**NAME: IJEOMA FAITH**

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

Firstly, neoadjuvant treatment is a preoperative chemotherapy which deals with the administration of therapeutic agents before the main treatment. An example is the neoadjuvant hormone therapy given prior to the radiotherapy for adenocarcinoma of the prostrate. The goal is to reduce the size or extent of the cancer before using radical treatment intervention.

The nursing responsibilities towards a patient scheduled to receive neoadjuvant treatment for the management of cancer include:

1. Patient Assessment: Nurses are expected to be experts 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 treatment plan is revealed together with the oncologist and is aware of expected outcomes and possible complications. The nurse is expected to be aware of the results and general implications of relevant laboratory, pathology and imaging studies. The assessment of patient’s understanding of the disease and proposed treatment is fundamental in allaying anxiety and formulating care plan. Thorough patient preparation improves compliance with treatment programs and may impact treatment outcomes as well.
2. Patient Education: The nurse has a better opportunity than any member of the healthcare member of the health care team to develop the required rapport for effective educational effort with patients and their families. Patient and family education starts before, during and after the therapy Such education include 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. At the end of the teaching, the patient and the family should be able to describe the state of the disease and the therapy at a level consistent with the patient’s educational and emotional status.
3. Consent: verify signed consent for treatment which must be signed by the provider and the patient after the procedure has been explained in details to the patient with the nurse as a witness and also it is being documented.
4. Direct Patient’s care: The nurse provides a direct patient care involving chemotherapy. Each institution should have written policies for chemotherapy certification, administration, safe drug handling and disposal. The nurses’ responsibility involved in the delivery of chemotherapy is to ensure that the correct dose and drug is administered by the correct route to the right patient.
5. The nurse is responsible for appropriate storage of medication prior to administration and it is also administered in a safe and appropriate manner
6. Monitor laboratory values and verify laboratory values within acceptable range for dosing
7. Take measures to prevent medication error by:

* Perform independent double-check of original orders with a second chemotherapy-certified RN
* Double check accuracy of treatment regimen, chemotherapy agent, dose, calculations of body surface area, schedule, and route of administration.

1. Recalculate chemotherapy doses independently for accuracy
2. Ensure patient education completed and address outstanding patient questions

**Discuss your responsibilities towards a patient receiving radiotherapy in an oncology unit where you practice**

My responsibilities towards a patient receiving radiotherapy include:

**Patient Education**

teaching is a primary responsibility of nursing care for a radiation patient. Patient 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.

**Patient Assessment**

Also, I will monitor and assess the patient’s pain level using a standard pain-scale. Note the pain medication 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. If appropriate, I will refer patients with fatigue for physical therapy which can ease fatigue and improve stamina.

Obtain a complete list of the patient’s medications and monitor drug interactions. Stress the importance of informing all the healthcare providers of medication changes.

**Skin Care**

Secondly, radiation can cause skin irritation resembling a sunburn on a cold day. The skin may be reddened or darkened and blisters may develop. Here, will recommend the use of skin care products that hydrate the entire treatment area but instruct patients to avoid applying them 2 hours before treatment because they may exacerbate skin irritation caused by radiation. Hydrogel pads also are effective in reducing heat and improving comfort. If more severe skin irritation occurs, the radiation oncologist may order prescription medication such as Silvadene Cream.

Teach the patient to keep prescription medication medications out of the treatment field to avoid radiation bolus (concentrated dose). Advise patients who experience more intense skin irritation that they should be seen by a radiation-care nurse more frequently (daily or weekly) after treatment ends to monitor skin healing and the skin regimen.

Also. know that radiation to the head may cause hair loss and irritate the tops of the ears. Here, mineral oil is applied to the affected areas to reduce irritation.

**Nutrition and Hydration**

Weigh patients weekly on the same scale. If appropriate, refer them to a dietitian. Be aware that patient who have difficulty in swallowing and maintaining adequate nutrition and hydration may need a percutaneous endoscopic gastrostomy tube.

A dehydrated patient may require I.V fluids. Here, my responsibility is to teach patient to report dehydration signs and symptoms such as weakness, dizziness and decreased urine output. If the patient’s reports diarrhoea or vomiting, assess for volume depletion or check orthostatic vital signs and weight. Document the colour of the patient’s urine. Be aware that patients who complain of dysuria may require a urinalysis to rule out infections.

If your patient has prolonged watery diarrhoea, consult the primary health care provider about ordering anti-diarrheal drugs and perhaps a low residue-diet.

**Interventions by Cancer Type or Radiation Site**

Breast Radiation: Advise the patient to avoid bras with under wires, nylons or lace. Instead, recommend a breathable cotton bra or camisole. Tell patients they may use deodorants but should avoid shaving the armpits to avoid skin irritation.

Head or Neck: If the patient complains of dry mouth, suggest an oral mouth wash such as a solution of 1qt of water, I teaspoon of salt and 1 tea spoon of baking soda. Instruct the patient to swish it in the mouth and spit it out, repeating several times a day. Some patients may need a prescription mouth wash. If appropriate, advise patients to see a dentist before radiation treatment starts to check for severely decayed teeth or an oral infection as these could be a source of infection during treatment.

Brain Tumour: Assess the patient for neurologic impairment such as change in level of consciousness, speech, vision, balance, or strength. Check for numbness, tingling and seizures. Recognise that any change from baseline assessment findings require intervention.

Bone involvement: Assess the patient’s pain level; effectiveness of pain management interventions and extremity strength, numbness, tingling and range of motion. Caution patient that a bone tumour impairs bone integrity, setting stage for fractures.

Pelvic cancer: For younger patients with pelvic cancers (both male and female), patients are advised to provide information about sexuality and warned about possible infertility before radiation treatment begins. So they are being educated on banking sperm or egg-harvesting options.

**Management of Radiation Side Effects**

Helping patients and families manage side effects is a key nursing responsibility. Unlike the systemic side effects of chemotherapy, radiation side effects are specific to the treatment site. Patient is educated on the treatment and its side effects bearing in mind that not all patients experience the same side effects.

**Emotional Support**

A cancer diagnosis affects not just the patient but the entire family. A cancer diagnosis causes fear, uncertainty and anxiety; many patients and families feel powerless and even hopeless. They may experience grief over life plans altered or completely eliminated by the disease. They may also have financial concerns too. Here, the role of the nurse is to give guidance, support and education from nurses to navigate the healthcare system and the cancer care continuum. The nurse provides education, encouragement, problem-solving help and resources 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. Also work in collaboration with pastoral staff, social service staff and counsellors. Suggest the patient use stress relieving techniques such as keeping a journal or meditating.

**Protecting Caregivers**

When a patient is on implant radiotherapy, the nurse and the other caregivers need to protect themselves as well as the patient from the effects of radiation. Patients on internal radiation or implant emit radiation while the implant is in place. Therefore, contact by the care providers is guided by the principles of time, distance and shielding to minimize the exposure of healthcare personnel to radiation. Specific instructions are usually given by the radiation safety officer from the x-ray department specifying the maximum time that can safely be spent in the patient’s room, the shielding equipment to be used and the special precautions and actions to be taken if the radiation should accidentally be dislodged.

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

The safety precautions include:

* Chemotherapy is a strong medicine, so it is safest for people without cancer to avoid direct contact with the drugs .so, it is advised for the oncology nurses and doctors to wear gloves, goggles, gown, and masks and when the treatment is over, these items are disposed of in a special bag or bin.
* Posting appropriate notices about radiation safety in the patient’s room,
* Having staff wear dosimeter badges
* Making sure that pregnant staffs are not assigned to care for the patient;
* Prohibiting visits by children and pregnant visitors
* Limiting visits from visitors to 30 minutes daily;
* Seeing that visitors maintain 6-foot distance from the radiation source.
* Patients with seed implants usually are able to return home. Radiation exposure is minimal. Necessary information and precautions are provided for the patient and her or her family to ensure safety. Depending on the dose and the energy emitted by a systemic radionuclide, patient may not require precautions or hospitalization. The nurse must provide information and explanation about these precautions to the patient to prevent feeling unduly isolated.
* Patients are advised to vomit into a plastic bowl or bucket, clean up spills which can be body fluids, handle laundry carefully and avoid breast feeding during the course of chemotherapy.