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ASSIGNMENT

1. Discuss your nursing responsibilities towards a patient scheduled 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?

### **ANSWERS**

Neoadjuvant is a treatment given as a first step to shrink a tumor before the main treatment, which is usually surgery, is given. Examples of neoadjuvant therapy include chemotherapy, radiation therapy, and hormone therapy. It is a type of induction therapy. Most often, neoadjuvant and adjuvant therapies are recommended when a patient with early-stage cancer undergoes surgery or radiation therapy and the oncologist believes he or she may benefit from additional systemic treatments or treatments that affect the entire body

### **NURSING RESPONSIBILITIES INCLUDES**

Patient assessment,

Confirm allergies, and evaluate any preexisting symptoms.

Verify signed consent for treatment was obtained and signed by provider and patient.

Monitor laboratory values and verify laboratory values within acceptable range for

dosing.

Take measures to prevent medication errors:

Perform independent double-check of original orders with a second

neoadjuvant

certified RN.

Double check for accuracy of treatment regimen, 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.

Ensure patient education completed and address outstanding patient questions.

## Administration

Dual nurse verification and sign off at the bedside:

Compare original order to dispensed drug label at the bedside with another certified RN

and verify patient identity.

Safe handling of hazardous medications; reduce exposure to self and others.

Intravenous line management: insertion, evaluation, and assessment.

Check patency of IV site for brisk blood return immediately prior to connecting

hazardous agent to the patient and as indicated during infusion.

Continuous monitoring for infiltration, phlebitis, extravasation, or infection.

Continuous patient monitoring for acute/adverse drug effects and allergic reactions.

Prompt recognition and management of hypersensitivity reactions.

Safe handling and management of any spills.

## After Administration

Flush IV line, ensure brisk blood return prior to removing peripheral IV device,

flush/maintain vascular access device according to institution policy.

Safe handling and disposal of hazardous waste according to institution policy.

Document in medical record the medications given, patient education, and patient

response, including any adverse events.

Ensure patient has appropriate discharge instructions, anti-nausea medications, and

education, and emergency contact information of physician's office in event of emergency.

Radiation therapy (also called radiotherapy) is a cancer treatment that uses high doses of radiation to kill cancer cells and shrink tumors. At low doses, radiation is used in x-rays to see inside your body, as with x-rays of your teeth or broken bones.

## **NURSING RESPONSIBILITIES DURING RADIATION THERAPY**

### 1. Provide education

Many manifestations of radiation therapy do not develop until approximately 10-

14 days. And some do not subside until several weeks after treatments.

The nurse explains the procedure, delivery of radiation, describe the equipment, the

duration and the possible need of immobilizing the patient.

### 2. Minimize side effects

In women of child bear age, Rt 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 for 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 5 minutes 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 health care personnel need to protect themselves as well as the patient from the effects of radiation.

### 3. 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

### 4. 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.

### 5. Many patients feel tired due to the radiation therapy which can affect their emotions

6. Patients might feel depressed, afraid, angry, frustrated, alone or helpless  
Peer support groups may meet at your hospital  
Emotional and spiritual encouragement also is important to the healing process

7. Side effects can include eating and digestion problems. You may completely lose interest in food during your treatment.  
Even if you are not hungry, it is important to keep your protein and calorie intake high. Doctors have found that patients who eat can better handle their cancers and side effects. Eat when you are hungry, even when it is not meal time.

Eat several small meals during the day rather than 2 or 3 large meals.  
Vary your diet and try new recipes

If you don't drink alcohol, ask your doctor if you should avoid alcohol during your treatment.

Keep healthful snacks close by nibbling when you get the urge.

Drink milkshakes or prepared liquid supplements between meals.

Patient receives a low residue diet to prevent frequent bowel movements.

Radiation therapy may cause anorexia which may lead to inadequate nutrition and hydration so small frequent feedings or use of nutritional

Supplements may be required to maintain adequate nutrition.

In radiation therapy, fatigue or malaise also contribute to poor nutritional intake thus planned rest periods may provide relief of fatigue providing increased energy for meal preparation or consumption.

8. For lactating mothers undergoing radiation therapy. Advise pt. not to breastfeed to prevent adverse effects to fetus. Advise pt. to drink plenty of fluids to prevent dehydration. Monitor nutritional status

## 9. Miscellaneous.

A urinary catheter will be in place (if ordered) and must be inspected frequently to ensure that it drains properly.

Any profuse discharge should be reported immediately to the radiation oncologist or gynecologic surgeon.

### **General precautions for patient on chemotherapy.**

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.

Special clothing and protective equipment are being worn by the nurses and other members of the cancer care team. Pharmacists and nurses who prepare chemo drugs use a special type of pharmacy that must meet certain regulations. And nurses and others who give chemo and help take care of patients afterwards wear protective clothing, such as 2 pairs of special gloves and a gown, and 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.

### **Special precautions when taking chemo by mouth**

Oral chemo, or chemo taken by mouth and swallow, is usually taken at home. 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.

Patients might be told to be careful not to let others come into contact with it Or their body fluids while taking it and for a time after taking it. Sometimes you need to wear gloves when touching the pills or capsules.

### **Keeping family and friends safe**

There are certain safety precautions that might be needed during and after getting chemo. Unless the health care team tells you differently, one can usually be around family and friends during the weeks and months getting chemo. Patients are the only persons who should be exposed to the chemo they're getting, but it can be irritating if it gets on the 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.

### **What to do during and for 48 to 72 hours after chemo:**

It generally takes about 48 to 72 hours for the body to break down and/or get rid of most chemo drugs. But it's important to know that each chemo drug is excreted or passed through the body a bit differently. Some drugs take longer to leave your body. Most of the drug waste comes out in your body fluids, such as urine, stool, tears, sweat, and vomit. The drug waste is also in your blood, and may be in other body fluids such as fluids from semen and the vagina. When chemo drugs or their waste are outside your body, they can harm or irritate skin. Other people and pets could be exposed to the drug waste for a few days if they come into contact with any of your body fluids.

Here are things one can do to help keep your family, visitors, and pets safe during this time:

If possible, have children use a different toilet than the one you use.

Flush the toilet twice after you use it. Put the lid down before flushing to avoid splashing. If possible, you may want to use a separate toilet during this time. If this is not possible, wear gloves to clean the toilet seat after each use.

Both men and women should sit on the toilet to use it. This cuts down on splashing.

Keep the toilet lid down when you're not using it to keep pets from drinking the water.

Always wash your hands with warm water and soap after using the toilet. Dry your hands with paper towels and throw them away.

If one vomit into the toilet, clean off all splashes and flush twice. If you vomit into a bucket or basin, carefully empty it into the toilet without splashing the contents and flush twice. Wash out the bucket with hot, soapy water and rinse it; empty the wash and rinse water into the toilet, then flush. Dry the bucket with paper towels and throw them away.

Caregivers should wear 2 pairs of throw-away gloves if they need to touch any of your body fluids. (These can be bought in most drug stores.) They should always wash their hands with warm water and soap afterward – even if they had gloves on.

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.



If using throw-away adult diapers, underwear, or sanitary pads, seal them in 2 plastic bags and throw them away with your regular trash.

### **Preventing infections**

Most chemo drugs make the patient less able to fight infection, but there are ways you can do your best to avoid patients getting an infection.