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**MATRIC NUMBER: 17/MHS02/102**

**ASSIGNMENT TITLE:** ONCOLOGY AND NURSING CARE OF PATIENTS WITH CANCER

**COURSE TITLE:** ADVANCED MEDICAL/ SURGICAL NURSING II

**COURSE CODE:** NSC 408

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

**NURSING RESPONSIBILITIES TOWARDS A PATIENT SCHEDULED TO RECEIVE NEOADJUVANT TREATMENT FOR THE MANAGEMENT OF CANCER**

* Assessment
1. Assess for anorexia, nausea, vomiting and diarrhea
2. Assess fluid and electrolyte balance
3. Assess for secondary neurologic impairment
4. Assess for patient nutritional status
5. Assess for any signs of irritation secondary to radiation
6. Monitor and assess heart rate and blood level
* Patient education
1. Educate patient on the treatment process
2. Communicate frequently with patient and encourage them to ask questions
3. Educate them on the importance of oral hygiene
4. Educate them on the importance of foods rich in proteins, fruits, and vegetables
5. Encourage them to eat smaller meals frequently
* Patient support
1. Ensure the patient is not infected by encouraging the use of PPE
2. Provide holistic and individualized care to the patients
3. Establish rapport to promote care
4. Provide supportive care like home visits
* Patient counselling
1. Promote hope
2. Be truthful in relating with patients and relatives
3. Prepare relatives on the anticipated loss of loved ones
4. Do not make promises
5. Counsel them on importance of follow up care
* Physical care
1. Use of PPE during administration of therapies
2. Oral mucosa of the patient must be intact by maintaining oral hygiene
* Patient continuity of care
1. Follow up care

**RESPONSIBILITIES TOWARDS A PATIENT RECEIVING RADIOTHERAPY ON AN ONCOLOGY UNIT WHERE YOU PRACTICE**

**NURSING RESPONSIBILITIES IN INTERNAL RADIOTHERAPY:**

1. An explanation to the patient of the procedure and the precautions
2. Place the patient in isolation in a single room and indicate that no visitors are allowed
3. Provide a telephone and radio or television and reading materials
4. In close contact with patient always wear a lead apron or gown and rubber gloves
5. Wear a monitoring badge which records the amount of radiation received by the patient
6. Visit patient once in a while
7. Nurse should wash hands thoroughly after any contact with patient and other equipment
8. Linens, dishes, syringes, needles and other treatment equipment are monitored before being returned.

**FOR INFANTS AND CHILDREN**

* No cream, no lotion should be applied to radiation areas until the treatment series is completed.
* If creams contain any metal, these could distort or interfere with the entrance of radiation.
* If the head will be irradiated, a dental consult may be suggested. This can slow healing of a tooth extraction.

**DURING TREATMENT:**

* Require them to be still for a period of time possibly on an uncomfortable table.
* Assure patients and the child that during the treatment, just as there is no sensation from x-ray exposure, the child may will experience no sensation from radiation exposure.
* Infants are usually prescribed a sedative or conscious sedation before therapy to ensure that they be still during the procedure.
* To make this approach affective, keep the child fairly active early in the day and introduce activities after the sedative is administered.

**AFTER TREATMENT:**

* If head is involved in therapy, alopecia (hair loss) may result.
* Radiation to the head may reduce salivary gland function, leading to a constantly dry mouth.
* Tooth growth may be halted due to root therapy.
* Radiation to bone marrow may depress blood cell and platelet production.
* Children undergoing radiation therapy need their leukocytes and platelet counts monitored periodically for changes.

**FOR CLIENTS UNDERGOING RADIATION:**

* Clients with radioactive implants are a source of radiation to the immediate environment.
* The nurse who is in close contact with such clients also needs to wear a lead apron.
* Nurses must deal safely with radioactive body discharges by wearing gloves and in some instances placing excreta in containers for special disposal.

**WHAT PRECAUTIONS SHOULD YOU TAKE WHILE CARING FOR A PATIENT RECEIVING CHEMOTHERAPY ON YOUR UNIT?**

1. Appropriate protective Gear MUST be worn before start of procedure
2. Gloves should be changed every 30 minutes. In case of visible contamination, gloves must be changed immediately
3. Ventilation slots should be left uncovered
4. Work surfaces MUST be cleaned with water and afterwards with 70% alcohol.
5. All waste MUST be put in the appropriate waste reservoirs
6. After completing procedure, and removing protective equipment, staff should thoroughly wash hands and face

**SAFE HANDLING DURING ADMINISTRATION AND NURSING OF PATIENTS RECEIVING CYTOTOXICS**

* 1. Appropriate protective Gear MUST be worn before start of procedure.
	2. Cover skin completely
	3. Use swab or cotton pad when injecting into a cytotoxic drug solution
	4. When the application is finished, infusion system should not be removed or broken off the bottle
	5. Contaminated linen should be put immediately into the laundry bag
	6. Protective clothing should be worn when handling excreta

**STORAGE OF CYTOTOXIC MEDICINES**

1. There should be designated areas for storing cytotoxic medicines.
2. These designated areas will have clearly visible labels
3. The refrigerators for storing cytotoxic medicines will be those that are easy to clean