Nurses and chemotherapy

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plan

- objectives
- Nursing intervention
- Side effects of chemotherapy
- Manage popular complications
 - infection
 - septic shock
 - bleeding

objectives

- Describe a method to safely transcribe chemotherapy orders
- Discuss methods to safely administer chemotherapy
- Apply a multidisciplinary approach to analyze potential areas for error including physicians, pharmacy and nursing (administering and monitoring)

Chemotherapy

 The treatment of cancer using specific chemical agents or drugs that are destructive to malignant cells and tissues.

 The term comes from two words that mean "chemical" and "treatment."

Cytotoxic

• literally translated means 'toxic to cells'.

Chemotherapy may be used conventionally to:

- Cure patients
- Prolong survival
- Palliative care symptom control

- Chemotherapy administration is among the more hazardous and challenging activities in all of medicine
 - Chemotherapy can have toxic adverse effects
 - Oncology teams often work in different areas, hand off patients, and follow complex treatment regimens

- Preprinted order sets eliminate
 - Unacceptable abbreviations or abbreviations for chemotherapy drugs
- Orders will ALWAYS include:
 - Allergies
 - Height and weight to allow for calculation of body surface area (BSA)

- Protocols are kept:
 - Out-patient clinic
 - Inpatient unit
 - Pharmacy

- ADMINISTRATION and MONITORING
 - utilizing the orders, verify BSA and math corresponding to the drug they are administering
 - verify information on bag/bottle label to written order
 - Spelling patient's name
 - Medical record number
 - Drug name, amount, and rate of infusion

- ADMINISTRATION and MONITORING
 - verify
 - Rate of infusion
 - Pump settings

Chemotherapy drugs are high cost, high risk

 Systems for safe and high quality medications need organisational support and executive and clinical leadership to be successful The medication history is used as the basis for therapeutic decision making, for ensuring continuity of regular medicines while a patient is in hospital and to identify adverse medicines events.

- MAINTAIN TISSUE INTEGRITY
- Handle skin gently
- Do NOT rub affected area
- Lotion may be applied
- Wash skin only with SOAP and Water

- MANAGEMENT OF STOMATITIS
- Use soft-bristled toothbrush
- Oral rinses with saline gargles/ tap water
- Avoid ALCOHOL-based rinses

- MANAGEMENT OF ALOPECIA Alopecia begins within 2 weeks of therapy
- > Regrowth within 8 weeks of termination
- > Encourage to acquire wig before hair loss occurs
- > Encourage use of attractive scarves and hats
- Provide information that hair loss is temporary BUT anticipate change in texture and color

- > PROMOTE NUTRITION
- > Serve food in ways to make it appealing
- Consider patient's preferences
- > Provide small frequent meals
- > Avoids giving fluids while eating
- ➤ Oral hygiene PRIOR to mealtime
- ➤ Vitamin supplements

- > RELIEVE PAIN
- ➤ Mild pain- NSAIDS Moderate pain- Weak opiods
- ➤ Severe pain- Morphine
- Administer analgesics round the clock with additional dose for breakthrough pain

- > DECREASE FATIGUE
- ➤ Plan daily activities to allow alternating rest periods
- Light exercise is encouraged
- > Small frequent meals

- > IMPROVE BODY IMAGE
- > Therapeutic communication is essential
- ➤ Encourage independence in self-care and decision making
- ➤ Offer cosmetic material like make-up and wigs

- Nutritional assessment and weights
- Dentition oral checks
- Monitor for signs of suprainfection, low grade temperatures, rash, etc...
- Vital signs before, during, and after treatments
- Assess pain level

- Educate patients and family members:
- side effects of treatments, meds
- care of port and IV sites
- oral hygiene
- symptoms to report, shortness of breath or signs of infection
- Increase fluid intake

- > ASSIST IN THE GRIEVING PROCESS
- > Some cancers are curable
- ➤ Grieving can be due to loss of health, income, sexuality, and body image
- ➤ Answer and clarify information about cancer and treatment options
- > Identify resource people
- > Refer to support groups

- ➤ MANAGE COMPLICATION: INFECTION
- > Fever is the most important sign (38.3)
- > Administer prescribed antibiotics
- ➤ Maintain aseptic technique
- > Avoid exposure to crowds
- Avoid giving fresh fruits and veggie
- Handwashing
- > Avoid frequent invasive procedures

- ➤ MANAGE COMPLICATION: Septic shock
- ➤ Monitor VS, BP, temp
- > Administer IV antibiotics
- ➤ Administer supplemental O2

- > MANAGE COMPLICATION: Bleeding
- ➤ Thrombocytopenia (<100,000) is the most common cause
- ><20,000 -> spontaneous bleeding
- > Use soft toothbrush
- Use electric razor
- ➤ Avoid frequent IM, IV, rectal and catheterization
- > Soft foods and stool softeners

Side effects of Chemotherapy

Side effects of Chemotherapy

- Alopecia
- Fatigue
- Anemia
- Leukopenia
- Thrombocytopenia
- Always Nausea, Vomiting, Diarrhea
- Neurotoxicity & neuropathies
- Capillary leakage
- Headaches
- Fluid and electrolyte imbalances

- Side effects of Chemotherapy
- Anorexia change in taste buds
- Back aches
- Joint aches
- Blood clots
- Oral mucositis (reduced significantly by Lglutamine amino acids orally)
- Supra opportunistic infections
- Septic DIC
- Tumor lysis syndrome
- Edema or pulmonary edema

- Disturbance in self esteem, body image
- Altered nutrition, less than body requirements
- Risk for fluid volume excess or deficit
- Impaired skin integrity
- Pain, chronic
- Decreased cardiac output
- Self-care deficit

- Alteration in tissue perfusion
- Knowledge deficit
- Risk for injury
- Impaired physical mobility
- Sensory perception alterations
- Alterations in bowel patterns
- Alterations in mucous membranes
- Anxiety and Fear

- Depression
- Grief
- Respiratory compromise
- Spiritual distress
- Impaired social interactions
- Sleep pattern disturbance
- Altered family roles

Pharmacological interventions

- Megace, Marinol for appetite stimulation
- Premedications for nausea, vomiting, edema, headaches: usually on the protocol for chemo

Antiemetics;

Zofran – 24 hour control

Tigan, Kytril, ativan, anzamet, Compazine, benadryl, reglan

Corticosteroids

Pharmacological interventions

- Analgesics
- IV electrolytes and fluid replacement
- Stool softeners to counteract constipation
- Leukine/Prokine for leukopenia
- Neupogen for neutrophilia
- Neumega for thrombocytopenia
- Diuretics for edema

Key points

- Chemotherapy is a major treatment in curing or to prolong survival in cancer patients
- It has a wide range of side effects depending on the drugs given.
- Nurses have a key role to play in caring for a patient receiving chemotherapy
- Safety issues are paramount in administration.

Conclusion

 The Basis for improving the chemotherapy administration process is to help achieve one of the most important patient safety goals: Medication management from prescribing through dispensing to administration.

Thank you