

Lymphoma case study

[Business](#)



**ASSIGN
BUSTER**

What will you tell him? I would tell him that it is cancer of the lymphocytes, which leads to an enlargement of the lymph nodes. A patient will usually have a swollen lymph node and it's usually painless.

To diagnose Hodgkin Lymphoma, there must be a biopsy. It is the presence of Reed-Sternberg cells that differentiate it from non-Hodgkin. It is binuclear or multi-nucleated in a background of inflammatory cells. There are no guidelines for preventing Hodgkin lymphoma; the cause is unknown or multiracial.

Some risk factors for Hodgkin Lymphoma include: * Sex: male * Ages: 15-40 and over 55 * Family history History of infectious mononucleosis or infection with Epstein-Barr virus, a causative agent of mono * Weakened immune system, including infection with HIV or the presence of AIDS * Prolonged use of human growth hormone 2.

A. T. Wants to know what "stage IA" means; he also wants to know the significance of the test result. What are you going to tell me? I would tell him that Stage IA means that he has 1 lymph node involved on 1 side of the diaphragm or 1 extra nodal (outside the lymph node) organ/tissue.

The A means he has no weight loss, drenching night sweats, or fevers. I would also tell him that he has a good prognosis and the cancer is more localized and easier to treat.

A few days later you see A. T. in the oncologist's office during his appointment to discuss the treatment regimen for radiation therapy. His prescribed radiation treatment regimen (outpatient) includes Monday

through Friday with treatments scheduled for approximately 6 to 10 weeks. Admission assessment findings on his first visit to the outpatient oncology clinic at the end of January are weight 193 pounds, height 78 inches.

Vital signs (VS.) 124/66, 60, 16, 98. OFF (oral). Cardiovascular: heart rate regular. Respiratory: clear to auscultation.

Neuromuscular/skeletal, GIG, and genitourinary (GU): negative.

Integument/oral: incision from staging laboratory well approximated without rather, edema, pain, or drainage. Incision from lymph node dissection healing well, oral mucosa pink and moist, no palpable attendants. 3. What abnormal assessment findings do you recognize in the previous information? His systolic BP is slightly elevated. Continue to monitor his weight loss.

4. A. T. Jokes with you that he's " going to get nuked and glow. What information would you include in your teaching to prepare him for radiation treatments? First off I would explain to him that he only would get the " nuked and glow' with internal radiation.

With the External radiation that he is receiving, he is not radioactive and can interact with others around him. I would also include: 1 . You want to preserve the markings. 2. Do not use lotions, soaps or deodorants. 3.

Avoid sun exposure up to 1 year. 4. I would explain the side effects of radiation can include: skin irritation, damage to the salivary glands, hair loss, fatigue, AN 5.

You have developed a good relationship with A. T. During the multiple visits required for his radiation therapy.

<https://assignbuster.com/lymphoma-case-study/>

He shares some futuristic goals and says, "What are the chances that I will beat this cancer?" Respond to A. T.'s request. It varies from person to person depending on how one responds to the treatment, but I assure you that the doctors are going to do everything they can to help you beat this. But also stage 1 or 2 has a greater outlook. Toner Kinas AT cancer may occur many years later as a result AT ten toxic erects AT earlier treatment.

This is one reason why cancer specialists are reluctant to use the word "cured."

"6. What other issues of survivorship may affect patients like A. T. (e. G. , insurance, employability)? An uncontrollable situation that may affect A. T is stress, tobacco use, and alcohol use. 7. How and what are you going to counsel and teach A. J. About potential sterility/ infertility side effects of treatment? Explain to him that it does not happen to everyone but if this situation is to occur, it can be much easier for males than for females ahead of time.

This is due to the fact that doctors are able to collect a sperm sample and the freeze male's sperm for use at a later date. 8. Six weeks into therapy A. T. Drags himself into the clinic one Friday, drops into a chair, and wearily states, "I'm quitting. If this is what life is like, it's not worth living.

"How would you respond to him? I would encourage him to talk if he needed someone to talk to. I would encourage him to talk and express what is on his mind. I would ask him if he would like to talk to a counselor, and that I could make him an appointment if that was something that he was interested in.

I would not sugar coat the situation but also not undermine his feelings. It's important to listen.

Try to hear and understand how they feel. I wouldn't make light, Judge, or try to change the way the person feels or acts. I'd try to put my own feelings and fears aside. Let him know that I am open to talking whenever he feels like it. Or, if he doesn't feel like talking right now, that's okay, too.

I will offer to sites again later. 9. When A. T. Checks in this week, he weighs 177 pounds. When you express concern, he tells you he just doesn't have any appetite.

How are you going to respond? List at least four interventions. I would respond by explaining to him that his lack of appetite is one of the effects of cancer. Cancer cells divert all of the nutrition to the neoplastic cells and reduce your appetite. After radiation, the taste bud cells are altered in a negative way making food taste undesirable or metallic. Four Interventions:
1 .

Offer food that sounds appealing 2. Offer small meals frequently (5-6 times a day) . Assess current eating patterns and identify factors that impair food intake and evaluate degree AT malnutrition. . Look into medication that can increase appetite. E.

G. Menace Raglan 5. Pre-medicate patient before they eat; Phenomena 10. At his final appointment, A. T. ' s laboratory values are white blood count (WEB) 3.

3 thou/CM, hemoglobin (Hog) 14 g/del, homoerotic (Hoc) 41%, and platelets 369 thou/ CM. His VS. are 120/76, 84, 20, 98. OFF (oral). Weight 175 pounds. Do any of these values concern you? Explain.

He has lost 18 pounds since he was diagnosed. This is concerning because he entities to lose weight at a rapid pace.

It is important to educate patients about the importance of nutrition and close weight monitoring. WEB are low due to receiving radiation. It is important to increase the WEB in order to fight off infection and maintain the health of the immune system. A.

T. Is discharged from radiation and scheduled to see an oncologist every 3 months for follow-up care. References American Cancer Society www.Cancer.Org National Cancer Institute www.Cancer.Org

Cancer. Gob Medical-surgical Nursing: Critical Thinking in Patient Care, 5th edition. Priscilla Lemon, Karen Burke, and Greene Falloff