cuss problems that may result from the type of cancer and the
treatment received, and provide information on how to manage
these problems and when to call the physician.

- Teach wound care to the client with an open wound or drain-
ing lesion, and provide a referral to a home health nurse to
monitor progress.
- Explain special diets clearly, or refer the client to a dietitian
before discharge.
- Carefully review the physician’s instructions with the client
and family, making sure they understand medications to be
taken, any other treatments, and when to see the doctor for
follow-up care.
- Provide or order equipment and supplies needed for home
care, especially any specialized bed or equipment to aid mo-
tility and ensure safety in the home.
- For the client who will need complex care, such as parenteral
nutrition, provide a referral to a home health nurse before
discharge.

Because the hospital stay is often short, the client and family
will benefit from follow-up phone calls at home for several
days. People do not learn well under the stress of going home;
give the client and family a number to call if they have con-
cerns or questions.

**Hospice Care**

More and more cancer clients with terminal disease are elect-
ing to die at home. This decision has been made easier by the
increased availability of hospice programs. When a client and
family or significant others elect hospice care, they are usually
precluding additional hospitalizations other than those re-
quired to manage reversible problems. Hospice clients also re-
fuse resuscitation measures (CPR and other extraordinary
measures).

Hospice care involves a multidisciplinary team and is de-
digned to give the client comfort and to assist in a peaceful
death with support to caretakers. The team usually consists of
a nurse case manager, a physician, an anesthesiologist or phar-
macist, an infusion therapist, a social worker, a physical ther-
pist, a home health aide, and volunteers.

Many hospice services are connected with an inpatient
respite care unit, where the client can receive 24-hour care for
up to several weeks. This source provides the necessary care to
the client if a family member becomes ill or needs to be re-
lieved temporarily of the tremendous burden of caring for a dy-
ing loved one. Veterans Administration medical centers are
very good models for these programs.

Studies of families that have participated in hospice services
have found that family members were very positive about the
experience (Teno et al., 2001). The aspects of hospice they
most appreciated were the 24-hour accessibility and availabil-
ity of the health team and the quality of communication from
all team members. Family members emphasized that “the
nurses listened, answered questions honestly, and prepared us
for changes in the patient’s condition.” Team members were
rated as very professional, but more relaxed and friendly than
hospital staff; they talked with the family and displayed ac-
cepting, nonjudgmental attitudes. Team members were also
seen as well informed, knowledgeable, and competent with ex-
cellent problem-solving skills (Hull, 1991). Chapter 11 pro-
vides more information on hospice care.

### Nursing Care Plan

**A Client with Cancer**

James Casey, age 72, is of Northern European heritage. He has
been receiving medical care for chronic obstructive pulmonary
disease, chronic bronchitis, status postmyocardial infarction, and
type I diabetes mellitus for over 15 years. He reports that he lost
his wife from lung cancer 5 years ago and still “misses her terribly.”
He describes his bad habits as smoking two packs of cigarettes a
day for 52 years (104 packs/year), one to two six-packs of beer a
week, one “bourbon and water” a night, and “a lot of sugar-free
junk food, like french fries.” He assures the nurse that he quit
smoking 2 years ago, when he could no longer walk a block with-
out considerable shortness of breath, and just quit drinking alco-
hol a few weeks ago at his physician’s insistence. About a year
ago, he had a basal-cell carcinoma removed from his right ear. Six
months ago, cancerous tumors were discovered in his bladder,
and he underwent two 6-week chemotherapy courses of bladder
instillations of BCG. His latest report indicates that the tumors
have grown back and no further chemotherapy would be useful.
The urologist had considered surgery but believed that James’s
other medical problems would compromise his chances of sur-
vival. James decides to let the disease run its course and to be
managed at home through hospice care. Because he lives alone
in a modest home, he asks his daughter, Mary, and her family to
move in with him to provide care and sup-
port during his final months. The daughter ac-
cepts, saying she is glad to be able to spend this time with her fa-
ther; she has been informed of the physical and emotional stress
this will entail.

**ASSESSMENT**

Glynis Jackson, RN, the hospice nurse assigned as case manager
for James Casey, completes a health history and physical exami-
nation during her first two visits in his home, 1 day apart. She
gathers this information over 2 days to conserve his strength
and allow more time for James and his daughter to talk about
their concerns.

During the physical assessment, Glynis notes that James is pale
with pink mucous membranes, thin with a wasted appearance
and a strained, worried facial expression. He complains of severe
back pain no longer adequately relieved by Percodan and Vicodin
alternating every 2 to 4 hours. His blood pressure is 90/50, right
arm in the reclining position with no significant orthostatic
change; his apical pulse is 102, regular and strong; respiratory rate
24 and unlabored; breath sounds are clear but diminished in the
bases; oral temperature is 96.8°F.

(continued)
DIAGNOSIS

- **Imbalanced nutrition: Less than body requirements** related to anorexia and fatigue
- **Risk for caregiver role strain** related to severity of her father’s illness and lack of help from other family members
- **Chronic pain** related to progression of disease process
- **Impaired physical mobility** related to pain, fatigue, and beginning neuromuscular impairment
- **Risk for impaired skin integrity** related to impaired physical mobility and malnourished state

EXPECTED OUTCOMES

- Increase oral intake and show improvement in serum protein values.
- Daughter will be able to maintain supportive caretaking activities as long as James needs them.
- Minimal pain for the rest of his life.
- Able to continue his current activity level.
- Maintain intact skin.

EVALUATION

James Casey did increase his oral intake a little, sometimes eating the special treats his daughter prepared and drinking one or two cans of liquid nutritional supplement a day. However, his weight did not increase; it stayed at about 120 pounds until his death 2 weeks later. His daughter was very grateful for the extra help from the home health aide and the volunteer, though she could not bring herself to ask her son and daughter for help and did not want the nurse to do so. She did become more rested and reported that “Dad and I had some wonderful 3:00 A.M. talks when he couldn’t sleep.”

James was started on 20 mg of morphine per hour with boluses of 10 mg 4 times a day, for breakthrough pain. This medication relieved his pain quite well; after 2 days he was alert enough most of the time to carry on a normal conversation and still walk to the bathroom with help up until 2 days before he died.

PLANNING AND IMPLEMENTATION

- Ask about favorite foods, and ask Mary to offer a small portion of one of these foods each day.
- Encourage drinking up to four cans of liquid nutritional supplement with fiber a day, sipping them throughout the day.
- Talk with the physician about prescribing a medication to help stimulate the appetite.
- Plan to have a home health aide come to the home, give him a shower or bed bath daily, and assist his daughter with some of the household chores.
- Talk with Mary about having her adult son and daughter relieve her of the housework and stay with James so that she can get out of the house occasionally. Offer to talk with them if she is uncomfortable doing so.
- Request a volunteer to spend up to 4 hours a day, twice a week with James so that Mary can attend to outside activities and chores.
- Talk with the anesthesiologist, and work out a pain control program, using the VAD and a CADD-PCA infusion pump with a continuous morphine infusion.
- Call the infusion therapist to set up the equipment and supplies (including the medication) for the morphine infusion.
- Teach how to use the pump and about the side effects of the morphine infusion, including those that require a call to the nurse for assistance. Teach which untoward effects should be reported.
- Request a physical therapy consultation to evaluate current level of functioning and determine how to maintain current level.
- Instruct Mary to allow ample rest periods for James between activities.
- Order a hospital bed with electronic controls to be delivered to the house.
- Order a special foam pad for bed and chair and a bedside commode from the medical supply house.
- Instruct Mary and the home health aide to inspect skin daily, give good skin care with emollient lotion after bathing, and report any beginning lesions immediately to the nurse.

A Client with Cancer (continued)
The hospital bed simplified James's care and made it much easier for him to rest comfortably and change position. His skin remained intact and in good condition.

Mary reported that James died peacefully in his sleep, about 2 weeks after care was started. She said spending the last weeks of his life together was a healing experience for both of them.

Critical Thinking in the Nursing Process
1. What other tests could be done to evaluate James Casey's nutritional status?
2. James had severe back pain. What were the possible pathophysiologic reasons for his pain?

NCLEX review questions, case studies, care plan activities, MediaLink applications, and other interactive resources for this chapter can be found on the Companion Website at www.prenhall.com/lemone.

Click on Chapter 10 to select the activities for this chapter. For animations, video clips, more NCLEX review questions, and an audio glossary, access the Student CD-ROM accompanying this textbook.

TEST YOURSELF

1. Mr. Lawrence has a history of colon cancer. Cells from the colon tumor have traveled to his liver. This process is called:
   a. Carcinogenesis
   b. Dysplasia
   c. Metastasis
   d. Mutation

2. A client diagnosed with lung cancer reports he is having difficulty sleeping and often feels tense. The most appropriate initial nursing intervention would be to:
   a. Encourage the client to express his feelings about the cancer diagnosis
   b. Document the client's report of difficulty sleeping and tenseness in the chart
   c. Obtain an order for medication for sleep from the physician
   d. Offer an antianxiety drug such as Ativan (Lorazepam)

3. Mr. Roberts is receiving external radiation for treatment of lung cancer. Client education for care of the skin in the marked area includes:
   a. Apply antibacterial ointment daily
   b. Avoid contact with others
   c. Avoid rubbing or scratching treated skin areas
   d. Cleanse the skin with mild soap and water

4. Ms. Smith complains of nausea and vomiting following her daily chemotherapy treatment. The most appropriate nursing intervention would be to:
   a. Keep Ms. Smith NPO until her daily chemotherapy is completed
   b. Provide antiemetic medication 30 to 40 minutes prior to each treatment
   c. Provide clear liquids until the chemotherapy is completed
   d. Schedule chemotherapy administration for bedtime

5. Mrs. Smith experiences bone marrow depression as a result of chemotherapy. Which of the following would the nurse expect to find?
   a. Alopecia
   b. Nausea and vomiting
   c. Platelet count 50,000
   d. Temperature 102°F

See Test Yourself answers in Appendix C.