## Nursing Process Focus:
### Patients Receiving Testosterone Base (Andro and Others)

### Assessment
Prior to administration:
- Obtain complete health history including allergies, drug history and possible drug interactions.
- Assess for presence/history of hypogonadism, secondary sex characteristics, increased or decreased libido, low sperm count, impotence.
- Monitor history of cardiovascular disease.

### Potential Nursing Diagnoses
- Disturbed Body Image, related to lack of normal sexual development, impotence, decreased sperm count, growth retardation, gynecomastia, virilism in females
- Ineffective Coping, related to delayed sexual development and inability to accept this
- Interrupted Family Processes, related to male’s inability to function sexually and/or inability to impregnate partner
- Disturbed Personal Identity, related to lack of secondary sex characteristics expected in pubertal boy
- Sexual Dysfunction, related to lack of normal amounts of androgen

### Planning: Patient Goals and Expected Outcomes
Patient will:
- Experience improvement of underlying condition for which testosterone ordered, without worsening of underlying condition, with few side effects and no adverse reactions.
- Demonstrate understanding of how/why he/she is taking medication and desired effects.
- Demonstrate improved body image as effectiveness of medication is established.
- Experience return of usual sexual function.

### Implementation

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<th>Interventions and (Rationales)</th>
<th>Patient Education/Discharge Planning</th>
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| *Monitor for prostatic or male breast cancer. (Testosterone will worsen either condition.) | Instruct patient:  
  - to have complete medical exam including PSA tests prior to taking testosterone and periodically during therapy.  
  - to note and report any symptoms of altered urinary function: retention, hesitancy, nocturia, hesitancy, frequency, dribbling. |
| *Monitor for serious renal disease. (Edema caused by testosterone and added stress placed on the kidneys.) | Instruct patient:  
  - to have renal function tests, BUN, creatinine performed prior to testosterone therapy and periodically during therapy.  
  - to report immediately any symptoms of kidney dysfunction: decreased urination, edema, uremic frost, confusion, etc. |
| *Monitor for decreased cardiac function. (Edema caused by testosterone stresses the heart.) | Instruct patient:  
  - to have cardiac function tests performed prior to and periodically during therapy.  
  - to immediately report symptoms of |
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<th><strong>Monitor serum cholesterol levels.</strong> (Elevated cholesterol levels secondary to testosterone administration may increase patient’s risk of cardiovascular disease.)</th>
<th>decreased cardiac function: general weakness, fatigue, dyspnea, edema.</th>
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| Monitor patient:  
- to have cholesterol levels measured prior to and periodically during therapy.  
- of lifestyle modifications which may lower risk of hypercholesterolemia: low fat diet, increased exercise, decrease consumption of red meat, butter, fried foods, etc. |
| Instruct patient:  
- to have cholesterol levels measured prior to and periodically during therapy.  
- of lifestyle modifications which may lower risk of hypercholesterolemia: low fat diet, increased exercise, decrease consumption of red meat, butter, fried foods, etc. |
| *Monitor for hypercalcemia.** (Hypercalcemia in patient with metastatic breast cancer usually indicates bone metastasis.) | *If patient is female, monitor for pregnancy or lactation.** (Testosterone crosses into breast milk and may cause damage to infant, including masculinization of female infant.) |
| *If patient is female, monitor for pregnancy or lactation.** (Testosterone crosses into breast milk and may cause damage to infant, including masculinization of female infant.) | Instruct patient:  
- to have negative pregnancy test within 2 weeks before initiating testosterone therapy and monthly during therapy.  
- importance of reliable birth control during testosterone therapy. |
| *Monitor for hypercalcemia.** (Hypercalcemia in patient with metastatic breast cancer usually indicates bone metastasis.) | Instruct patient:  
- to have lab studies performed prior to and during therapy.  
- symptoms of increased serum calcium, and to report immediately: deep bone and flank pain, anorexia, nausea/vomiting, thirst, constipation, lethargy, psychoses. |
| *Evaluate bone growth in children and adolescents.** (Premature epiphyseal closing may occur, leading to growth retardation.) | *Advise patient and caregivers that bone age determinations should be done every 6 months. |
| *Evaluate bone growth in children and adolescents.** (Premature epiphyseal closing may occur, leading to growth retardation.) | *Monitor fluid intake.** (Increased fluids will increase urine production and decrease chance of stone formation.) |
| *Monitor fluid intake.** (Increased fluids will increase urine production and decrease chance of stone formation.) | Advise patient:  
- to consume 3,000-4,000cc fluid daily.  
- that urinary output will increase, and not to be alarmed.  
- non-liquids that can be consumed to increase fluid intake: gelatin, popsicles, ice cream, etc. |
| *Monitor for diabetes mellitus.** (Testosterone therapy may change glucose tolerance.) | Instruct patient:  
- to monitor blood sugar daily and notify health care provider if changes occur.  
- he/she may need adjustments in hypoglycemic medications and diet. |
| *Monitor for diabetes mellitus.** (Testosterone therapy may change glucose tolerance.) | **Evaluation of Outcome Criteria**  
**Evaluate the effectiveness of drug therapy by confirming that patient goals and expected outcomes have been met (see “Planning”).** |