MATRIC NO: 16/MHS02/035

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COURSE: NSC 408

ASSIGNMENT

1. Discuss your nursing responsibilities towards a patient schedule to receive neoadjuvant treatment for the management of cancer
2. Discuss your responsibilities towards a patient receiving radiotherapy on an oncology unit where your practice
3. What precautions should you take while caring for a patient receiving chemotherapy on your unit

ANSWER

1. Nursing responsibilities towards a patient schedule to receive neoadjuvant treatment for the management of cancer focuses on patient assessment, patient education, and coordination of care, direct patient care, symptom management, and supportive care.

**PATIENT ASSESSMENT**

Nurses are expected to be 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. The oncology nurse reviews the treatment plan with the oncologist, is 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.

An oncology nurse is 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 is developed in response to the particular needs identified from the assessment. At a minimum, this plan promotes

* The patient's understanding of therapy goals, treatment schedules, and possible side effects of therapy
* Physical and psychological preparation for therapy
* Physical and psychological comfort
* Compliance.

**PATIENT EDUCATION**

The nurse often has 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.

The patient and/or family should be able to:

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

**COORDINATION OF CARE**

The oncology nurse plays 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.

The nurse 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**

The majority of Oncology Nurse Members provide direct patient care involving chemotherapy. National certification for chemotherapy currently does not exist. Each institution should have written policies for chemotherapy certification, administration of antineoplastic drugs (all routes), safe drug handling and disposal, management of untoward reactions, such as allergic reactions, and methods for documentation.

The Oncology Nurse currently offers a chemotherapy trainers course. These trainers may then offer chemotherapy training courses in the community to oncology Nurses. An important responsibility of nurses involved in the delivery of chemotherapy is to ensure that the correct dose and drug are administered by the correct route to the right patient.

**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.

**SUPPORTIVE CARE**

Oncology nurses are closely involved with numerous supportive care issues encountered by cancer patients and their families. Nurses help in the involvement of 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 the nurse be knowledgeable 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.

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.

1. The responsibilities towards a patient receiving radiotherapy on an oncology is explained below:

* Assessment of patient must be done first

**MINIMIZE SIDE EFFECTS**

* In women of child bear age, rate may cause prolonged or permanent infertility
* In prostate radiotherapy, when radioactive seeds have been implanted there is low, weakly penetrating radiation for others therefore the client should use a condom or sexual intercourse in the first few weeks after the procedure.
* Also the client should avoid close contact (<6 feet) contact with pregnant women and young children (younger than 3 years) for more than 5minutes a day during the first 2 months following implantation.
* If systemic symptoms occur such as weakness and fatigue, the patient may need assistance with ADL and personal hygiene
* When a patient has a radioactive implant in place, nurses and other healthcare personnel need to protect themselves as well as the patient from the effects of radiation.

**PROVIDE A NONSTRESSFUL ENVIRONMENT**

* Some people who receive radiation to the head and neck experiences redness and irritation in the mouth, a dry mouth, difficulty in swallowing, changes in taste or nausea Other possible side effects include a loss of taste, earaches and swelling
* Skin texture might change and jaws may feel stiff

**DENTAL CARE**

* If you wear dentures, they may no longer fit well because of swollen gums. If your dentures can cause gum sores, you may need to stop wearing them until your radiation therapy is over because sores can become infected.
* Clean teeth and gums thoroughly with a very soft toothbrush after meals and at least once a day each day.
* Use fluoride toothpaste that contains no abrasives.
* Use unwaxed dental tape to gently floss between once a day.-Rinse your mouth well with cool water or a baking soda solution after brushing. Use 1 tsp. baking soda in 1 quart of water.
* Apply fluoride regularly as prescribed by your dentist.

1. Precautions taken while caring for a patient receiving chemotherapy are as follows:

We should first know that chemotherapy drugs are considered to be hazardous to people who handle them or come into contact with them. For patients, this means the drugs are strong enough to damage or kill cancer cells. But this also means the drugs can be a concern for others who might be exposed to them. This is why there are safety rules and recommendations for people who handle chemo drugs.

## PRECAUTIONS THE CANCER CARE TEAM WILL TAKE

## They put on special clothing and protective equipment being worn by the nurses and other members of your cancer care team.

## Nurses who prepare chemo drugs use a special type of pharmacy that must meet certain regulations. And nurses and others who give your chemo and help take care of you afterwards wear protective clothing,

## Such as 2 pairs of special gloves

## A gown

## Sometimes goggles or a face shield. If you're getting IV chemo, there might be a disposable pad under the infusion tubing to protect the surface of the bed or chair.

* If a caregiver does come in contact with any of your body fluids, they should wash the area very well with warm water and soap. It’s not likely to cause any harm, but try to avoid this. At your next visit, let your doctor know this happened. Being exposed often may lead to problems, and extra care should be taken to avoid this.
* Any clothes or sheets that have body fluids on them should be washed in your washing machine not by hand. Wash them in warm water with regular laundry detergent. Do not wash them with other clothes. If they can’t be washed right away, seal them in a plastic bag.

## SPECIAL PRECAUTIONS WHEN TAKING CHEMO BY MOUTH

Oral chemo or chemo you take by mouth and swallow. These drugs are as strong as other forms of chemo, and many are considered hazardous. There are usually special precautions for storing and handling oral chemo drugs. You might be told to be careful not to let others come into contact with it or your body fluids while taking it and for a time after taking it.

## KEEPING FAMILY AND FRIENDS SAFE

There are certain safety precautions that might be needed during and after getting chemo. Unless your health care team tells you differently, you can usually be around family and friends during the weeks and months you're getting chemo. On treatment days, family and friends can often come with you. However, some treatment centers only allow patients in the infusion area and visitors may need to stay in the waiting room.

You are the only person who should be exposed to the chemo you are getting, but it can be irritating if it gets on your skin. Any spilled IV chemo, any powder or dust from a pill or capsule, or any liquid from oral or other kinds of chemo can be hazardous to others if they are around it.