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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 schedulled to receive neoadjuvant treatment for the management of cancer.
2. Discuss your responsibilites towards a patient receiving radiotherapy on an oncology unit where your practice.
3. What precautions should you take while caring for a patient receiving chemotherapy on your unit.

Question 1

Neoadjuvant chemotherapy refers to medicines that are administered before surgery for the treatment of breast cancer. Doctors may recommend neoadjuvant chemotherapy due to the size of the tumor, since the drugs may shrink the tumor and give you more surgical options. In some cases, a woman who would have needed a mastectomy due to the large size of her tumor can become a candidate for lumpectomy by shrinking the invasive tumor prior to surgery. Neoadjuvant chemotherapy is also performed for certain types of breast cancer, such as inflammatory breast cancer. Some of the nursing responsibilities towards a patient schedulled to receive neoadjuvant treatment for the management of cancer are;

* Assessing fluid and electrolyte balance: Anorexia, nausea, vomiting, altered taste, mucositis, and diarrhea put patients at risk for nutritional and fluid electrolyte disturbances.
* Modifying risks for infection and bleeding: Suppression of the bone marrow and immune system is expected and frequently serves as a guide in determining appropriate chemotherapy dosage but increases the risk of anemia, infection, and bleeding disorders.
* Administering chemotherapy: The patient is observed closely during its administration because of the risk and consequences of extravasation, particularly of vesicant agent.
* Protecting caregivers: Nurses must be familiar with their institutional policies regarding personal protective equipment, handling and disposal of chemotherapeutic agents and supplies, and management of accidental spills or exposures.
* Communication: Truthful responses given in a nonjudgmental manner to questions and inquiries about unproven methods of cancer treatments may alleviate the fear and guilt on the part of the patient and the family that they are not “doing everything we can” to obtain a cure.
* Information: The nurse should inform the patient and family should inform the patient and family of the characteristics common to fraudulent therapies so that they will be informed and cautious when evaluating other forms of “therapy”.
* Collaboration: The nurse should encourage the patient to inform their physicians about the use of therapies to help prevent interactions with medications and other therapies that may be prescribed.
* Client education.

Question 2

• 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 specifi- cally 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, medica- tions, perfume, or talcum powder to the site during the treat- ment 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 per- manent. 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.

Question 3

The best practice is to minimize your exposure to hazardous drugs and their metabolite. When a patient has just received chemotherapy or forty-eight hours after the completion of the medication, you should wear personal protection equipment (PPE), to prevent accidental exposure to hazardous drugs and its metabolites. The safety equipment includes approved gowns, gloves, goggles, and face shield. At our health system it is available on the unit or can be obtained from the central supply area. This should be done prior to starting a treatment. Your patient will secrete the hazardous drug metabolite within sputum, tears, semen, vaginal secretions, urine and stool for an average of forty-eight hours after the therapy is complete. If the bed needs to be changed a gown should be worn, along with gloves. The linen can be put in the linen bag. If the patient is incontinent and wearing a diaper, it should be placed in a plastic bag prior to placing into the yellow chemotherapy waste container. When handling urine, remember to wear goggles, gloves and gown, along with a face shield because of the risk of splashing.