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**MATRIC NUMBER: 16/MHS02/045.**

**COURSE: NSC 408 ASSIGNMENTS.**

**LEVEL: 400.**

**DATE: 30/04/2020.**

**QUESTIONS**

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**

**1) The roles include:**

* **Assess Patient Health**

Oncology Nurses examine and assess the full health of patients. They focus on physical, mental and emotional status, as well as nutrition, pain, and family involvement.

* **Develop Plan of Care for Patient**

In consultation with physicians and specialists, the Oncology Nurse develops a treatment plan for the patient. They formulate a goal-directed plan of care and establish treatment priorities based on patient needs and the availability of resources.

* **Administer Treatments**

Oncology Nurses assist with the administration of chemotherapy and radiation, as well as supportive care and treatment for patient symptoms. They also monitor, evaluate and record the treatment results.

* **Educate Patients and Families**

A large part of the job of an Oncology Nurse is to help patients, and their families, understand the disease, the treatment plan, and any possible side effects. They help to translate complex medical terminology to the patient and answer questions. Oncology Nurses may also advise patients on disease prevention and personal care.

* **Provide Support**

An Oncology Nurse must be prepared to provide support and guidance throughout a patient’s treatment. They link patients and their families to healthcare services and communicate with the doctors and other members of staff on behalf of the patient. Oncology Nurses provide emotional stability and support as patients and their families handle a very stressful and painful treatment process.

**2) Nursing responsibilities for the patient receiving radiation therapy**

**I) Teletherapy:** The radiation source is exterior to the tumour such as the use of linear accelerator.

* Remove all opaque objects such as pins, buttons and hairpins and replace clothing with a gown for body x-rays.
* Have patient perfectly still, maintain position with the use of foam, plastic, and plaster (material) devices and/or variety of other materials that can conform to the patient’s anatomy.
* Tell the patient there will be no sensation or pain accompanying radiation therapy.
* Advise the patient that he/she will be alone in the room for the protection of the technician, but will be in voice contact.
* Determine from the physician what has been told to the patient about radiation therapy.
* If series of treatments are to be given, include the patient in the planning phase.

**II) Brach therapy:**the radiation source is used for surface, interstitial, or intra cavity applications.

* The nurse should inform the patient that some skin reaction can be expected but that varies from patient to patient.
* Do not apply lotions, ointments, cosmetics, etc. To the site of radiation unless prescribed by the physician. Cornstarch may be used when the skin is dry and or itchy. Discourage vigorous rubbing or scratching. It may destroy skin cells.

**3) Safety precautions can vary depending on the drugs the patient is receiving**. They include:

* **Use a plastic bucket**

Patient should vomit into a plastic bowl or bucket (or a plastic bag with no holes). Don't use the bowl or bucket for anything else, and throw it out after the final chemotherapy session.

* **Clean up spills**

Keep a supply of cleaning cloths, paper towels and disposable waterproof gloves handy. If any body fluids (during the week after a treatment session) or chemotherapy drugs spill onto household or hospital surfaces, put on a pair of waterproof gloves, soak up the spill with paper towels, clean around the area with a disposable cloth and soapy water, and rinse the area with water. Seal used gloves, cloths and paper towels in a plastic bag before putting them in the bin.

* **Careful use of the toilet**

For a week after a treatment session, patient should sit down to use the toilet. Put the lid down before flushing to avoid splashing.

* **Wear disposable gloves**

During the week after a treatment session, wear disposable waterproof gloves when handling patients clothing or bed sheets soiled with vomit or other body fluids. Seal the gloves in a plastic bag and discard after use.

* **Keep tablets whole**

Do not allow the patient to crush, chew or cut chemotherapy tablets. If he/she cannot swallow a tablet whole, ask the pharmacist whether the drugs come in other preparations (i.e. liquid).

* **Handle laundry carefully**

Clothes or other items soiled with body fluids should be washed separately. Use the longest washing machine cycle (hot or cold water can be used). Line dries the items.

* **Use protection**

Educate patient to use a condom or a female condom if having any type of sex after a chemotherapy session.

* **Put medicines in a safe place**

Store all tablets, capsules or injections as directed by the oncologist or pharmacist – they often need special storage to keep them effective and safe. Keep them out of reach of children, and do not store them in a pill organiser with other medicines.

* **Pregnancy and breastfeeding**

Educate patient to [avoid pregnancy](https://www.cancervic.org.au/cancer-information/treatments/treatments-types/chemotherapy/side_effects_of_chemotherapy.html#fertility) while having chemotherapy. If the patient has a baby, he/she will not be able to breastfeed during their course of chemotherapy.