Name: Philips Ebubechukwu Andrea

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Course Title: Advanced Medical Surgical Nursing

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**1. Discuss your nursing responsibilities towards a patient scheduled to receive neoadjuvant treatment for the management of cancer.**

The following discussion on the role of the oncology nurse focuses on patient assessment, patient education, coordination of care, direct patient care, symptom management, and supportive care. To illustrate how varied the role may be and its importance across the continuum of cancer care, examples related to the role of the oncology nurse in direct patient care, symptom management, and supportive care are provided.

* **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. 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**

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. 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.

* **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 nurses 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. 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. 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. 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 nonpharmacologic 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. The nurse should 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. The nurse should 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. Discuss your responsibilities towards a patient receiving radiotherapy on an oncology unit where you practice**

**Administration**: the nurse is in charge of administration of drugs and IV fluids to patients**Medicament applications and therapy are administered by nurses**; giving patients proper medical application before and during therapy.**Wound dressing** are administered by nurses by cleaning and dressing patients wound using aseptic technique.

**Provide education**

Many manifestation of radiation therapy do not develop until 10-14 days

* The nurse explains the procedures, delivery of radiation, describe the equipment, the duration and possible need of immobilizing the patients.

 **The nurse minimize side effects**

* In women of child bearing age, radiotherapy cause permanent infertility.
* In prostrate radiotherapy, when radioactive seeds have been implanted, there is a low,  **w**eakly penetrating radiation for others.
* Clients should use condoms for sexual intercourse in the first week after procedures
* Clients should avoid close contact with pregnant women and young women (less than 3years).
* Nurses should protect themselves as well as patient from effects of radiation.

 **Nurses provide a non-stressful environment**

 Some people who receive radiation from head to neck experience redness and irritation

 In the mouth.

  **Dental cares**

* Dentures are removed due to swollen gums and gum sores and can only be put

 when radiation therapy is over.

* Nurse should ensure patient clean teeth and gum thoroughly with soft toothbrush

 to flouride toothpaste.

* Nurses should give adequate rest and make patient feel comfortable after radiation therapy.
* Aspiration: nurses assist and care for patients preventing patients from aspirating.
* Support ( physical and psychological )
* Education of the patient and family
* Collaboration with other team members
* Continuous training and psychological support to patients.

Chemotherapy is strong medicine, so it is safest for people without cancer to avoid direct contact with the drugs. That's why oncology nurses and doctors wear gloves, goggles, gowns and masks. When the treatment session is over, these items are disposed of in special bags or bins. After each chemotherapy session, the drugs may remain in your body for up to a week. This depends on the type of drugs used. The drugs are then released into urine, faeces and vomit. They could also be passed to other body fluids such as saliva, sweat, semen or vaginal discharge, and breast milk. Some people having chemotherapy worry about the safety of family and friends. There is little risk to visitors, including children, babies and pregnant women, because they aren't likely to come into contact with any chemotherapy drugs or body fluids. The safety measures listed below are recommended for family or friends who are providing care or have other close contact during the recovery period at home. If you have questions, talk to your treatment team.

* **Chemotherapy safety in the home**

Follow these safety guidelines to reduce exposure to chemotherapy drugs at home. Safety precautions can vary depending on the drugs you receive, so ask your treatment team about your individual situation.

* **Use a plastic bucket**

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 your 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 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.

* **Take care going to the toilet**

For a week after a treatment session, 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 clothing or bedsheets soiled with vomit or other body fluids. Seal the gloves in a plastic bag and discard after use.

* **Keep tablets whole**

Don't crush, chew or cut chemotherapy tablets. If you can't swallow a tablet whole, ask your oncologist or pharmacist whether the drugs come in other preparations (i.e. liquid).

* **Handle laundry carefully**

Wash clothing or other items soiled with body fluids separately. Use the longest washing machine cycle (hot or cold water can be used). Line dry the items.

* **Use protection**

Use a condom or a female condom if having any type of sex after a chemotherapy session. Your doctor or nurse can give you more details about how long you need to use protection.

* **Put medicines in a safe place**

Store all tablets, capsules or injections as directed by your 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**

Avoid pregnancy while having chemotherapy. If you have a baby, you will not be able to breastfeed during your course of chemotherapy**.**

**3. What precautions should you take while caring for a patient receiving chemotherapy on your unit.**

1. Chemotherapy wastebasket -- This is a large, covered wastebasket with a label on the side that identifies the contents as cytotoxic/bio-hazardous waste. All disposable items that are contaminated with chemotherapy are placed in this basket after use.

2. Gloves -- All healthcare personnel will use gloves while changing your linens, emptying urine, vomit, or other body fluids. Many of the chemotherapy drugs or their breakdown products are found in those body fluids.

3. Linen hamper -- Linen used by a patient who has received chemotherapy may have become contaminated with body fluids. All linen will be placed in a special linen bag so that it can be handled separately by the laundry service.

4. Urinal bedpan, Specipan, graduate -- All these items are used to either collect or measure your urine. After chemotherapy, your urine may be measured and recorded.

5. Emesis basin -- If you need to vomit, the amount may be measured and recorded.

6. Chemo gown, chemo gloves -- All nursing staff that administers chemotherapy will wear a long-sleeved non-absorbent disposable gown and thick gloves while handling your chemotherapy. Some nurses may also wear protective goggles and face shields. These disposable items will be placed in your chemotherapy wastebasket after use.