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## Article Provides Excellent Review of Chemotherapy Safety

I am an associate degree RN working full-time on an inpatient medical/oncology unit. What a great article your journal published in the August 2009 issue. “Safe Handling of Hazardous Drugs: Are You Protected?” (Nixon & Schulmeister, 2009) was an excellent review of the gold standards for safe chemotherapy handling. Initially, chemotherapy was given in an acute-care setting. Currently, the outpatient setting is the typical venue to deliver antineoplastic agents. Still, some chemotherapy is given as an inpatient procedure, but infrequency is the issue. This article did an excellent job defining what drugs are considered hazardous, guidelines for handling said drugs, and risks surrounding exposure to cytotoxic agents; it concluded with ideas for staff training and education.

It is easy to feel comfortable giving hazardous drugs if a nurse’s job is administering these day after day. That comfort leads to a relaxation of the safety guidelines. On the other hand, if antineoplastic agents are not given on a routine basis, noncompliance may not be due to comfort, but rather overlooked because of the infrequency of the task. Guidelines regarding administration of these drugs may be forgotten by nursing or not readily available. This article is exceptional, not only for the information provided, but for the format as well. Each of the figures can be enlarged, laminated, and displayed in a prominent area of the medication room, thus allowing staff to review standards for safety prior to administering chemotherapy.

I found it disturbing that measurable levels of hazardous drugs were detected

on the counters of nursing stations, on infusion pumps, and in the urine samples of oncology nurses, indicating that safety precautions were not being followed. Eisenberg (2009) stated that because no acceptable level of exposure exists for any antineoplastic agent, prevention and minimal contamination should be the goals of all healthcare workers.

Compliance appears to be the pivotal issue in regard to safe handling of medications. In addition to the suggestions made in the article by Nixon and Schulmeister (2009) to bolster compliance, Eisenberg (2009) added suggestions, such as keeping personal protective equipment (PPE) in a convenient location, providing an adequate supply of PPE, and educating nurses that putting on PPE is worth the extra time and effort. Communication and education are two key elements in keeping healthcare workers safe when handling hazardous drugs.

I have already shared the information from this article with my peers and received positive feedback. I want to thank you for sharing this important information with the nursing community.

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## References

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- Nixon, S., & Schulmeister, L. (2009). Safe handling of hazardous drugs: Are you protected? *Clinical Journal of Oncology Nursing*, 13(4), 433–439.

## Evidence Does Not Support the Use of a Neutropenic Diet

In recent years, several excellent articles have illustrated the use of research to guide evidence-based practice. Guided by such exemplars, we have successfully implemented a change in our practice by eliminating the use of the neutropenic diet on an inpatient hematology/oncology unit. The nursing unit primarily administers induction and consolidation therapies in a nonrestrictive environment for adults with refractory or relapsed leukemia or lymphoma.

Nutrition is a vital component to immune functioning and quality of life for patients with cancer. Historically, most oncology centers have used neutropenic guidelines, which incorporate stringent dietary restrictions thought to minimize patients’ exposure to infectious agents. Accordingly, our medical and nursing staffs have educated patients regarding these neutropenic dietary restrictions. However, there has been recent attention to these standards in terms of their basis in research. Therefore, in an effort to implement the use of evidence-based practices into our oncology center, a committee of nursing staff was formed to review the literature regarding the efficacy of the neutropenic diet.

Using the search terms *neutropenic diet*, *oncology dietary restrictions*, and *low microbial diet* in the PubMed and CINAHL® databases, we found and reviewed 12 relevant journal articles concerning the use of neutropenic diets in settings similar to ours. We learned that the introduction of neutropenic dietary