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**MATRIC NUMBER: 15/MHS02/018**

**COURSE CODE: NSC408**

ASSIGNMENT

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

ANSWER

1.

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

2.The nurse should monitor the patient for acute/adverse drug effects and allergic reactions.

3.The nurse should verify signed consent for treatment was obtained and signed by provider and patient.

4.The nurse should ensure patient education is completed and address outstanding patient questions.

5.Monitor laboratory values and verify laboratory values within acceptable range for dosing.

2.

1. Teaching is a primary responsibility of nursing care for radiation patients. Patients and families must know what to expect, get a chance to ask questions, and have those questions answered to their satisfaction. In some facilities, patients and families can tour the radiation department on designated days to become familiar with the facility and learn about the treatment process.
2. Monitor and assess the patient’s pain level using a standard 0-to-10 pain scale. Note what pain medications the patient takes and whether these are effective. If the patient is taking prescription analgesics, ask about constipation; as needed, use an effective bowel-care protocol. Know that patients shouldn’t go more than 3 days without a substantial bowel movement.
3. If appropriate, refer patients with fatigue for physical therapy, which can ease fatigue and improve stamina.
4. Obtain a complete list of the patient’s medications and monitor for drug interactions. Stress the importance of informing all healthcare providers of medication changes.
5. Skin care: Radiation can cause skin irritation resembling sunburn on a cold day. The skin may redden or darken and blisters may develop. Recommend the use of skin-care products that hydrate the entire treatment area, but instruct patients to avoid applying them within 2 hours before treatment because they may exacerbate skin irritation caused by radiation. Know that radiation to the head may cause hair loss and irritate the tops of the ears. Applying mineral oil to the affected areas reduces irritation.
6. Monitor nutrition and hydration: A dehydrated patient may require I.V. fluids. Teach the patient to report dehydration signs and symptoms, such as weakness, dizziness, and decreased urine output. If the patient reports diarrhea or vomiting, assess for volume depletion and check orthostatic vital signs and weight. Document the color of the patient’s urine
7. Interventions by cancer type or radiation site: The patients should be educated according to their cancer type in the sense that those with breast cancer should be given education on things to do to help their health progress.
8. Radiation side effects: Helping patients and families manage side effects is a key nursing responsibility. Every patient is unique and may have co morbidities that can complicate the treatment picture.
9. Emotional support: A cancer diagnosis affects not just the patient but the entire family. Patients need guidance, education, and support from nurses to navigate the healthcare system and the cancer-care continuum. Provide education, encouragement, problem-solving help, and resource assistance to them and their families. Listen empathetically as they express their concerns, and provide support to help them cope with the emotional highs and lows of cancer diagnosis and treatment

3.

* Hand Hygiene: Proper hand hygiene can be performed using an alcohol-based hand gel or foam or by using soap and water. If your hands are visibly dirty you should choose soap and water. Your health care provider should perform hand hygiene when entering and when exiting the patient care area (exam room, hospital room, chemotherapy administration room), before and after touching you, and after removal of gloves. Although you are not the healthcare provider, it is important that you, as the patient (or your visitors), perform hand hygiene frequently to prevent the spread of pathogens.
* Respiratory Hygiene: Respiratory hygiene is used to prevent the transmission of pathogens that can cause respiratory infections. Respiratory hygiene includes covering your nose and mouth while sneezing and coughing, with either your elbow or a tissue. If you use a tissue, it should then be thrown away in the trash. After contact with any secretions from a cough or sneeze, hand hygiene should be performed.
* Personal Protective Equipment (PPE): PPE is the equipment worn by health care professionals to protect them from contact with infectious agents, and therefore to prevent spreading possible pathogens from patient to patient. PPE includes gloves, face shields, surgical masks, goggles, respirator masks, and gowns. Your health care provider will put these on depending upon the type of situation. Gloves should always be worn when there is the possibility of hands coming in contact with bodily fluid from the patient. A gown, face shield, and goggles may be used if there is a chance that a bodily fluid could be splashed on to the health care provider. After removal of any PPE, proper hand hygiene should be performed.
* Injection Safety: Being stuck by a needle that has been used can transmit blood borne pathogens from the patient to the healthcare provider. It is important that needles not be reused. Used needles must be disposed of immediately after use into a container designed for disposal of syringes and needles. Many injections have a safety mechanism that retracts the needle into the syringe once the medication is infused. This mechanism should always be used to prevent a health care provider from moving around a room with an open needle.
* Medical Equipment/Environmental Cleaning/Waste Disposal: It is important that standards are set in every facility regarding the cleaning of equipment, linens, and patient care settings, including exam rooms and hospital rooms. Visibly soiled equipment and spaces should be properly cleaned with an appropriate chemical agent or detergent. One-time use equipment, such as probes placed on thermometers, should be thrown away after use. Linens should be changed after use in an exam room and as often as needed (at a minimum, daily) in a hospital room. Trash should be thrown away properly. Any trash soiled with a bodily fluid should be thrown away in a trash can meant for clinical waste. Trash cans to be used for clinical waste will be marked and are often red.