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**ASSIGNMENT**

1. **NURSING RESPONSIBILITIES TOWARDS A PATIENT SCHEDULLED TO RECEIVE NEOADJUVANT TREATMENT FOR THE MANAGEMENT OF CANCER**

These nursing responsibilities includes:

* Patient assessment
* Patient education
* Coordination of care
* Direct patient care
* Symptom manangement
* Supportive care

**Patient Assessment:**

As a nurse am expected to be an expert in assessing a patient's physical and emotional status, past health history, health practices, and both the patient's and the family's knowledge of the disease and its treatment. And to also review the treatment plan with the oncologist, to be aware of expected outcomes and possible complications, and independently assesses the patient's general physical and emotional status. It is essential that a detailed nursing history and physical examination be completed. As the oncology nurse am expected to be aware of the results and general implications of all relevant laboratory, pathology, and imaging studies. Assessment of the patient's understanding of the disease and proposed treatment is fundamental in allaying anxiety and formulating a care plan. Obtaining this information will help avoid misunderstanding and confused expectations. Thorough patient preparation improves compliance with treatment programs and may impact treatment outcomes as well.A nursing care plan will be developed in response to the particular needs identified from the assessment. At a minimum, this plan promotes:

 (1) The patient's understanding of therapy goals, treatment schedules, and possible side effects of therapy

 (2) Physical and Psychological preparation for therapy

 (3) Physical and Psychological comfort

 (4) Compliance.

**Patient Education**:

As a nurse I should have a better opportunity than any other member of the healthcare team to develop the required rapport for effective educational efforts with patients and their families. Patient and family education starts before therapy and continues during and after therapy. Continual reinforcement throughout the treatment course helps to ensure success. Appropriate written and visual teaching aids may be used, as well as referrals to other professionals or community programs, such as cancer support groups. Such education includes structured and unstructured experiences to assist patients with coping with their diagnosis, long-term adjustments, and symptoms; to gain information about prevention, diagnosis and care; and to develop skills, knowledge, and attitudes to maintain or regain health status. This planned education uses a combination of methods that best meet the needs, capabilities, and learning style of the patient.

The ONS has enhanced this definition by recommending the following patient education outcome criteria: The patient and/or family should be able to:

1. Describe the state of the disease and therapy at a level consistent with the patient's educational and emotional status
2. Participate in the decision-making process pertaining to the plan of care and life activities
3. Identify appropriate community resources that provide information and services
4. Describe appropriate actions for highly predictable problems, oncologic emergencies, and major side effects of the disease and/or therapy
5. Describe the schedule when ongoing therapy is predicted.

The change to outpatient administration of chemotherapy has increased the necessity for accurate and thorough patient and family education. This requires nurses to understand the possible side effects of each antineoplastic agent and the self-care activities for reducing their severity. Describing the side effects or problems that patients might experience from the regimen as a whole is more effective than focusing on each separate drug. Patients often express more concern about the occurrence and management of side effects than the mechanism of action of particular agents. Reiteration of important points will assist in achieving the desired outcome. Identifying a time sequence in which side effects generally occur may allay patient anxiety and will assist me in selecting the appropriate interventions. This may help to distinguish side effects of chemotherapy from other possible causes of similar symptoms. Patient education is facilitated when side effects are classified as immediate, early, delayed, and late.

There are a variety of teaching tools and methods available, the choice of which is based on individual patient needs and abilities. Printed, visual, and audiovisual educational materials are used in conjunction with discussion and continued reinforcement. With the increased development of the Internet, more and more cancer patients and family members are accessing the World Wide Web to gain information about cancer. Chat groups are serving as a source of information as well as support. This method of communication will continue to be an increasing source of knowledge for consumers.

Patients will be encouraged to keep personal, written, daily diaries that record treatment dates, symptoms, test dates, and questions. A personal diary provides additional written documentation of the onset of specific phenomena and accurate dates of therapy, in case the patient's medical record is not available.

**Coordination of Care:**

As the oncology nurse I will play a vital role in coordinating the multiple and complex technologies now commonly employed in cancer diagnosis and treatment. This coordination encompasses direct patient care; documentation in the medical record; participation in therapy; symptom management; organization of referrals to other healthcare providers; both patient and family education; as well as counseling throughout diagnosis, therapy, and follow up. I should serve as the patient's first line of communication. Ideally, the patient and family should feel free to contact the oncology nurse by phone during the entire treatment program. Many patients travel long distances, so the importance of communication by telephone must be emphasized. It allows continuous patient communication, early recognition of emergencies, and regular emotional support.

**Direct Patient Care:**

I should ensure that the correct dose and drug is being administered by the correct route to the right patient when giving chemotherapy as one of my basic responsibilities as an oncology nurse. Measures should also be taken to prevent medication errors such as:

* Perform independent double-check of original doses with a second chemotherapy-certified RN.
* Double check for accuracy of treatment regimen, chemotherapy agent, dose, calculations of body surface area, schedule and route of administration.
* Recalculate chemotherapy doses independently for accuracy.
* Verify appropriate pre-medication and pre-hydration orders

**Symptom Management:**

Oncology nurses are challenged on a daily basis to deal with the numerous symptoms patients with cancer and their families encounter as a result of their cancer or its treatment. Nurses triage patient problems and assist in the evaluation of symptoms and initiation of interventions. For example, subjective and objective data, including information about the last chemotherapy treatment and knowledge of the patient's history, guide the nurse in determining the patient's disposition and treatment.

Much progress has been made in managing the side effects of chemotherapy, and nurses have contributed significantly to this success. For example, nausea and vomiting are two of the most common symptoms associated with chemotherapy. Control of these symptoms has been a nursing research priority. Multiple studies have helped to define nausea and vomiting and to develop tools to measure occurrence, distress, and individual experiences associated with these symptoms. This information assists in the treatment of nausea and vomiting and evaluation of the effectiveness of prescribed treatments. Oncology nurses have assisted in the development of guidelines for the use of antiemetics particularly the 5-hydroxytryptamine–receptor antagonists. These guidelines outline the optimal use and safe delivery of antiemetic drugs and have proved to be an effective means of cost containment.

Fatigue is the most distressing side effect reported by patients and is a cancer-related symptom that nurses have played a major role in managing. Nurse researchers have contributed significantly to the definition, incidence, measurement, and management of fatigue.

**Supportive Care:**

Oncology nurses are closely involved with numerous supportive care issues encountered by cancer patients and their families. They are numerous areas of supportive and palliative care, but two areas deserve special mention, that is, the involvement of nurses in pain management and in survivorship. Because nurses spend more time with patients experiencing pain than does any other health professional, it is of utmost importance that as the nurse I should be knowledgeable enough about pain assessment and both pharmacologic and non-pharmacologic management of pain, in order to provide good pain control as well as patient and family education.

My nursing care should be planned to promote patient comfort, provide patients and their families with information related to pain control, provide information about and assistance with behavioral and physical interventions, prevent and alleviate side effects of pharmacologic therapies, and promote patient compliance with therapy and required follow up. I should also explain the rationale for interventions and provide time for patient and family questions. Patient education should include the names of the pharmacologic agents, dosage schedules, side effects, interventions to alleviate nausea and vomiting, such as antiemetics, and interventions to alleviate constipation. I should also monitor the effectiveness and side effects of pharmacologic interventions, respiratory status, and bowel functioning, as well as mental and cognitive functioning. The patient and family must know how to contact medical personnel in case of an emergency and should feel free to do so.

**2. NURSING RESPONSIBILITIES TOWARDS A PATIENT RECEIVING RADIOTHERAPY ON AN ONCOLOGY UNIT**

NURSING RESPONSIBILITIES FOR EITHER EXTERNAL OR INTERNAL RADIATION THERAPY

• Carefully assess and manage any complications, usually in collaboration with the radiation oncologist.

• Assist in documenting the results of the therapy; for example, clients receiving radiation for metastases to the spine will show improved neurologic functioning as tumor size diminishes.

• Provide emotional support, relief of physical and psychologic discomfort, and opportunities to talk about fears and concerns.

For some clients, radiation therapy is a last chance for cure or even just for relief of physical discomfort.

**EXTERNAL RADIATION:**

Prior to the start of treatments, the treatment area will be specifically located by the radiation oncologist and marked with colored semi-permanent ink or tattoos. Treatment is usually given 5 days per week for 15 to 30 minutes per day over 2 to 7 weeks.

**Nursing Responsibilities**

• Monitor for adverse effects: skin changes, such as blanching, erythema, desquamation, sloughing, or hemorrhage, ulcerations of mucous membranes, nausea and vomiting, diarrhea, or gastrointestinal bleeding.

• Assess lungs for rales, which may indicate interstitial exudate. Observe for any dyspnea or changes in respiratory pattern.

• Identify and record any medications that the client will be taking during the radiation treatment.

• Monitor white blood cell counts and platelet counts for significant decreases.

**Client and Family Teaching:**

• Wash the skin that is marked as the radiation site only with plain water, no soap; do not apply deodorant, lotions, medications, perfume, or talcum powder to the site during the treatment period. Take care not to wash off the treatment marks.

• Do not rub, scratch, or scrub treated skin areas. If necessary, use only an electric razor to shave the treated area.

• Apply neither heat nor cold (e.g., heating pad or ice pack) to the treatment site.

• Inspect the skin for damage or serious changes, and report these to the radiologist or physician.

• Wear loose, soft clothing over the treated area.

• Protect skin from sun exposure during treatment and for at least 1 year after radiation therapy is discontinued. Cover skin with protective clothing during treatment; once radiation is discontinued, use sun-blocking agents with a sun protection factor (SPF) of at least 15.

• External radiation poses no risk to other people for radiation exposure, even with intimate physical contact.

• Be sure to get plenty of rest and eat a balanced diet.

**INTERNAL RADIATION:**

The radiation source, called an implant, is placed into the affected tissue or body cavity and is sealed in tubes, containers, wires, seeds, capsules, or needles. An implant may be temporary or permanent. Internal radiation may also be ingested or injected as a solution into the bloodstream or a body cavity or be introduced into the tumor through a catheter.The radioactive substance may transmit rays outside the body or be excreted in body fluids.

**Nursing Responsibilities:**

• Place the client in a private room.

• Limit visits to 10 to 30 minutes, and have visitors sit at least 6 feet from the client.

• Monitor for side effects such as burning sensations, excessive perspiration, chills and fever, nausea and vomiting, or diarrhea.

• Assess for fistulas or necrosis of adjacent tissues.

**Client and Family Teaching:**

• While a temporary implant is in place, stay in bed and rest quietly to avoid dislodging the implant.

• For outpatient treatments, avoid close contact with others until treatment has been discontinued.

• If the radiologist indicates the need for such measures, dispose of excretory materials in special containers or in a toilet not used by others.

• Carry out daily activities as able; get extra rest if feeling fatigued.

• Eat a balanced diet; frequent, small meals often are better tolerated.

• Contact the nurse or physician for any concerns or questions after discharge.

**3. PRECAUTIONS TO TAKE WHILE CARING FOR A PATIENT RECEIVING CHEMOTHERAPY**

* Wear surgical gloves when handling antineoplastic agents and the excretions of patients who received chemotherapy.
* Wear disposable, long-sleeved gowns when preparing and administering chemotherapy agents.
* Dispose all equipment used in chemotherapy preparations and administration in appropriate leak-proof, puncture proof containers.
* Use a biological safety cabinet for the preparation of all chemotherapy agents.
* Do not recycle cancer medication pill bottles
* Never reuse cancer medication pill bottles
* Do not mix chemotherapy medications with other medications in the pill box. They should always remain separate from other medications
* Store medications in a cool, dry place, away from excess heat or sunlight exposure.
* Perform hand hygiene (soap and water) before and after handling all medications
* Keep cancer drugs in original packaging until used or placed within the daily pill box.
* Items such as linens that are soiled with body fluids should be kept in plastic bags until washed.
* The items should be washed separately from other laundry in hot water.