a trusting, caring relationship with patients and their families to facilitate healing. ●

The reference list for this article is available at www.aphon.org.

Implementing the Psychosocial Standards of Care: A Nursing Call to Action

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disseminate these standards to our colleagues and brainstorm ideas for improvement. The following are some possible strategies:

- Post the standards in a visible, shared location such as your break room.
- Feature a standard of the week or month on your unit. Find opportunities to discuss the standards with others (e.g., staff meetings, lunch and learn sessions, in-services, and psychosocial rounds).
- Form small working groups and assign each group a standard to explore in depth. Report back on your work through shared meetings, unit newsletters, or Web pages.
- Enlist the assistance of your psychosocial multidisciplinary team members.
- Work with your leadership team to develop a psychosocial report card, asking your patients and their families to provide input on your team's score.
- Assess the psychosocial resources at similarly sized pediatric oncology programs and see how your institution compares. Consider using this information to advocate for additional resources at your institution.
- Dedicate an APHON local chapter meeting to discussing the standards.
- Apply for grant money to aid in implementing the standards at your institution.
- Find opportunities to share your ideas or work with nurses outside of your institution. Consider using APHON's Member Connection, submitting a poster to APHON's annual conference on your institution's implementation of the standards, or writing an article for *APHON Counts*.

> The development of practice standards provides the necessary framework for establishing psychosocial interventions and sets the stage for future research initiatives.

The universal understanding that the treatment of childhood cancer involves more than just medicine provides us with opportunities to improve and enhance the quality of life for children with cancer and their families. The development of practice standards provides the necessary framework for establishing psychosocial interventions and sets the stage for future research initiatives.

The APHON leadership would like to express our appreciation of the Mattie Miracle Cancer Foundation for providing grant funding to support the implementation of selected psychosocial standards at the institutional level. They are a true partner in our continued advancement toward excellence in the psychosocial care of children and adolescents with cancer. ●

The reference list for this article is available at www.aphon.org.

Complementary and Alternative Medicine in Clinical Trials

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have proven beneficial in adult medicine. These therapies may include massage, acupuncture, aromatherapy, and yoga. Massage has been shown to decrease anxiety, pain, depression, and fatigue, as well as chemotherapy-induced nausea and vomiting (CINV; Beider & Moyer 2007). Acupuncture—the practice of inserting very fine needles into specific points on the body—has been well tolerated in children. It has been shown to decrease CINV and may be effective in reducing pediatric pain, although not specifically in oncology (Gottschling et al., 2008; Jacobs, 2014). Similarly, aromatherapy—the use of therapeutic-grade essential oils—has been effective in reducing nausea, anxiety, and pain when used with supportive medications in adult patients (Johnson et al., 2016). Yoga anecdotally has had a positive effect for pediatric oncology patients (Danhauer, Addington, Sohl, Chaoul, & Cohen, 2017).

Given the paucity of rigorous research regarding integrating CAM modalities into standard pediatric cancer care, many clinicians simply advise against it. However, patients and families may seek out these alternative options on their own, so it is the responsibility of the clinician to not only be knowledgeable about these therapies, but also to ask patients and families about their use of CAM on a regular basis, as it may interfere with the child's treatment. Nonbiologic forms of CAM generally are considered safe, and these alternatives may provide symptom relief that is not otherwise achieved with conventional supportive medications. Clinicians should use their judgment and encourage these modalities when safe and appropriate. Further information for clinicians is available on the National Center for Complementary and Integrative Health website (www.nccih.nih.gov). ●

The reference list for this article is available at www.aphon.org.

Integrative Therapies: Updates in Pediatric Research

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mood, decreased stress, and improved quality of life, with objective evidence of altered cortisol levels and immune patterns, as well as decreased blood pressure (Carlson, Speca, Patel, & Goodey, 2009). Children with cardiac diseases have seen similar results (Freedenberg, Thomas, & Friedmann, 2015). Massage has been shown to decrease days to engraftment in children undergoing bone marrow transplant (Phipps & Gray, 2012), as well as decreasing pain and anxiety (Rodriquez-Mansilla et al., 2017). Acupuncture and acupressure are not well studied in children; however, they have been demonstrated to reduce chemotherapy-associated nausea and vomiting and are well tolerated without significant complications, even in thrombocytopenic patients (Jacobs, 2014).

One advantage of integrative therapies is that they can actively or passively involve the patient and family in therapy. Integrative therapies incorporate holistic approaches with conventional medical approaches to treatment. It is essential that healthcare professionals learn more about integrative therapies and how best to use these options to mitigate symptom distress for children with hematologic and oncologic diseases. We need to fund more research into these modalities to provide objective evidence of risks and benefits. Whether or not we are made aware, many families of the children we treat already are using integrative therapies. Nurses and other members of the healthcare team must become knowledgeable about these therapies, ask patients and families what integrative therapy modalities they might be using, and be prepared to counsel patients and families in their use. Nurses should take the lead in educating patients and families, informing other professional colleagues, and leading evidence-based practice and research in integrative therapies. ●

The reference list for this article is available at www.aphon.org.

MY MOST MEMORABLE CASE

The Simple Joy in Doing Your Chores

Sarah Hypes, *BSN RN CPN, Staff Nurse, Peyton Manning Children's Hospital at St. Vincent*

We all have kids who touch our hearts and remain with us always. Nick was that kid for me. He was a little bit of everything: smart, ornery, sweet, and kind. Nick was small for his age and looked younger than he was, but cancer will do that to a kid. He had a smirk that could get him out of any kind of trouble. Like most of the kids we care for, he often was in and out of the hospital.

One day, he was bored and asked me what I was doing. I told him that I was setting up rooms for new patients. He asked if he could help. Whenever I worked with him from that day on, we always did our "chores," as he called them. Sometime during each shift, I would find him standing in his doorway with his IV pole, waiting for me to have time to take him to complete whatever task I had for us that day. His favorite job was checking the hand sanitizer canisters outside the patient rooms. I had two sidekicks: Nick and his IV pole—though maybe the pole and I were *his* sidekicks. I would hand him the canister to shake and he would let me know if we needed to replace it. Nick was meticulous and made sure we hit every one in the unit. I grew to love that time with him—just us, present in the moment.

I wish I could tell you he survived through treatment, that he ultimately beat cancer. It is true to say that he kicked its butt. He battled cancer nearly half of his life before the disease took him from this world. During his time with us, he hardly complained, even on his worst days. He never felt bad for himself, nor did he want sympathy for what he was going through. The strength, maturity, and kindness in that tiny human is what I strive for, but I always fall short. At the end of his life, when Nick was told his cancer had come back again and he wasn't going to make it, he was asked if he wanted me to know. His response was, "No, because I don't want her to be sad." He was dying, given news that nobody should ever have to face, and still he thought of others.

At work, when we reminisce and talk about former patients as nurses do, Nick's name is never left out. We share stories about things he said and did and talk about the big plans he had for his future (he wanted to be an anesthesiologist because they make the "big bucks"). Like I said, he was a smart kid.

I learned so much from taking care of Nick, not only nursing and medical lessons but also how to help and care for others. I discovered how to put others ahead of myself, even if I'm having a bad day because, just maybe, helping another person can make my day a little better, too. Nick touched so many people during his short life. Those of us who knew him were the lucky ones. It is crazy to think about how old he would have been now and what he might be doing if he was still with us. I do know one thing: he would be making sure his chores were done. ●

EDUCATIONAL OPPORTUNITIES

UPCOMING APHON WEBINARS

Central Line-Associated Bloodstream Infections in Pediatric Hem/Onc/BMT Patients: An Update and Appraisal of the Evidence
Presented by Lauri Linder, PhD APRN CPON®
Thursday, June 21, 2018, 1–2 pm CT

A Changing World for Patients with Hemophilia: Treatment Updates and Novel Therapeutics for Hemophilia A and B
Presented by Kelly Tickle, PCNS-BC PPCNP-BC CWON, and Glaivy Batsuli, MD
Tuesday, August 14, 2018, 1–2 pm CT

Zumab, Ximab, and Umab: Making Sense of Monoclonal Antibodies
Presented by Belinda Mandrell, PhD RN CPNP
Thursday, October 4, 2018, 1–2 pm CT

For more information about these webinars and to register, visit www.aphon.org.

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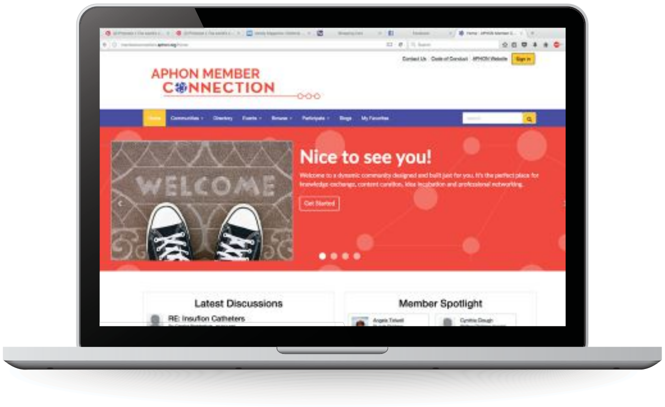
APHON MEMBER CONNECTION

APHON Member Connection Guide

The APHON Member Connection is an exclusive online networking tool where APHON members can ask advice, share expertise, and connect with other members. New members are automatically set up, so take a look at your profile and start connecting!



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Member Spotlight

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ASSOCIATION NEWS

Vote in the APHON Election!

Don't forget to cast a vote in the APHON election! In 2018, APHON members are being asked to vote for the following positions: president-elect, director-at-large, treasurer, and nominating committee member. Want to learn more about the candidates? Head to www.aphon.org to learn more about each contender and cast your vote before May 31!

Conference Registration Is Opening Soon!

Registration for the 42nd Annual Conference & Exhibit will be opening soon! The 2018 conference will take place in beautiful and historical Savannah, GA, September 13–15. This premier educational experience for pediatric hematology/oncology nurses is an opportunity to gain valuable knowledge from experts in the field, examine current and future trends, network with nurses who experience the same daily challenges, and earn continuing nursing education credit for advanced practice nurses. Watch www.aphon.org for more information.

The APHON Pediatric Chemotherapy/Biotherapy Provider Program: The Only Program of Its Kind

The Pediatric Chemotherapy and Biotherapy Provider Program is designed to provide nurses with the knowledge base needed to safely care for children and adolescents receiving chemotherapy or biotherapy. Each 2-day course offers 13.75 continuing nursing education credits. Become an approved provider today! Visit www.aphon.org to find a course near you.