

Answer Key

CHAPTER 2: Cancer, pages 15-18

1. **Ans: 1** Oral hygiene is within the scope of duties of the UAP. It is the responsibility of the nurse to observe response to treatments and to help the patient deal with loss or anxiety. The UAP can be directed to weigh the patient but should not be expected to know when to initiate that measurement. **Focus:** Delegation; **QSEN:** TC; **Concept:** Clinical Judgment
2. **Ans: 4** The patient's physical condition is currently stable, but emotional needs are affecting his or her ability to receive the information required to make an informed decision. The other diagnoses are relevant, but if the patient leaves the clinic the interventions may be delayed or ignored. **Focus:** Prioritization; **QSEN:** PCC; **Concept:** Anxiety
3. **Ans: 1** Pancreatic cancer is more common in African-Americans, males, and smokers. Other associated factors include alcohol use, diabetes, obesity, history of pancreatitis, exposure to organic chemicals, consumption of a high-fat diet, and previous abdominal irradiation. **Focus:** Prioritization; **QSEN:** N/A; **Concept:** Clinical Judgment
4. **Ans: 2, 3, 5, 6, 7** Mouthwash should not include alcohol, because it has a drying action that leaves mucous membranes more vulnerable. Insertion of suppositories, probes, or tampons into the rectal or vaginal cavity is not recommended. All other options are appropriate. **Focus:** Prioritization, knowledge; **QSEN:** S; **Concept:** Clotting
5. **Ans: 2** Administering enemas and antibiotics is within the scope of practice of LPNs/LVNs. Although some states and facilities may allow the LPN/LVN to administer blood, in general, administering blood, providing preoperative teaching, and assisting with central line insertion are the responsibilities of the RN. **Focus:** Assignment; **QSEN:** TC; **Concept:** Clinical Judgment
6. **Ans: 1. Nurse practitioner, 2. Nutritionist, 3. LPN/LVN, 4. Nurse practitioner, 5. RN** The nurse practitioner is often the provider who performs the physical examinations and recommends diagnostic testing. The nutritionist can give information about diet. The LPN/LVN will know the standard seven warning signs and can educate through standard teaching programs. The RN has primary responsibility for educating people about risk factors. **Focus:** Assignment; **QSEN:** TC; **Concept:** Clinical Judgment
7. **Ans: 3** Further assess what the patient means by having "control over my own life and death." This could be an indirect statement of suicidal intent. A patient who believes he will be cured should also be assessed for misunderstanding what the physician said; however, the patient may need to use denial as a temporary defense mechanism. The patient's acknowledgment that the treatments are for control of symptoms or plans for the immediate future suggest an understanding of what the physician said. **Focus:** Prioritization; **QSEN:** S; **Concept:** Mood & Affect
8. **Ans: 3** The UAP can observe the amount that the patient eats (or what is gone from the tray) and report to the nurse. Assessing patterns of fatigue and skin reaction is the responsibility of the RN. The initial recommendation for exercise should come from the physician. **Focus:** Delegation; **QSEN:** TC; **Concept:** Clinical Judgment
9. **Ans: 3** Paresthesia is a side effect associated with some chemotherapy drugs such as vincristine. The physician can modify the dosage or discontinue the drug. Fatigue, nausea, vomiting, and anorexia are common side effects of many chemotherapy medications. The nurse can assist the patient by planning for rest periods, giving antiemetics as ordered, and encouraging small meals containing high-protein and high-calorie foods. **Focus:** Prioritization; **QSEN:** EBP; **Concept:** Safety
10. **Ans: 1** WBC count is especially important, because chemotherapy can cause decreases in WBCs, particularly neutrophils (known as neutropenia), which leave the patient vulnerable to infection. The other tests are important in the total management but are less directly specific to chemotherapy in general. **Focus:** Prioritization; **QSEN:** S; **Concept:** Immunity
11. **Ans: 3** Giving medications is within the scope of practice of the LPN/LVN. Assisting the patient in brushing and flossing should be delegated to the UAP. Explaining contraindications is the responsibility of the RN. Recommendations for saliva substitutes should come from the physician or pharmacist. **Focus:** Delegation; **QSEN:** TC; **Concept:** Clinical Judgment

- 12. Ans: 1** Chemotherapy drugs should be given by nurses who have received additional training in how to safely prepare and deliver the drugs and protect themselves and others from exposure. The other options express concerns, but the general principles of drug administration apply. **Focus:** Assignment; **QSEN:** S, TC; **Concept:** Safety
- 13. Ans: 1, 3, 2, 4** Tumor lysis syndrome is an emergency involving electrolyte imbalances and potential renal failure. A patient scheduled for surgery should be assessed and prepared for surgery. A patient with breakthrough pain needs assessment, and the physician may need to be contacted for a change of dosage or medication. Anticipatory nausea and vomiting has a psychogenic component that requires assessment, teaching, reassurance, and administration of antiemetics. **Focus:** Prioritization; **QSEN:** S; **Concept:** Clinical Judgment
- 14. Ans: 1** Back pain is an early sign of spinal cord compression occurring in 95% of patients. The other symptoms are later signs. **Focus:** Prioritization; **QSEN:** S; **Concept:** Clinical Judgment
- 15. Ans: 2, 7, 1, 3, 6, 4, 5** Determine level of consciousness and responsiveness, and changes from baseline. Oxygen should be administered immediately in the presence of respiratory distress or risk for decreased oxygenation and perfusion. Pulse oximetry can be used for continuous monitoring. Adequate pulse, blood pressure, and respirations are required for cerebral perfusion. Increased temperature may signal infection or sepsis. Blood glucose levels should be checked even if the patient is not diabetic. Severe hypoglycemia should be immediately treated per protocol. A patent IV line may be needed for delivery of emergency drugs. Electrolyte and ammonia levels are relevant data for this patient, and abnormalities in these parameters may be contributing to change in mental status. (Note: Laboratory results [i.e., electrolytes and ammonia levels] may be concurrently available; however, you should train yourself to systematically look at data. Look at electrolytes first because these are more commonly ordered. In some cases, you may actually have to remind the physician to order the ammonia level if the patient with a hepatic disorder is having a change in mental status.) **Focus:** Prioritization; **QSEN:** S; **Concept:** Clinical Judgment
- 16. Ans: 1. Advanced practice nurse, MD, 2. Advanced practice nurse, MD, RN, 3. Advanced practice nurse, RN, 4. Advanced practice nurse, MD, RN, 5. Advanced practice nurse, MD, RN, LPN/LVN, 6. MD** Advanced practice nurses could do any of the tasks; however, explaining results of a mammogram may be handled by the supervising physician, especially if complex follow-up is needed (e.g., surgery). Physicians could do any of the tasks except they do not make nursing diagnoses. RNs could do tasks 2, 3, 4, and 5 but usually do not do clinical breast examination, unless specially trained, and do not interpret results of diagnostic tests for patients. LPNs/LVNs could reinforce standard information about screening recommendations. The RN should make the nursing diagnoses, and the LPN/LVN assists in planning and implementing the interventions. **Focus:** Assignment; **QSEN:** TC; **Concept:** Clinical Judgment
- 17. Ans: 2** Potentially life-threatening hypercalcemia can occur in cancers with destruction of bone. Other laboratory values are pertinent for overall patient management but are less specific to bone cancers. **Focus:** Prioritization; **QSEN:** S; **Concept:** Clinical Judgment
- 18. Ans: 2, 4** Debulking of tumor and laminectomy are palliative procedures. These patients can be placed in the same room. The patient with a low neutrophil count and the patient who has had a bone marrow transplantation need protective isolation. **Focus:** Assignment; **QSEN:** S; **Concept:** Immunity
- 19. Ans: 3** The patient is not coping with the recent diagnosis of cancer and prospect of losing his leg. His decision to go hiking may be a form of denial, or possibly a veiled suicide threat. It is also possible that he has decided not to have any treatment; however, you need to make additional assessment about his decision and actions and help him to discuss alternatives and consequences. The other diagnoses may also apply, but if he leaves the hospital there will be no chance to address any other issues. **Focus:** Prioritization; **QSEN:** PCC, S; **Concept:** Coping
- 20. Ans: 2** Tumor lysis syndrome can result in severe electrolyte imbalances and potential kidney failure. The other laboratory values are important to monitor to identify general chemotherapy side effects but are less pertinent to tumor lysis syndrome. **Focus:** Prioritization; **QSEN:** EBP, S; **Concept:** Fluid & Electrolyte Balance
- 21. Ans: 1, 3, 4, 5** Women age 21 or over should have annual Pap smears, regardless of sexual activity. African-American men should begin prostate-specific antigen testing at age 45. Colonoscopy and annual fecal occult blood testing are recommended for those with average risk starting at age 50. Annual mammograms are recommended for women over the age of 40. Women age 65 or older who have normal results on previous Pap tests may forego additional screenings for cervical cancer. **Focus:** Prioritization; **QSEN:** S, EBP; **Concept:** Health Promotion
- 22. Ans: 2** Hyponatremia is a concern; therefore, fluid restrictions would be ordered. Urinalysis is less pertinent; however, the nurse should monitor for changes in urine specific gravity. The diet may need to include sodium supplements. Fluid bolus is unlikely to be ordered for patients with SIADH; however, IV normal saline or hypertonic saline solutions may be given very cautiously. **Focus:** Prioritization; **QSEN:** EBP; **Concept:** Fluid & Electrolyte Balance

23. **Ans: 1, 2, 4, 6** Measuring vital signs and reporting on specific parameters, practicing good hand washing, and gathering equipment are within the scope of duties for a UAP. Assessing for symptoms of infections and superinfections is the responsibility of the RN. **Focus:** Delegation; **QSEN:** TC; **Concept:** Immunity
24. **Ans: 2** An LPN/LVN is versed in medication administration and able to teach patients standardized information. The other options require more in-depth assessment, planning, and teaching, which should be performed by the RN. Helping patients with smoking cessation is a Core Measure. **Focus:** Delegation; **QSEN:** TC; **Concept:** Health Promotion
25. **Ans: 1** Morphine elixir is the therapy of choice because it is thought to reduce anxiety and the subjective sensation of air hunger. It also increases venous capacitance. End-of-life-care should not include aggressive measures such as intubation or resuscitation. Support and comfort are always welcome, but in this case you should not sit quietly because there is an option that would offer some physical relief for the patient. **Focus:** Prioritization; **QSEN:** EBP, PCC; **Concept:** Palliation
26. **Ans: 3** Explain that you are not chemotherapy certified so that the charge nurse can quickly rearrange the patient assignments. You can assess the patient, site, and infusion; however, you do not have the expertise to recognize the side effects of the medication or to give specialized care that may be needed. Asking the nurse to stay is not the best solution, because the care of the patient and the effects of the medication continue after the infusion has been completed. Looking up the side effects of the drug is okay for your own information, but you are still not qualified to deal with this situation. In addition, knowing how to properly discontinue the infusion and dispose of the equipment are essential for your own safety and the safety of others. **Focus:** Prioritization; **QSEN:** S; **Concept:** Safety
27. **Ans: 2** If the radiation implant has obviously been expelled (i.e., is on the bed linens), use a pair of forceps to place the radiation source in a lead container. The other options would be appropriate after safety of the patient and personnel are ensured. **Focus:** Prioritization, supervision; **QSEN:** S; **Concept:** Clinical Judgment
28. **Ans: 3** You must try to find out what Nurse A is thinking and feeling. If you can discover the underlying issue, there is a better chance that you can help her (e.g., referral to counseling or in-service training). You should try to avoid being too draconian with your staff by insisting that they switch back to the original assignments, or too condescending by lecturing them about patients' rights. Nurses frequently can and do switch patients to help each other out, but the charge nurse should always be informed prior to making the switch. **Focus:** Assignment, supervision; **QSEN:** TC, QI; **Concept:** Professionalism