

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 without considerable shortness of breath, and just quit drinking alcohol 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 survival. 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 support during his final months. The daughter accepts, saying she is glad to be able to spend this time with her father; 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 examination 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)



Nursing Care Plan

A Client with Cancer (continued)

A tunneled Groshong catheter as a VAD is present in the right anterior chest. There is no drainage, redness, or swelling at the site. The catheter was placed last week when the client was being evaluated at the anesthesiologist's office for pain management, but no medication is running via the VAD. Mary reports that his urinary output is adequate. Approximately 200 mL of yellow, cloudy, nonmalodorous urine is present in the urinal at the bedside from his last voiding.

James states that he spends most of his time either in bed or sitting up in a chair in his room. He reports that he has no energy any more and is unable to walk to the bathroom unassisted, dress himself, or take care of his own personal hygiene. Glynis rates James's functional level at ECOG level 4: capable of only limited self-care, confined to bed or chair 50% or more of waking hours (Karnofsky 10 to 20). He tells the nurse that his daughter "is working day and night to help me and is looking awfully tired."

Many reports that James is eating very poorly: He usually eats a small bowl of oatmeal with milk for breakfast and vegetable soup and crackers for lunch, but he tells her that he is too tired for dinner and wants only fruit juice. James tells the nurse that he has no appetite and eats just to please Mary. He does drink at least three to four glasses of water a day plus juice. His fingerstick blood sugars remain within normal range.

His current weight is 120 pounds at 67 inches tall, down from 180 pounds a year ago. He has lost about 30 pounds over the last 2 months.

Available laboratory values from his visit with the doctor show the following:

Total protein: 4.1 g/dL (normal range: 6.0 to 8.0 g/dL)
Albumin: 2.2 g/dL (normal range: 3.5 to 5.0 g/dL)
Hemoglobin: 10.2 g/dL (normal range: 13.5 to 18.0 g/dL)
Hematocrit: 30.5% (normal range: 40.0% to 54.0%)
BUN: 30 mg/dL (normal range: 5 to 25 mg/dL slightly higher in older people)
Creatinine: 2.2 mg/dL (normal range: 0.5 to 1.5 mg/dL)

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.

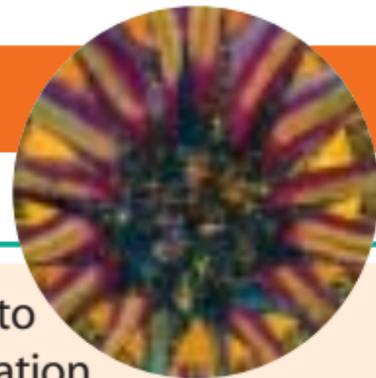
PLANNING AND IMPLEMENTATION

- 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.

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.



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?

3. One of the specified interventions was to consult the physician regarding medication to increase James's appetite. What medications might fulfill that function? What side effects might they have that would contraindicate these medications for him?
4. If James had developed signs and symptoms of sepsis, what manifestations would you expect to see? As the nurse making the home visits, what would be your nursing actions, and in what order of priority?

See Evaluating Your Response in Appendix C.