Home Care
Discharge planning for the client with oral cancer depends on the type of treatment planned and surgery performed. Depending on the client’s age, condition, and availability of support systems, referral to community health care agencies may be an essential component of care. Visits from home care nurses can assist in meeting health care needs.

Discuss the following topics with the client and family members or care providers.
• Diagnosis and prescribed care
• Monitoring for new lesions or recurrences
• Diet, nutrition, and activity
• Pain management
• Airway management, care of incision, and signs and symptoms to report

Juan Chavez, a married 44-year-old farmer, has two adult children. He and his wife raise and sell fruits and vegetables. Two months ago, Mr. Chavez developed a sore on his tongue that would not heal. Mr. Chavez tells his admission nurse, Sara Bucklin, “The doctor says he will have to remove part of my tongue,” and anxiously asks, “Will I ever look the same? How will I be able to talk?”

ASSESSMENT
Mr. Chavez’s admission history reveals that he has been healthy, but has smoked two packs of cigarettes a day for over 20 years, and usually drinks two to four beers per day. He admits to being anxious and fearful of surgery and its outcomes. He says he quit smoking and drinking 2 weeks ago. The biopsy report is positive for squamous cell carcinoma of the tongue. Mr. Chavez has no enlarged cervical nodes and says he has no bloody sputum or saliva, difficulty swallowing, chewing, or talking. His weight is in the normal range for his height. A wide excision of the oral lesion is planned.

DIAGNOSES
• Risk for ineffective airway clearance, related to oral surgery
• Risk for imbalanced nutrition: Less than body requirements, related to oral surgery
• Impaired verbal communication, related to excision of a portion of the tongue
• Disturbed body image, related to surgical excision of the tongue

EXPECTED OUTCOMES
• Maintain a patent airway and remain free of respiratory distress.
• Maintain a stable weight and level of hydration.
• Effectively communicate with staff and family using a magic slate and flash cards.
• Communicate an increased ability to accept changes in body image.

PLANNING AND IMPLEMENTATION
• Assess airway patency and respiratory status every hour until stable.

• Maintain semi-Fowler’s position, supporting arms. Encourage to turn, cough, and deep breathe every 2 to 4 hours.
• Teach the importance of activity, turning, coughing, and deep breathing.
• Monitor daily weights.
• Consult with dietitian to assess calorie needs and plan appropriate enteral feeding. Assess response to enteral feedings.
• Demonstrate and allow to practice using magic slate and flash cards prior to surgery.
• Allow adequate time for communication efforts.
• Keep emergency call system in reach at all times and answer light promptly. Alert all staff of inability to respond verbally.
• Encourage expression of feelings regarding perceived and actual changes.
• Provide emotional support, encourage self-care and participation in decision making.

EVALUATION
At the time of discharge, Mr. Chavez has maintained his weight and has started on oral liquids, including supplements and enriched liquids. His airway has remained clear, and he is effectively coughing and deep breathing. He has used the magic slate to communicate throughout his hospital stay. He is regaining use of his tongue, and can speak a few words. Although initially distressed, he is communicating an increased ability to cope with loss of part of his tongue. He and his wife say they understand his discharge instructions, including diet, activity, follow-up care, and signs and symptoms to report.

Critical Thinking in the Nursing Process
1. What measures can you, as a nurse, implement to reduce the incidence of oral cancer?
2. Plan a health education program for young athletes who chew tobacco.
3. Mr. Chavez’s wife calls you 2 weeks after discharge. She tells you that he refuses to try to talk and is relying on his magic slate to communicate. How will you respond?

See Evaluating Your Response in Appendix C.