Nursing Care Plan

A Client with a Brain Tumor

Claire Lange is a 44-year-old television announcer. During one night’s broadcast, she confuses several major news items so badly that her co-anchor tries to correct her. Ms. Lange responds angrily that she does not need any help and then rises and storms off the set. As she leaves the camera area, she limps noticeably and appears to drag her left leg. The show’s producer asks her what is wrong; she screams that nothing is wrong—she simply has another headache. He follows her to her dressing room and inquires about her headaches. She tells him that they come and go but have been getting worse lately. He then asks her if she has injured her left leg; she responds that the leg was weak because she was tired. As the producer leaves the dressing room, Ms. Lange begins to shake and collapses on the floor. The producer recognizes that she is having a seizure and calls for an ambulance.

Ms. Lange is admitted to the neurology floor of the local hospital for evaluation. A CT scan, MRI study, and EEG are completed and identify an intracranial mass. A biopsy of the mass is positive for malignant cells. A glioma in the frontal lobe is identified, and surgery is scheduled for that week.

Asessment

When Clara Rosetti, RN, enters Ms. Lange’s room, she sees Ms. Lange looking at her shoulder-length hair in the mirror. Ms. Lange tells Ms. Rosetti that she has never in her life worn her hair any shorter, and “Now you’re going to cut it all off!” She paces the room and makes the statement, “I guess the hair isn’t really important if I survive this situation.” She also says that she has a headache.

Diagnoses

- Acute pain (headache), related to tumor and increase in intracranial pressure
- Disturbed body image, related to upcoming hair loss and cranial incision
- Anxiety, related to unknown future following surgery

Expected Outcomes

- Verbalize the causes of pain.
- Verbalize an understanding of the changes in body appearance that are associated with the scheduled intracranial surgery (e.g., shaving of the head prior to surgery, cranial swelling postoperatively).
- Identify measures that will help minimize the effect of the hair loss.
- Verbalize a reduction in anxiety.

Planning and Implementation

- Assess level of discomfort using a rating scale of 0 to 10.
- Provide a quiet, nonstimulating environment.
- Position the client for comfort, keeping the head of the bed elevated to promote venous drainage.
- Assess level of consciousness for potential increases in ICP.
- Encourage to verbalize feelings about the surgery.
- Suggest measures that may help minimize the hair loss, such as the use of turbans, scarves, hats, and wigs.
- Suggest relaxation techniques to decrease anxiety.

Evaluation

By the time of surgery, Ms. Lange has recognized the relationship between the brain tumor and the headache. She states that lying in a flat position and coughing increase the headache. The head of the bed is kept at a 30- to 45-degree angle. Daily activities are spaced to provide periods of rest. Ms. Lange demonstrates no significant changes in level of consciousness. She has talked about the effect of the hair loss and her television responsibilities. Ms. Lange has learned that the hair preparation would be done in surgery and that the hair would be saved for her. She states she has already consulted her hair stylist and that “scarves and turbans are on the way.”

Critical Thinking in the Nursing Process

1. Outline interventions to decrease intracranial pressure both before and after surgery.
2. When making your initial assessments on the morning of surgery, you find that Ms. Lange has a decreased pulse and increased blood pressure. She tells you her headache is worse and suddenly vomits. What do you do now?
3. Ms. Lange asks you to be sure that she has absolutely no visitors after surgery, because she knows how ugly she will look. How would you respond?
4. Design a plan of care for Ms. Lange for the nursing diagnosis, Powerlessness.

See Evaluating Your Response in Appendix C.

Take an active role in their own care. Discharge planning includes a discussion of the following topics: medication information; wound care; the use of wigs, turbans, hats, or colorful scarves; and the importance of follow-up visits. In addition, emphasize the importance of reporting manifestations such as stiff neck, increasing headache, elevated temperature, new motor or sensory deficits, vision changes, or seizures.

Provide information about the overall treatment plan, management of deficits and/or disabilities, and future needs. Specific teaching topics are as follows:

- Safety measures for motor deficits, sensory deficits, lack of coordination, seizures, and cognitive deficits
- Comfort measures for nausea, vomiting, and pain
- Measures for communication if aphasia is present
- Measures to improve vision if visual deficits are present
- How to buy wigs and hairpieces
- Referrals to support groups and community resources
- Helpful resources:
  - American Cancer Society
  - American Brain Tumor Association
  - National Brain Tumor Foundation