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Letters to the Editor

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Nebulized Fentanyl Provides Subjective Improvements for Patients With Dyspnea

I read with interest the article titled "The Use of Nebulized Opioids in the Management of Dyspnea: Evidence Synthesis" (Vol. 31, pp. 551–559) by Margaret Joyce, RN, MSN, AOCN®, Maryellen McSweeney, PhD, Virginia L. Carrieri-Kohlman, RN, DNSc, FAAN, and Josephine Hawkins, RN, MSN, AOCN®. It was an excellent overview of morphine in this situation; however, the role of nebulized fentanyl was not discussed. Coyne, Viswanathan, and Smith (2001, 2002) treated 32 patients with cancer with nebulized fentanyl. The primary endpoint of their study was the patients' perceptions of breathing—better, worse, or unchanged. Eighty-one percent of the patients had a subjective improvement in breathing. The main benefit of fentanyl, unlike morphine, is that fentanyl does not cause bronchospasm. In addition, 70% of fentanyl is not absorbed systemically. The Massey Cancer Center in Richmond, VA, has an ongoing phase III, double-blind, placebo-controlled crossover study with fentanyl in cancer-related dyspnea. Results of the study will be available in the near future. At my institution, nebulized fentanyl has been very useful in many patients in a palliative setting. Thus, the precise role of nebulized opioids for relief of dyspnea in patients with terminal cancer is yet to be determined.

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Coyne, P.J., Viswanathan, R., & Smith, T.J. (2002). Nebulized fentanyl citrate improves patients' perception of breathing, respiratory rate, and oxygen saturation in dyspnea. *Journal of Pain and Symptom Management, 23,* 157–160.

The Author Responds

Thank you for the opportunity to append our evidence synthesis to include the work of Coyne, Viswanathan, and Smith (2002). The article was published at the cut-off point of our literature search and, unfortunately, was not included in the synthesis.

Coyne et al.'s (2002) study contributes to the body of favorable evidence that supports the use of nebulized opioids to treat dyspnea. It was an open-label, nonrandomized design and would rank as 2 on the PRISM (Priority Symptom Management) level of evidence. They tested 25 mcg of fentanyl citrate with 2 ml of normal saline via nebulizer in 32 patients with life-limiting diseases who complained of dyspnea. At one hour post-treatment, 81% reported improvement, 9% did not perceive a change, and 9% were unsure of any change. Coyne et al. did not report whether patients were opioid-naive or -tolerant. Our analysis of PRISM level 2 and 3 evidence notes that a positive effect from nebulized opioids is reported in some groups of patients such as those already receiving systemic opioids or experiencing dyspnea at rest. Our synthesis found that if patients could be stratified or isolated by prior opioid experience, that would further clarify the confusing evidence to date. Coyne et al. acknowledged a limitation of their study: "The impact of nebulized saline (the carrier) is unknown" (p. 159). Our synthesis agrees. We also raise the question of whether a placebo of nebulized saline as reported in some studies may have a therapeutic effect.

Dr. Schultheis mentioned that a double-blind, placebo-controlled, crossover study with nebulized fentanyl in cancer-related dyspnea is ongoing at the Massey Cancer Center in Richmond, VA. This data will add to the existing evidence on the use of nebulized opioids in the management of dyspnea, and I look forward to seeing the results.

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Reference

Coyne, P.J., Viswanathan, R., & Smith, T.J. (2002). Nebulized fentanyl citrate improves patients' perception of breathing, respiratory rate, and oxygen saturation in dyspnea. *Journal of Pain and Symptom Management, 23,* 157–160.

How Does Certification Validate Us as Nurses?

I am coming up on my time to "questionably" renew my certification in oncology nursing and am wondering why. I have read and heard how certification validates who we are as nurses. My feeling is, if my 25 years as an oncology nurse do not validate who I am, then being certified and having OCN® after my name do not either. I have heard that it gives our patients satisfaction and feelings of comfort to know we have been tested and are knowledgeable in our area of expertise. In the eight years I have been certified, only two patients have asked what it meant, and, truthfully, it made no difference to them whether I was certified or not.

Other than having OCN® after my name, I have gained no recognition from either workplace at which I have been employed. Nor has it made a difference in my being offered four different positions in the oncology field in the past year. I have maintained my professional integrity and current knowledge base by attending programs and lectures that are valid to my work setting and to the patient population with whom I work on a daily basis. In my current workplace, I am required to take an annual competency test in chemotherapy and oncology nursing. That is my "official" validation for competency in my field and a requirement to maintain my current position.

So could someone please justify to me why I should go through the anxiety and financial hardship to be recertified in 2005? I would greatly appreciate your thoughts.

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The Oncology Nursing Certification Corporation Responds

We would like to thank the *Oncology Nursing Forum* for the opportunity to respond to this letter. We applaud the writer for her years of commitment to oncology nursing.

It is unfortunate that her current employer does not recognize certification. Many employers do recognize certification, through pay differentials, reimbursement of examination costs, recognition events, and formal awards. Certification also is a major component of receiving Magnet Hospital status through the American Nurses Credentialing Center. An increasing number of employers want certified nurses as employees. The Oncology Nursing Certification Corporation (ONCC) regularly features stories about such employers in *ONCC News.*

The writer is correct that certification does not validate who we are as nurses or people; we do that through our behavior and demeanor. However, oncology nursing certification does

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validate that nurses with the credential have met stringent requirements for knowledge and experience and are qualified to provide competent care. Nurses who are not certified may provide competent care, but earning oncology certification provides strong evidence beyond a person's claim.

Oncology nursing certification is a benefit to patients, their families, and society, whether or not they ask about it. The ONCC certification programs are rigorous and meet nationally recognized standards. Unlike personal testimony and most hospital-based competency programs, the ONCC certification process is a nationally recognized and legally defensible measure of oncology nursing knowledge. Patients and their family members benefit from the care provided to them by oncology nurses who have met certification criteria.

Currently, more than 21,000 nurses across the country are certified in oncology nursing. These nurses and many of their patients, employers, and colleagues recognize the value of being certified as an oncology nurse and tell us regularly that being certified as an oncology nurse makes a difference. Here is what a few of them have said.

"Nursing is more than just a job. It is a profession. I am better at what I do because I am a certified oncology nurse."

Jean Madden, RN, BA, OCN®

"Certification validates your knowledge of oncology nursing. When we validate our own practice of nursing, we increase our self-confidence and feelings of worth."

Lisa Demers, RN, BSN, OCN®

"[I] felt passionate about having patients know that care came from a certified nurse who was well qualified to meet their needs."

Bridget LeGrazie, RN, MSN, AOCN®

"Consumers expect healthcare providers to be knowledgeable, competent, and responsive to their needs. Certification is one way of demonstrating this knowledge and commitment to the consumer. It confirms a nurse's ability to apply this knowledge in the practice setting."

Ryan Iwamoto, RN, ARNP, MN, AOCN®

We hope that the writer will reconsider the value of maintaining her oncology certification and proudly wear her OCN® credential.

Julie Ponto, RN, MS, CNS, AOCN®
ONCC President

Cynthia Miller Murphy, RN, MS, CAE
ONCC Executive Director

Telenursing Can Reduce Costs and Improve Access for Rural Patients

I enjoyed the article titled "Traditional Versus Telenursing Outpatient Management of Patients With Cancer With New Ostomies" by Susan Kay Bohnenkamp, RN, MS, CCM, Pat McDonald, ARNP, CS, CWOCN, Ana Maria Lopez, MD, Elizabeth Krupinski, PhD, and Ann Blackett, RN, MS, CPHQ, COCN, CWOCN (Vol. 31, pp. 1005–1010). This research is important for several reasons. It clearly identifies an avenue for further examination into the use of telenursing as a means of reducing costs and improving access to care for those in rural areas. The timing of this article is especially appropriate as rising healthcare costs have all organizations looking for more efficient ways to provide high-quality patient care. The authors provided an unambiguous example of how advanced practice nurses can improve patient outcomes while decreasing healthcare costs. As a nurse in an outpatient oncology unit that serves rural America, I can appreciate the difficulties posed to patients who must travel long distances for treatment.

I found it noteworthy that more than 50% of the participants have completed some college work. It would be interesting to know whether the participants with more education were more satisfied or comfortable with telenursing than those with less education.

Overall, the research was very well done and has clear implications for nursing practice. As the healthcare community continues to look for creative ways to save money, telenursing undoubtedly will continue to be explored.

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