**Nursing Process Focus:**  
**Patients Receiving Tamoxifen (Nolvadex)**

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<th>Assessment</th>
<th>Potential Nursing Diagnoses</th>
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| Prior to administration:  
- Obtain complete health history including allergies, drug history and possible drug interactions.  
- Assess for presence or history of breast cancer. |  
- Anxiety, related to uncertain future, body image changes secondary to tamoxifen  
- Deficient Knowledge, related to no previous contact with tamoxifen or any other drug taken as prophylaxis  
- Imbalanced Nutrition: Less than Body Requirements, related to nausea and vomiting secondary to tamoxifen  
- Pain (acute), related to tumor flare  
- Sexual Dysfunction (male), related to side effects of tamoxifen |

### Planning: Patient Goals and Expected Outcomes

Patient will:  
- Demonstrate improved quality of life while on tamoxifen therapy.  
- Complete recommended course of therapy.  
- Demonstrate knowledge of drug therapy and adverse reactions.  
- Maintain adequate nutrition.  
- Demonstrate maintenance of positive body image.

### Implementation

<table>
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<th>Interventions and (Rationales)</th>
<th>Patient Teaching/Discharge Planning</th>
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<tr>
<td>*Monitor estrogen-positive receptors. (Tamoxifen is more effective in tumors with high concentrations of positive estrogen receptors.)</td>
<td>*Advise patient of importance of having estrogen receptors tested.</td>
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| *Monitor for tumor flare. (Increased bone pain or increased tumor size may occur at beginning of therapy, secondary to high doses of tamoxifen being present in those areas.) | Advise patient and caregiver:  
- that increased bone pain or increased tumor size may occur at beginning of therapy.  
- that these symptoms will stop on their own.  
- to report symptoms so analgesia can be ordered. |
| *Monitor for vision changes. (Decreased vision may be an irreversible adverse reaction to tamoxifen.) | Instruct patient:  
- to have eye exam before beginning tamoxifen therapy and periodically during therapy.  
- to report immediately any decreased vision. |
| *Monitor for vaginal bleeding in post-menopausal woman. (Although tamoxifen is an anti-estrogen, it acts similar to estrogen in body, simulating menstruation.) | *Instruct patient that vaginal bleeding is not normal and she must report it immediately. |
| *Monitor for other GU problems including menstrual irregularities, impotence, erectile dysfunction. | Advise patient:  
- that there is an increased risk of endometrial cancer with tamoxifen therapy so she can |
| **Monitor for other side effects/adverse reactions.** | Advise patient:  
• that side effects may occur, and to report them: hot flashes, weight gain, pruritis, vaginal discharge.  
• they will stop when tamoxifen no longer being taken.  
• that some problems may not be due to tamoxifen (such as chest pain), so it is important to note them and report. |
| --- | --- |
| *Monitor lab values. (CBC must be done weekly. If WBC <3500-4000, dose of tamoxifen must be held. Be aware that incorrect increased serum calcium levels, or increased T4 results in absence of hyperthyroidism may be reported.)* | Instruct patient:  
• that appointments for lab studies must be kept.  
• if showing signs of myelosuppression (fever, unusual fatigue, sore throat, etc.), avoid infections, etc. by staying away from people with URIs, staying out of wind or extremes of temperature, getting adequate rest. |
| *Monitor for photophobia. (Tamoxifen causes increased sensitivity to sunlight.)* | *Advise patient to wear sunscreen, sunglasses, long sleeves when out in sun.* |
| *Monitor for commitment to tamoxifen therapy. (At current time, tamoxifen is recommended to be taken for 5 years.)* | *Advise patient that he/she must be committed to taking tamoxifen for long period of time, and to other restrictions associated with it: preventing pregnancy, routine lab studies, medical follow-ups, etc.* |

**Evaluation of Outcome Criteria**
Evaluate the effectiveness of drug therapy by confirming that patient goals and expected outcomes have been met (see “Planning”).