



CURRENT AND FUTURISTIC ROLE OF NURSES IN CHEMOTHERAPY

Pramina Mukkolath

Professor, Department Of Medical Surgical Nursing Baby Memorial College Of Nursing, Kozhikode, Kerala, India

ABSTRACT

Nurses play a pivotal role in the administration of chemotherapy. This include providing holistic care to the client through assessment, education, coordination of care, direct patient care, symptom management, and supportive care which is followed nowadays in majority of hospitals. But futuristic role of Oncology Nurses concentrates on developing and following Nursing care standards for clients undergoing chemotherapy. This is required for improving quality of nursing care which is vital in delivering chemotherapy.

KEYWORDS : Chemotherapy, Nursing Care, Role Of Nurse

A nurse is responsible for giving safe and appropriate administration of chemotherapy twenty four hours for a client. The nurse reviews the treatment plan with the oncologist, is aware of expected outcomes and possible complications, and independently assesses the patient's general physical and emotional status. Nurses are an inevitable link in the healthcare delivery system especially in the provision of cancer therapy as they are the ones who are administering chemotherapy and are in contact with the patients as well as their families for maximum period of time.

Oncology nurses currently work in a variety of roles and settings that were unheard a decade ago. Current role of an oncology nurse focuses on client assessment, client education, coordination of care, direct patient care, symptom management, and supportive care.

CLIENT ASSESSMENT

Assessment is the primary role of any nurse. The nurses have to assess a patient's physical and emotional status, past health history, health practices, and both the patient's and the family's knowledge of the disease and its treatment. Nurse should independently assess the patient's general physical and emotional status and should review the treatment plan with the oncologist and should be aware of expected outcomes and possible complications as well. The nurse should do a thorough physical examination along with history collection. The nurse should also be knowledgeable regarding the results and general implications of the laboratory investigations and imaging studies. Also the nurse has to assess the client's understanding of the disease. This in turn will help to prepare the patient for treatment and will help to improve the compliance.

Based on this a nursing care plan should be developed which promotes (1) the patient's understanding of therapy goals, treatment schedules, and possible side effects of therapy; (2) physical and psychological preparation for therapy; (3) physical and psychological comfort; and (4) compliance.

CLIENT EDUCATION

Nurse plays an important role in ensuring that each cancer patient is educated about their disease, its treatments and expected side effects. Client and family education should be started before therapy and should be continued during and after therapy. They must ascertain the level of understanding each patient and their families and educate accordingly. The oncology nurse must be always sensitive to the patient's needs, realising that not everyone likes full disclosure of information.

A variety of teaching tools and methods like printed, visual, and audiovisual educational materials may be used in conjunction with discussion and continued reinforcement.

With the increased development of the Internet, more and more cancer patients and family members are nowadays accessing the World Wide Web to gain information about cancer. Nowadays chat groups are serving as an important source of information as well as support. This method of communication is hence becoming widespread among the patients and their family.

Nurses should know the possible side effects of each chemotherapeutic drug and the self-care activities for reducing their severity. Teach the side effects or problems that patients might experience from the regimen as a whole instead of focusing on each separate drug.

COORDINATION OF CARE

The nurse plays an important role in coordination of care. This includes providing direct patient care; documentation of care in the medical record; participation in chemo therapy; symptom management; organization of referrals to other healthcare providers; both patient and family education; as well as counselling throughout diagnosis, therapy, and follow up. Nurses are responsible for organising relevant referrals for patients to other healthcare providers such as doctors, dieticians, social workers, physiotherapist etc.

DIRECT CLIENT CARE

Nurses should provide direct patient care to all client's receiving chemotherapy. Each institution should have written policies or standards for chemotherapy certification, administration of antineoplastic drugs (all routes), safe drug handling and disposal, management of untoward reactions, such as allergic reactions, and methods for documentation.

Oncology nurses are responsible for the administration of chemotherapy drugs to patients. They must be educated on safe handling, cytotoxic spills and management of allergic reactions. The nurse is responsible for following the medical oncologist's prescriptions.

SYMPTOM MANAGEMENT

Oncology nurses has to deal with the numerous symptoms of patients with cancer as a result of their cancer or its treatment. Nurses assess the patients, triage their problems and help in the evaluation of symptoms and initiation of interventions. For example, subjective and objective data, including information about the last chemotherapy treatment as well as knowledge of the patient's history, guide the nurse in determining the patient's disposition and treatment. Much progress has been made in managing the side effects of chemotherapy, and nurses have contributed significantly to this success. For example, nausea and vomiting are two of the most common symptoms associated with chemotherapy. Control of these symptoms has been a nursing research priority. Multiple studies have helped to define nausea and vomiting and to

develop tools to measure occurrence, distress, and individual experiences associated with these symptoms. Oncology nurses must have a deep understanding of nausea, vomiting and fatigue, as these are three of the most common side effects of chemotherapy.

SUPPORTIVE CARE

Oncology nurses should be available always to support the clients throughout their illness. They must be educated on pain assessment and management through both pharmacological and non-pharmacological methods. They must have compassion and strong interpersonal skills. They have to listen to the emotional concerns and anxieties of the patient and refer them appropriately if needed. A holistic approach in client care is important in cancer care.

GUIDING PRINCIPLES FOR CHEMOTHERAPY NURSING CARE

The following are the guiding principles in chemotherapy nursing care.

1. If cytotoxic drugs are administered to patients for non-oncology indications, it is recognized that the occupational risks are the same. Health care providers should follow the policies and procedures for optimal occupational safety.
2. Three basic principles must be always taken into account when handling, transporting or administering chemotherapeutic medications:
 - a. Patient protection (i.e. using good aseptic technique, prevention of any extravasation).
 - b. Employee Protection (i.e. using personnel protective equipments and specialized techniques, and education of all employees involved at each step of handling cancer chemotherapy drugs)
 - c. Environment Protection (i.e. techniques of drug administration to avoid any leakage, spillage or aerosolization, biomedical waste management to minimize contamination of environment)

NURSING CARE STANDARDS IN CHEMOTHERAPY

Currently Nursing care standards have been developed to provide nursing care for clients undergoing chemotherapy. Given below are a list of chemotherapy nursing care standards and the competencies required to meet them.

A. Accountability for Cancer Chemotherapy Nursing Practice and Care by Registered Nurses.

Competency 1: completes a comprehensive assessment of patient receiving chemotherapy

Competency 2: Establish supportive and therapeutic relationship with patient and family

Competency 3: Demonstrates safe nursing practices before, during and after administration of chemotherapy

Competency 4: Promotes and facilitates management of cancer symptoms and side effects

Competency 5: Adheres to adult learning principles in providing education for patients receiving chemotherapy

Competency 6: Promote continuity of care and help patients and their families navigate the health care system.

Competency 7: Contributes to developing decision making and advocacy for patient's wellbeing

Competency 8: Develop skills in professional practice and leadership

B. Quality Practice Environment for Optimal Cancer Chemotherapy Nursing Practice.

Competency 9 : Advocate and promote safe methods of chemotherapy administration

Competency 10 : Advocate and promote appropriate policies, procedures and processes related to cancer chemotherapy care within the organization

Competency 11 : Safe handling of hazardous drugs

C. Educational Requirements for Developing Competence in Cancer Chemotherapy.

D. Cancer Chemotherapy Continuing Competence Program.

The first standard, Accountability for Cancer Chemotherapy Nursing Practice and Care by Registered Nurses, describes the overarching expectations for cancer chemotherapy nursing practice. Competencies required for Registered nurse are detailed within this standard and reflect best chemotherapy nursing practice based on a review of evidence and expert consensus. The Practice Standards and Competencies for the Specialized Oncology Nurse provide the conceptual framework for the articulated competencies. In addition, these competencies can form the basis for the development of measurement tools for assessing and monitoring cancer chemotherapy nursing practice. The remaining three standards are foundational for optimal cancer chemotherapy nursing practice. Standards C and D do not include corresponding competencies, as the competencies for cancer chemotherapy nursing practice are described in standard A and B. Standard B, Quality Practice Environment for Optimal Cancer Chemotherapy Nursing Practice, details the organizational systems, policies and procedures, and continuity of care required for optimal cancer chemotherapy nursing practice. Standard C, Educational Requirements for Developing Competence in Cancer Chemotherapy, defines the educational programme requirements for nurses to develop competence, including evaluation criteria. The final standard, Cancer Chemotherapy Continuing Competence Program, in turn shows the requirements for an annual continuing competency program for Registered Nurses, including methods for identifying learning needs and strategies to meet learning goals.

CONCLUSION

Current day nurses are required to carry out diverse roles in carrying out chemotherapy related nursing care. Preparation of standards will in turn help to maintain the quality of nursing care as well. Strengthening nurses will help the nurses in providing holistic nursing care as well as improve client satisfaction

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