Multiple Clients with Cancer

You are the leader of a team caring for clients on a medical-surgical oncology unit. In addition to yourself (an RN), the team includes an experienced chemotherapy-certified RN, a new nursing assistant, and a first-semester nursing student. Your clients are as follows:

- **Mr. N**, a 68-year-old man, came to see his physician with fever, weight loss, and painless axillary nodes. After lymph node biopsy, non-Hodgkin lymphoma was diagnosed. He is receiving chemotherapy and is on neutropenic precautions. He currently is afebrile, is in good spirits, and feels reasonably well.
- **Mr. L**, a 50-year-old man, was transferred 6 days ago from the surgical intensive care unit (SICU) following a tracheostomy and partial laryngectomy. He has a soft, small-bore nasogastric tube and a tracheostomy tube and is currently receiving chemotherapy. He received radiation therapy before surgery.
- **Mr. B**, a 59-year-old man, came to his physician with painless hematuria, and bladder cancer was subsequently diagnosed. He was admitted for intravesical chemotherapy. He received procedure-related teaching before admission. He is alert and conversant, and independently performs activities of daily living (ADLs).
- **Ms. C**, a 70-year-old woman, went to her physician because of rectal bleeding and a change in bowel habits. She underwent a bowel resection and colostomy 5 days ago. She is progressing well, but needs and likes companionship at the bedside.
- **Ms. G**, a 65-year-old woman, was admitted for a right breast lumpectomy, scheduled for later in the day, which will be followed by radiation therapy. She appears nervous and tearful and is frequently asking questions.
- **Mr. U**, a 62-year-old man, has a history of cough, hemoptysis, fatigue, and dyspnea, and after bronchoscopy and sputum cytologic analysis, non-small cell lung cancer was diagnosed. He underwent pulmonary resection 5 days ago and has a chest tube drainage system.

1. You make very brief rounds to see each client before receiving the shift report to ensure client safety and to help you determine acuity and assignments. Which actions will these brief assessments entail? (Select all that apply.)
   1. Asking, “How are you feeling?”
   2. Noting mental status (alert and oriented?)
   3. Measuring vital signs and looking at intake and output
   4. Palpating chest and abdominal areas for pain
   5. Noting the presence and complexity of equipment
   6. Observing ease of respiratory effort

2. The first-semester nursing student tells you that her clinical assignment for the day is to take vital signs and obtain a client history that will take about 1 or 2 hours to complete. Which clients would you recommend she approach to fulfill her assignment? (Select all that apply.)
   1. Mr. N
   2. Mr. L
   3. Mr. B
   4. Ms. C
   5. Ms. G
   6. Mr. U

3. You must assign a nursing assistant to help care for Mr. N. For this neutropenic client, which factor is most important in making this assignment?
   1. The nursing assistant is in the first trimester of pregnancy.
   2. The nursing assistant has had cold symptoms for 3 days.
   3. The nursing assistant has no experience with neutropenic precautions.
   4. The nursing assistant has generalized fear of isolation clients.
4. The nursing student tearfully reports to you, "I took some flowers into Mr. N's room to cheer him up and he told me that he didn't think he was supposed to have flowers. I took them out of the room right away, and then I realized I had made a mistake." What should you do first?
1. Direct the student to read the isolation precautions before entering the room
2. Call the nursing instructor and report the student for making an error
3. Acknowledge and praise the student for taking responsibility for the mistake
4. Write an incident report and have the student and instructor sign it

5. You are reviewing new orders for Mr. N. Which order would you question?
1. Administer filgrastim (Neupogen) 5 mcg/kg subcutaneously every day
2. Catheterize to obtain a urinalysis specimen
3. Flush the intravenous saline lock every shift
4. Monitor vital signs every 4 hours

6. In the early postoperative period, what is the priority nursing diagnosis for Mr. L?
1. Risk for Infection related to chemotherapy and the surgical procedure
2. Imbalanced Nutrition related to presurgical dysphagia and malignancy
3. Impaired Verbal Communication related to the tracheostomy tube
4. Risk for Aspiration related to secretions and removal of the epiglottis

7. Which assessment finding for Mr. L is of greatest concern?
1. Pulsation of the tracheostomy tube in synchrony with the heartbeat
2. Increased secretions in and around the tracheostomy
3. Increase in coughing, with difficulty in expectorating secretions
4. Presence of food particles in tracheal secretions

8. You are teaching the nursing student about emergency respiratory equipment that should be available for Mr. L. Which piece of equipment is the most important to show to the student?
1. An adult-size endotracheal tube
2. A laryngeal scope with blades of several sizes
3. A bag valve mask with extension tubing
4. A tracheostomy insertion tray

9. Clients receiving chemotherapy are at risk for thrombocytopenia related to chemotherapy or disease processes. Which actions are needed for clients who must be placed on bleeding precautions? (Select all that apply.)
1. Provide mouthwash with alcohol for oral rinsing
2. Use paper tape on fragile skin
3. Provide a soft toothbrush or oral sponge
4. Gently insert rectal suppositories
5. Avoid aspirin or aspirin-containing products
6. Avoid overinflation of blood pressure cuffs
7. Pad sharp corners of furniture

10. Mr. B will receive intravesical chemotherapy consisting of bacille Calmette-Guérin (BCG) instillation. Place the following steps related to this therapy in the correct order.
1. Clamp the catheter.
2. Insert a Foley catheter.
3. Instill BCG fluid via the catheter.
4. Change the client's position from side to side every 15 minutes for 2 hours.
5. Direct the client to drink two glasses of water to flush the bladder.
6. Unclamp the catheter at the end of 2 hours.

11. Following the BCG treatment, you delegate disposal of Mr. B's Foley bag and fluid contents to the nursing assistant. What instructions should you give?
1. No special handling of the bag or its contents is required.
2. "Wear a lead apron when you are emptying the drainage container."
3. "Discard the fluid in the toilet and disinfect the toilet with bleach for 6 hours."
4. "Wear sterile gloves when you are handling the bag and its contents."

12. The physician should be notified if a normal voiding pattern (i.e., pain free, symptom free) fails to resume within which time period after removal of Mr. B's catheter (after the BCG treatment)?
1. Within 6 hours
2. Within 12 hours
3. Within 3 days
4. Within 1 week
13. During the midmorning, the following events occur at the same time. Prioritize the events in the order in which they should be addressed.
1. Mr. B complains of dysuria.
2. Mr. U’s chest drainage system tips over.
3. Mr. N has a fever of 101°F (38.3°C).
4. Mr. L’s tracheostomy tube needs to be suctioned.
5. Ms. C has a swollen, tender, red calf.

14. In helping a client like Ms. C with postoperative care related to her bowel surgery, which team member (RN, nursing assistant, enterostomal therapist), under the appropriate supervision, should be assigned to perform each of these actions?
1. Assist Ms. C with perineal care
2. Administer stool softeners and assess their effectiveness
3. Monitor wounds for drainage and infection
4. Provide initial information about ostomy care and management
5. Advise about prevention of skin breakdown around the stoma site

15. Ms. C repeatedly refuses to perform a return demonstration of any aspect of colostomy care. Despite steady improvement and independent resumption of other ADLs, she protests, “I’m too weak. You’ll have to do it for me.” What is the priority diagnosis for Ms. C?
1. Activity Intolerance related to the disease process
2. Risk for Impaired Tissue Integrity related to the ostomy
3. Deficient Knowledge related to the procedure
4. Defensive Coping related to change in health and ADLs

16. The nursing staff are making suggestions about how to help Ms. C overcome her reluctance to perform colostomy care. Which suggestion will you try first?
1. Verbally reexplain the procedure and give her written material
2. Have a family member come in and do it for her
3. Continue to do it for her until she is ready
4. Ask her to hold the clamp while the bag is being emptied

17. Ms. C repeatedly calls for help during the shift with various small requests. She is talkative and pleasant, and she does everything she can to get you to “stay and chat with me, dear.” What is the best response?
1. “I really do like talking to you, but I do have other clients.”
2. “You’ll be okay for right now, and I will come back and check on you later.”
3. “I have 10 minutes right now. Later this afternoon, I’ll have time to talk.”
4. “Let me call one of the hospital volunteers to come and sit with you.”

18. You are working through the preoperative checklist and Ms. G begins to cry. “What do you think about this breast surgery? My friend’s arm got really swollen after she had the surgery. Can’t I just take medication?” What is the priority diagnosis for Ms. G?
1. Anxiety related to uncertainty about future outcomes
2. Disturbed Body Image related to imminent loss of a body part
3. Deficient Knowledge related to the treatment plan
4. Noncompliance related to the surgical procedure

19. Ms. G continues to be anxious and tearful, and she tells you that she has changed her mind about the surgery, “I’m going to go home. I just can’t deal with everything that is going on right now. I need some time to think about things.” What is your best response?
1. “It’s okay to change your mind. You have the right to make your own decisions.”
2. “Please reconsider. This surgery is very important and your health is the priority.”
3. “Would you like me to call your doctor, so that you can discuss your concerns?”
4. “I see you are very concerned. What things are you dealing with and thinking about?”
20. A client is asking for pain medication, and the health care provider has ordered 10 mg of oxycodone controlled release (OxyContin) as needed. The pharmacy has stocked 5-mg tablets of oxycodone immediate release in the narcotics cabinet. What is your first action?
1. Call the health care provider for clarification of the order
2. Call the pharmacy and obtain the controlled-release form of the drug
3. Ask the client if the immediate or controlled-release action is preferred
4. Give two of the 5-mg tablets to achieve the correct dose

21. Which assessment finding is the most critical?
1. Mr. U has tracheal deviation.
2. Mr. B has decreased urinary output.
3. Mr. N is having dysrhythmias.
4. Ms. C has severe abdominal pain.

22. List at least three assessment findings of tension pneumothorax that help you identify this potentially life-threatening emergency.

23. You determine that Mr. U has developed a tension pneumothorax. He is currently receiving high-flow oxygen but continues to experience respiratory distress. What is the priority action?
1. Remove the occlusive dressing around the chest wound
2. Perform a needle thoracotomy with a 14- to 16-gauge catheter needle
3. Initiate cardiopulmonary resuscitation (CPR)
4. Call for the crash cart and intubation equipment

24. You are calling the physician to report events related to Mr. U’s condition. Prioritize the following information according to the SBAR (situation, background, assessment, recommendation) format.
1. “Mr. U is 5 days postoperative for pulmonary resection for non–small cell lung cancer. He has a chest tube which has been draining progressively smaller amounts of dark red blood.”
2. “Dr. S, this is Nurse C on the medical-surgical oncology unit. I am calling about Mr. U. About 15 minutes ago, he developed severe respiratory distress, and tracheal deviation was noted. We removed the occlusive dressing at the chest tube insertion site, and his breathing improved. The rapid response team was called and is currently managing the airway. He is receiving 100% oxygen via a nonrebreather mask.”
3. “The rapid response team is recommending transfer to the intensive care unit, because the exact cause of the tension pneumothorax is undetermined. The radiology department is waiting to do a portable chest radiograph if we could get an order. Would you like us to get an arterial blood gas analysis or do anything else?”
4. “Mr. U is currently alert and anxious, and he is following commands. Blood pressure is 160/96 mm Hg, pulse rate is 110 beats/min, respiratory rate is 32 breaths/min, and pulse oximetry reading is 90% with the client on the rebreather mask.”