

Case study examination palliative care



Introduction;

Nursing care for ill patient as a holistic and encompasses all aspects of physical, psychological and social needs. Therefore, patients and their families are the center on nursing care by more respect, dignity. Nurses and the other care providers must provide patients needs when dealing with chronic ill patients. The benefits of palliative care cancer/chronic ill patients are significant that enhancing patient quality of life (Lewis et al., 2007).

Advanced cancer often causes a pain and other symptoms that need professional team to manage and control it. Pain, nausea, shortness of breath, vomiting and constipation are the most common symptoms appearance with these patients. In addition, each one of them has different experience of pain and the meaning of quality of life. Expert can deal and manage with these symptoms very well. (Backer, 2010).

World health organization has defined palliative care as the full care that approach to improve quality of life for patient and their families whom are facing life threatening disease through prevent and relief their suffering and problems. This care concern in pain and other problems treatment, physical, psychological, social and spiritual support (Lugton & McIntyre, 2005).

Many patients need palliative care specially the cancer patients those suffering too much at the end stage, regarding the metastatic. Cancer is known as a rapid creation of abnormal cells that grow beyond their usual boundaries which can break into the adjacent part of the body and spared to

other organs. Refer this process as malignant tumor can be metastases to other part and organ in the body, which leading to death (WHO, 2011).

Quality of life is the maximize comfort to the patient and family through four main areas the quality of physical, psychological, spiritual and existential (Batiste, Caja, Espinosa, Bullich, Porta-Sales, Sala, Lim ´n, Trellis, Pascual&Puente, 2010).

Lung cancer for which surgery is not considered the most appropriate treatment option that called (inoperable lung cancer) due to one of several reasons, including the size of the tumor distant spread (metastasis) of tumor, location of the tumor and other health conditions that could rise the risk associated with surgery. In operable lung cancer does not mean that a tumor is untreatable. Other treatment, such as chemotherapy or radiation therapy may be better options than surgery (Llewellyn, Aun Ang, Lewis, Al-Abdulla, 2006).

Lennart has been diagnosed with lung cancer and he has several problems that make him more weakness and affect his quality of life. These symptoms such as elevated blood pressure, diabetes type2, and inoperable lung cancer, cancer spread to his abdomen, pain and draining tube irritate his body tumor growth and constipation; he cannot eat anything and drinks only small sips of water. ØÙ,, ØØ³ØªÙ...ØØ¹Ù, Ø±ØØ;Ø© ØµÙ^ØªÙŠØ©
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The team should start to control his symptoms 1. Pain 2. Nausea. 3. Constipation & diarrhea 4. Lost appetite. 5. No energy. 6. Elevated blood pressure. 7. Diabetes type2.

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Nursing assessment;

Objective data; He has an elevated blood pressure and diabetes type 2.

Diagnosed with an inoperable lung cancer.

Subjective data; Pain and the draining tubes irritate his body, nausea and diarrhea, fatigue cancer has spread to his abdomen.

1. The problem is pain; pain can be appear due to the direct effects of the cancer (late stage) or caused by some treatment like surgery, drugs and chemotherapy. The patient may also have chronic underlying disease that directly causes or contributes to pain. (Lewis et al., 2007).

A- Nursing care plan- pain control.

Use analgesics appropriately.

Use non analgesic relief measures.

Report pain control.

B Nursing intervention and rational;

Observe for nonverbal cause of discomfort to plan appropriate intervention.

Perform a comprehensive assessment of pain to include location, characteristic, onset, duration, frequency, quality, intensity of pain and precipitating factor.

Teach Lennart and family the use of non pharmacological techniques e. g. (relaxation, massage).

Provide the person optimal pain relief with prescribed analgesics to determine if is effective.

Use pain control measures before pain become severe (Lewis et al., 2007).

2. The problem is nausea and vomiting.

Lennatr has these symptoms due to 1. Release of intracellular breakdown products stimulates vomiting center in brain. 2. Drugs stimulate vomiting center in brain (Lewis et al., 2007).

Nursing care plan – nausea and vomiting control.

Recognizes precipitating stimuli.

Use preventive measures

Use antiemetic medications.

Report nausea, retching and vomiting controlled.

B- Nursing intervention and rational.

Perform complete assessment of nausea, including frequency, duration, and severity and precipitating factors to plan appropriate interventions.

Reduce or eliminate personal factors that precipitate or increase the nausea (anxiety, fear, fatigue and lack of knowledge to avoid precipitating factors of nausea and vomiting.

Use frequent oral hygiene, unless it stimulates nausea to promote comfort.

Ensure effective antiemetic drugs are given when possible to prevent nausea and vomiting.

Teach the family to use of the non pharmacologic e. g. (relaxation) to manage nausea and vomiting.

Promote adequate rest and sleep to facilitate nausea relief (Backer, 2010).

3. The problem is Diarrhea; the patient has it due to 1. Denuding of epithelial lining of intestinal . 2. The side effects of if the patient on chemotherapy. 3. Radiation to the abdomen, pelvis and lumbosacral areas if he receives it . 4. Laxatives, tube-feeding (Lewis et al., 2007).

A. Nursing care plan-stop diarrhea.

Bowel elimination.

Diarrhea. . Pain with passage of stool. (Lewis et al., 2007).

B . Nursing intervention and rational;

Obtain stool for culture and sensitivity if diarrhea continues to provide appropriate treatment.

Perform action to rest bowel (e. g. NPO, liquid diet).

Instruct Lennart, and family members to record color, volume, frequency and consistency of stool to monitor treatment.

Teach Lennart and his family appropriate use of anti-diarrheal medication to prevent patient's use of anti peristaltic agents that prolong exposure to infection organisms.

4. The problem is diabetic. Insulin resistance decreased insulin production and alteration in production of adipokines. Disease is result of complex

genetic interactions, which are modified by environmental factors such as body weight and exercise (Lewis et al., 2007).

A . Nursing care plan- diabetic control.

Description of insulin function.

Description the role of diet in controlling blood glucose level.

Explanation of the role of exercise in controlling blood glucose level

Description of hyperglycemia, hypoglycemia, related symptoms and the procedure to be followed in the treatment.

Explanation the impact of acute illness on blood glucose level.

Description of when seek help from health care professional team. (Lewis et al., 2007).

B. Nursing intervention and rationales

Describe the disease process.

Appraise Lennart current level of knowledge related to disease to determine the scope and extent of required teaching.

Discuss the rationale behind management, therapy and treatment.

Instruct Lennart on measures to prevent, minimize symptoms to promote management of disease.

Discuss life style change that maybe required preventing complication and encouraging patient in determining change that will be acceptable.

Instruct Lennart the signs and symptoms and reported to ensure prompt treatment.

Refer the patient to support group to provide continuing support and education (Lewis et al., 2007).

5. The problem is loss of energy.

Anabolic processes resulting in accumulation of metabolites from cell breakdown (Lewis et al., 2007).

A. Nursing care plan- energy conservation.

Recognize energy limitations.

Uses energy conservation techniques.

Balance activity and rest.

Organize activities to conserve energy.

Adapts life style to energy level,

B. Nursing intervention and rationales.

Determine patient physical limitations to plan daily activities.

Assist Lennart to schedule rest periods to temporarily reverse effect of fatigue.

Teach him and the family activity organization and time management teaching to prevent fatigue.

Instruct patient significant other to recognize signs and symptoms of fatigue.

Instruct patient significant other to notify health care provider if signs and symptoms of fatigue persist to increase patient support and family understanding of disease and related problem (Lewis et al., 2007).

The problem is elevated blood pressure.. Potential complication adverse effect from antihypertensive therapy. 2. Potential complication hypertensive crisis. 3. Potential complication of stroke. 4. Potential complication of myocardial infarction (Lewis et al., 2007).

A. Nursing care plan blood pressure control.

Improve myocardial contractility and systematic perfusion.

Reduce fluid volume overload.

Prevent complication.

Provide information regarding disease, prognosis, therapy needs and prevention of recurrent.

B. Nursing interventions and rationales;

Assess cardiovascular status including vital signs to detect cardiac out compromise.

Measurement blood pressure to ovoid complication.

Assess neurologic static and observe for any change that can indicate an alteration in cerebral perfusion.

Administer medication to lower the blood presser.

Make sure that Lennart maintain a low sodium diet.

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Record and monitor the intake and output.

Encourage Lennart and support them to express the feeling of stress to ease the anxiety.

Promote quiet environment to reduce stress (Lewis et al., 2007).

7. The problem is constipation. The factors of constipation are many from the mass in anorectic region or neurologic and may be from the mechanical changes from surgery or decrease oral intake and mobility. Medications can affect like opioids and tricyclic antidepressants (Lewis et al., 2007).

A. Nursing care plan – promote bowel movement.

Stool soft and formed.

Comfort of stool passage.

Passage of stool without aids. (Lewis et al., 2007).

B. Nursing intervention and rationales;

Encouraging Lennart to movement and ambulation

Maintaining bowel awareness.

Ensuring adequate hydration and bulk-forming diet.

Use of laxatives.

Encourage fluid and fiber intake (Lewis et al., 2007).

All these care it will provide by multidisciplinary team care of the cancer pain patient must be active by continuous care and communication to the

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patients and their families. It should attend physical, psychological, social and spiritual needs. Moreover, this type of team members need diverse training share the main goal of improving the quality of life with the patient and interact as a group of individuals with the common purpose of working together. Each member has own expertise's and training and makes decisions within that area of responsibility. Nevertheless team work does not mean joining health care workers together in one room, nor is it the same as collaboration . information must be the issue for interaction of members and must be shared by the vehicle recorded, such as (physician, psychologist, and nurse, volunteer. social worker, chaplain, physical therapist and occupational therapist). In addition the family is important member of palliative team because they are the one living with patient at the same home or attend them . the family need more care from the team and teach them the intervention to take care of their patients. (Euro, who, 2010).

Effective communication is an important part of the therapy. In treating patients with advanced stages of incurable disease it is mandatory to provide intelligible and coherent information to the patient and relatives, focusing on the development of basic listening skills in the health care professionals all this from patient right and consideration from the ethics of communication (Batiste et al., 2010).

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Conclusion;

Palliative care is not cure disease or prolongs life it is control the pain and symptoms and improves the quality of life for patients and family. More than

90% of cancer patients can be achieved relief from pain and symptoms through palliative care. There are effective strategies for the provision of palliative care for cancer patients and their families in places where resources are setting. (Who, 2011). Therefore palliative care is effective outcome with professionals' team. In addition the teams are requiring a high level of professional ethical skills to cooperate the primary goal. The primary goals of the team are to offers the best possible quality of life for the patient and family as well as to provide support.