**OYEBOLA OLUWATOYIN MARY**

**16/MHS02/049**

**ONCOLOGY ASSIGNMENT**

**NSC408**

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

* Safe handling of hazardous medications; reduces exposure to self and others
* The nurse should ensure patient education is completed and address outstanding patient questions
* The nurse should monitor the patient for acute/adverse drug effects and allergic reactions
* The nurse should verify signed consent for treatment obtained and signed by provider and patient
* Monitor laboratory values and verify laboratory values within acceptable range for dosing.

2**. Discuss your responsibilities towards a patient receiving radiotherapy on an oncology unit where your practice**

* **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 (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; and (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. 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 following are the 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. Describing the side effects or problems that patients might experience from the regimen as a whole is more effective than focusing on each separate drug. Patients often express more concern about the occurrence and management of side effects than the mechanism of action of particular agents. Reiteration of important points will assist in achieving the desired outcome. Identifying a time sequence in which side effects generally occur may allay patient anxiety and will assist nurses in selecting the appropriate interventions.

* The nurse will explain the possible side effect you may experience and describe how you can manage them
* The nurse will also provide support and counseling to the patient and the family
* The nurse will assess the patient wellbeing throughout and will help cope with changes they may experience
* **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**;

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. Errors that can occur in medication given includes errors in dosing, incorrect drugs administered to patients or drugs administered by an incorrect route, and errors in administration and preparation. Individual institutional guidelines should be developed to minimize the risk of chemotherapy errors. These guidelines should include a reporting system for errors and a systematic way to review current practice to provide changes to prevent repetition of errors.

* **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.

* **Supportive Care;** Oncology nurses are closely involved with numerous supportive care issues encountered by cancer patients and their families. Two most important areas used in supportive care are; the involvement of nurses in pain management and the involvement of nurses 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. 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 antiemetic, 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.

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

## Preventing Exposure;

Although the drugs can be found in your urine, stool, vomit, and tears, you should still be able to spend time with your friends and family during your chemotherapy treatments. Because it takes 48 hours for chemotherapy medications to be metabolized and broken down in the body, the patient should take certain steps during that time to lower any risks from exposure.

## Personal Hygiene;

**For the first 48 hours after a chemotherapy treatment, patients should double flush after using the toilet. Use of a separate toilet may be a good option during this period.** Frequent toilet cleaning to wipe away splashes reduces the possibility of accidental exposure among family members and pets. **Always wear gloves when cleaning the commode.** Thorough hand washing with soap and water before leaving the bathroom is essential. If body fluids contact the skin, wash the area immediately. Use disposable gloves when cleaning up body fluid accidents and discard them immediately after use. Any clothing or linen that has been soiled with body fluids should be laundered separately. Wash the items in hot water with regular detergent. Family members should not share eating utensils or drinks for a couple of days following a chemotherapy treatment.

## Preventing Infection;

## Because chemotherapy reduces the body's ability to fight infections, patients should take precautions to prevent infection. Those undergoing treatment should avoid people who are sick and large crowds. Frequent and thorough hand washing reduces the likelihood of contracting an infectious illness. Precautions to avoid minor cuts and scrapes also reduces the possibility of accidental infection.

## Pregnancy Prevention;

## Avoiding sexual activity or using a condom for the first 48 hours after chemotherapy prevents potential medication exposure through semen and vaginal secretions. **Preventing pregnancy during and for a few months following the completion of treatment is important because chemotherapy drugs may cause birth defects.** Many doctors recommend use of two different forms of birth control during this time. Discuss this issue with your doctor if you have questions. If pregnancy occurs during treatment, notify your doctor right away.

### **Practice Food Safety**

### Food [safety](https://safety.lovetoknow.com/Health_and_Safety_in_the_Kitchen) can be very important as well. You need to make sure that you maintain proper food safety during your treatment. However, there are some foods that you should avoid while taking chemotherapy:

* Unpasteurized, raw milk, cheese, and other dairy products
* Moldy soft cheeses
* Raw or undercooked meats and eggs
* Unwashed fruit and vegetables
* Raw tofu