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MATRIC NUMBER: 16/MHS02/009

COURSE CODE: NSC 408

COURSE TITLE: ADVANCED MEDICAL SURGICAL NURSING II

ASSIGNMENT

* Discuss your nursing responsibilities towards a patient scheduled to receive neoadjuvant treatment for management of cancer
* Discuss your nursing responsibilities towards a patient receiving radiotherapy on an oncology unit where you practice
* What precautions should you take while caring for a patient receiving chemotherapy in your unit

ANSWERS

NURSING RESPONSIBILITIES FOR PATIENT RECEIVING NEOADJUVANT TREATMENT FOR MANAGEMENT OF CANCER:

1. Assessing fluid and electrolyte balance. Anorexia, nausea, vomiting, altered taste, mucositis, and diarrhea put patients at risk for nutritional and fluid electrolyte
2. 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
3. Administering chemotherapy. The patient is observed closely during its administration because of the risk and consequences of extravasation , particularly of vesicant agent
4. 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
5. If systematic symptoms. Such as weakness and fatigue, occur, the nurse explains that these symptoms are as a result of the treatment and do not represent deterioration or progression of the disease
6. Safety precautions used in caring for the patient includes assigning the patient to a private room, posting appropriate notices about radiation safety precautions, having staff members wear dosimeter badges, making sure that pregnant staff members are not assigned to the patient’s care, prohibiting visit by children and pregnant visitors, limiting visits for others to 30 minutes daily, and seeing that visitors maintain a 6 foot distance from the radiation source.

NURSING RESPONSIBILITIES FOR A PATIENT RECEIVING RADIOTHERAPY:

1. Carefully assess and manage complications, usually in collaboration with the radiation oncologist
2. Assist in documenting the results of the therapy; for example, clients receiving radiation for metastases to the spine will show improved neurological functioning as tumor size reduces
3. Provide emotional support, relief of physical and psychological discomfort, and opportunities to talk about fears and concerns.

Radiotherapy is grouped into two: External and Internal

* External Radiation: Prior to start of treatments, the treatment area will be specifically located by the radiation oncologist and marked with colored semi permanent ink or tattoo. 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; ulceration of mucous membranes; nausea vomiting, diarrhea, or gastrointestinal bleeding
* Assess lungs for rales, which may indicate intestinal exudate.
* Identify and record any medication that the patient would be taking during the radiation treatment
* Monitor white blood cell counts and platelet for significant levels of decrease

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 a 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

PRECAUTIONS TAKEN DURING CHEMOTHERAPY:

For Health Care Professionals

1. Special gloves, gowns and possibly goggles are when administering and preparing the drugs
2. The preparation of the medication takes places in areas with special ventilation systems to avoid inhaling or splashing of droplets
3. When handling urine or stool of a patient, special care for safety needs to be paramount
4. Special disposal procedures are implemented for the material that was used to prepare and / or mix the drug
5. The gowns and gloves are disposed in special bags
6. In the case of visible leaks or spills , special precautions are taken

For Patients And Their Families:

* Flushing the toilet twice
* Always wash your hands with warm water and soap after using the toilet
* After vomiting, make sure everywhere is clean
* Caregivers should wear special gloves
* If a caregiver comes in contact with the bodily fluids of the patient, the exposed area should be washed thoroughly and it should be mentioned to the doctor
* Use a condom during sex as the drugs may be found in bodily fluids , semen and vaginal secretions
* Clothes or sheets that have been bodily fluids on them should be washed twice in the machine(not by hand)