NAME: OLUWASOLA BOLANLE RUTH

MATRIC NO: 15/MHS02/043

COURSE CODE: NSC408

MY NURSING RESPONSIBILITIES FOR A PATIENT RECEIVING RADIOTHERAPY:

These can either be internal or external

• Carefully assess and manage any complications, usually in collaboration with the radiation oncologist.

• Assist in documenting the results of the therapy; for example, clients receiving radiation for metastases to the spine will show improved neurologic functioning as tumor size diminishes.

• Provide emotional support, relief of physical and psychologic discomfort, and opportunities to talk about fears and concerns. For some clients, radiation therapy is a last chance for cure or even just for relief of physical discomfort.

EXTERNAL RADIATION

Prior to the start of treatments, the treatment area will be specifically located by the radiation oncologist and marked with colored semipermanent ink or tatoos. Treatment is usually given 5 days per week for 15 to 30 minutes per day over 2 to 7 weeks.

NURSING RESPONSIBILITIES:

• Monitor for adverse effects: skin changes, such as blanching, erythema, desquamation, sloughing, or hemorrhage; ulcera- tions of mucous membranes; nausea and vomiting, diarrhea, or gastrointestinal bleeding.

• Assess lungs for rales, which may indicate interstitial exudate. Observe for any dyspnea or changes in respiratory pattern.

• Identify and record any medications that the client will be taking during the radiation treatment.

• Monitor white blood cell counts and platelet counts for signifi- cant decreases.

Client and Family Teaching

• Wash the skin that is marked as the radiation site only with plain water, no soap; do not apply deodorant, lotions, medication, perfume, or talcum powder to the site during the treatment period. Take care not to wash off the treatment marks.

• Do not rub, scratch, or scrub treated skin areas. If necessary, use only an electric razor to shave the treated area.

• Apply neither heat nor cold (e.g., heating pad or ice pack) to the treatment site.

• Inspect the skin for damage or serious changes, and report these to the radiologist or physician.

• Wear loose, soft clothing over the treated area.

• Protect skin from sun exposure during treatment and for at

least 1 year after radiation therapy is discontinued. Cover skin with protective clothing during treatment; once radiation is discontinued, use sun-blocking agents with a sun protection factor (SPF) of at least 15.

• External radiation poses no risk to other people for radiation exposure, even with intimate physical contact.

• Be sure to get plenty of rest and eat a balanced diet.

INTERNAL RADIATION

The radiation source, called an implant, is placed into the affected tissue or body cavity and is sealed in tubes, containers, wires, seeds, capsules, or needles. An implant may be temporary or permanent. Internal radiation may also be ingested or injected as a solution into the bloodstream or a body cavity or be introduced into the tumor through a catheter.The radioactive substance may transmit rays outside the body or be excreted in body fluids.

NURSING RESPONSIBILITIES:

• Place the client in a private room.

• Limit visits to 10 to 30 minutes, and have visitors sit at least

6 feet from the client.

• Monitor for side effects such as burning sensations, excessive

perspiration, chills and fever, nausea and vomiting, or diarrhea.

• Assess for fistulas or necrosis of adjacent tissues.

Client and Family Teaching

• While a temporary implant is in place, stay in bed and rest quietly to avoid dislodging the implant.

• For outpatient treatments, avoid close contact with others until treatment has been discontinued.

• If the radiologist indicates the need for such measures, dispose of excretory materials in special containers or in a toilet not used by others.

• Carry out daily activities as able; get extra rest if feeling fatigued.

• Eat a balanced diet; frequent, small meals often are better toler- ated.

• Contact the nurse or physician for any concerns or questions after discharge.

PRECAUTIONS TO TAKE WHEN CARING FOR A PATIENT RECEIVING CHEMOTHERAPY

### 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.