BEEBE HEALTHCARE
MARGARET H. ROLLINS SCHOOL OF NURSING
NURSING 202 - ADVANCED CONCEPTS OF NURSING
MULTIDISCIPLINARY CARE MAP - TEMPLATE
2024

<table>
<tr><td>S</td><td>Situation:
<u>1.</u> P.B., 77F, 87257747
<u>2.</u> Acquired Pancytopenia
<u>3.</u> 4/13/20244. 4/13/2024
<u>4.</u> Triple negative breast cancer that presents with weakness, not eating or drinking, and dizziness from recent chemo treatment, admitted for observation</td></tr>
<tr><td>B</td><td>Background:
<u>1.</u> PMH: Anxiety, Breast CA, chronic back pain, hypercholesteremia, hypothyroid, mood disorder, osteoarthritis, osteopenia, PSH: esophagogastroduodenoscopy, Full Code
<u>2.</u> “weak and I can't eat since my chemo”
<u>3.</u> P.B. has triple negative breast cancer and presented in the ED with weakness, not eating or drinking and dizziness. P.B. stated she could not walk. She reports she has had 12 previous chemo treatments over the last 3 months. She talked to her oncologist Dr. Desai who told her to come to the ED to get IVF and monitor for observation. The plan is to transfuse her with 1 unit of PRBC’s, place on neutropenic precautions, and administer lactated ringers to increase blood pressure. Dr. Desai consulted and diagnosed her with chemotherapy induced pancytopenia.
<u>4.</u> A. Chest X-ray (indicated for cough)Impression: No active disease is observed in the chest.
<u>B.</u> Trending labs:
<table>
<tr><td>4/09 labs taken to trend for admission</td><td>Admission labs 4/13</td></tr>
<tr><td>WBC 0.8 (critically low) – low from chemotherapy killing the amount of healthy wbc</td><td>0.3 (critically low)</td></tr>
<tr><td>RBC 2.75 (low) – chemotherapy can cause myelosuppression which slows the progression of rbc production</td><td>2.34 (low)</td></tr>
<tr><td>Hemoglobin 9.1 (low) – chemotherapy can cause myelosuppression which slows the progression of rbc by affecting your bone marrow production which makes blood cells</td><td>7.8 (low)</td></tr>
<tr><td>Hematocrit 27.2 (low) - – chemotherapy can cause myelosuppression which slows the progression of rbc by affecting your bone marrow production</td><td>22.3 (low)</td></tr>
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	which makes blood cells	
	Platelet 89 (low) – chemotherapy is slowing production of platelets from the bone marrow causing a decreased platelet count	38 (critically low)
	Segs man 46 (low) – low from chemotherapy killing the amount of healthy neutrophils	32 (low)
	Neutro abs man 0.37 (critically low) – low from chemotherapy killing the amount of healthy neutrophils	0.10 (critically low)
	Lymph abs man 0.38 (low) – low from the chemotherapy killing the amount of healthy lymphocytes	0.20 (low)
	Mono abs man 0.04 (low) low from chemotherapy killing the amount of healthy monocytes	0.01 (low)
	Blood bacterial culture – normal, blood culture tested to rule out any possible infection causing wbc to be low	No growth at 1 day
	Blood type and screen – important step when blood levels are low and a blood transfusion is needed	A positive
	Urine analysis: obtained to rule out any possible infection causing wbc to be low	Moderate LPF mucous, Trace HPF bacteria
	C. 40 mg of atorvastatin po – high cholesterol can increase cancer cell survival and proliferation, cholecalciferol 25 mcg po – supplement while undergoing chemo, ondansetron 4 mg ivp – indicated to decrease nausea as a side effect from chemo that aids in her weakness, Lactated Ringers 1000 ml bag at 100ml/hr - indicated to replace water and electrolyte loss in patients with low blood volume or low blood pressure **D.** Patient isolation – neutropenic precautions, I&O q8hr – monitor perfusion and fluid status, OOB up with assistance – with assistance to prevent falls when patient is feeling weak, Occupational therapy – indicated for weakness, nutritional screen – for unintentional weight loss of greater than 10 lbs in 3 months, oncology consult – to follow up with oncology while inpatient because of chemo side effect.	
A	**Assessment:** **1.** Alert and oriented x4, cooperative, appearance neat, weak upper and lower extremities, gait weak, needs assistance when walking to bathroom, facial symmetry equal, breath sounds present and clear in all lobes, anterior and posterior. Unlabored and regular respirations. 96% on RA. Skin warm and dry, nail beds pink in color, capillary refill less than 3 seconds. Heart rhythm normal, s1 and s2 present. Peripheral pulses palpable +2 normal bilaterally upper and lower extremities. No edema present. Movement against resistance but with less strength than normal in upper and lower extremities bilaterally. Bowel sounds present in all 4 quadrants, hyperactive, constipation noted, last bm 4/10, no eating difficulties, except poor	

	appetite, abdomen non tender and soft, rounded. VS 36.8 degrees Celsius, 66 bpm, RR 17, 96/58 **2. 4/13** - Dr. Desai - Presented to ER, as very low appetite, dizziness when standing up, very weak generalized after chemo 4/4. Mild nausea. no abd pain,cp, fever. General: No apparent distress, alert and oriented. HEENT: No scleral icterus, minimal pallor, oral mucosa moist and pink. Lymph: No palpable cervical, supraclavicular, axillary, or inguinal adenopathy. Neck: Supple without JVD, trachea is midline. Chest: The lung fields are clear to auscultation, bilateral air entry present. No wheezes, rales, rhonchi. Heart: S1, S2 present. Rate and rhythm regular. Abdomen: Soft, nontender without hepatosplenomegaly or masses, no rigidity, non-distended. Bowel sounds positive. Extremities: No cyanosis, edema, ischemia or tenderness. Neurological: The patient is normally alert and oriented. Grossly no focal weakness. Psychiatry: no severe anxiety. No agitation. Mood appropriate. Plan: symptomatic anemia- transfuse one unit prbc, dehydration, nausea - can have prn compazine or Zofran, ivf. Most likely d/c home tomorrow. If hb still below 8, can transfuse one unit tomorrow. Breast cancer. on doxorubicin , Cytoxan. Has follow with tcc monday to discuss, dose adjusting, delaying/cancelling chemo. Severe neutropenia. no fever, blood cultures pending. had neulasta, so observe. if having fever- iv abx and can do gcsf later. **4/13 –** Michael Nogan (PA) 77-year-old female PMH triple negative breast cancer comes to the emergency department at the request of Dr. Desai for 24-hour admission and IV fluids. The patient has been doing poorly with her new chemo regimen. She feels weak, has decreased appetite and not able to take fluids. Resolved she feels dizzy. She denies fever/chills or vomiting. No black or bloody stools. No chest pain, shortness of breath, abdominal pain, cough or UTI-like symptoms. Normal sinus rhythm, rate 88 T wave inversions V1 V2. The patient believes she is only here to get IV fluids and nothing else. I explained to her that her symptoms could be because by many different things. I will order EKG and serial troponins to rule out ACS. Previous labs indicated her white cell count was below 1 and her symptoms could be secondary to infection. I will order blood cultures, lactate, chest x-ray and UA. CBC to evaluate her hemoglobin to see if she is anemic requiring transfusion. Discussed with Dr. Desai from oncology. He is in agreement to give 1 unit of packed red blood cells for symptomatic anemia. If she declines PRBC okay to hold off. He will see her later in the afternoon. He request that the hospitalist admits. She had Neulasta so hold off on Neupogen for the time being. **4/13** – PT – patient declined physical therapy **3. Risk for infection.** Decreased wbc count from chemotherapy resulting in patients ability to fight off infection to be decreased, also on neutropenic precautions because of increased risk of infection for a chemotherapy patient as a side effect. **Decreased activity tolerance.** Decreased stability while walking from baseline from generalized weakness as a result from most recent chemotherapy dose. **4. Risk for infection.** 1. Maintained protective and isolation precautions continuously. (to prevent increased chance for infection by air from outside of room getting in to patient room) 2. Applied mask when entering patient room everytime. (decreased risk of spreading any bacteria from myself to patient) 3. Taught importance of not having fresh grapes or any fresh fruit or flowers at bedside at

	admission. (to decrease chance of getting infection from foodborne bacteria) 4. Apply hand hygiene prior to entering patients room, and before any procedure continuously. (hand hygiene reduces the amount of bacteria on your hands that can spread to the patient through contact). 5. Taught importance of reporting signs of infection; chills, foul smelling drainage, foul smelling urine, general malaise constantly. (by reporting signs of infection early, it allows the nurse to intervene early and provide care earlier rather than later) 6. Encourage intake of protein and calorie rich foods daily. (Adequate nutrition enables the body to maintain and rebuild tissues and helps keep the immune system functioning well) **Decreased activity tolerance.** 1. Administered 1 unit of PRBC once. (to increase RBC count decreasing some of the weakness) 2. Encouraged to get up and walk multiple times a day. (To increase strength) 3. Encourage more frequent rest periods during ambulation. (allows patient to build up tolerance by taking rests when needed instead of tiring oneself out quickly) 4. Encouraging ROM activities in bed like leg raises daily. (leg raises and ROM exercises helps build muscles that were recently weaker than normal) 5. Assist in dangling legs at edge of bed for 10-15 minutes daily. (this prevents orthostatic hypotension by preventing the pooling of the blood in the legs and effectively maintains central blood pressure to ensure adequate perfusion) 6. Encourage to perform activities when energy is at its peak for patient daily. (by performing activities when energy is high increases the chance of gaining more muscle and strengthening stamina rather than when the patient has no energy to participate in movement)
R	**Recommendation:** **1. Goal 1:** P.B. will have a wbc within normal limits of 4-10 prior to discharge. **Goal 2**: P.B. will have a RBC count within normal limits of 4.2-5.4 prior to discharge. **2.** Oncology, Physical therapy, Occupational therapy **3.** Test: labs, chest x-ray, urine culture, blood culture. Treatments; PRBC's, IVF, neutropenic precautions **4.** Follow up with tunnel cancer center, home physical therapy, home occupational therapy **5.** Case management, nurse navigator, home health, support groups, cancer financial assistant brochure

Evaluation of Care:

1. Admission of PRBC's helped feeling of weakness slightly, IVF helped hydration, neutropenic isolation precautions helped prevent infection. OOB with assistance helped the patient stay moving and safely without the risk of falling independently.
2. Pt has improved by the end of my shift patient stated "I do not feel dizzy while going to the bathroom anymore." Movement against resistance strength increased by end of day in upper and lower extremities
3. Patient status at the end of my day was stable, alert and oriented x4, VS were 36.7 degrees Celsius, 83 bpm, RR18 118/64, patient resting in bed with no complaints, husband at bedside.
4. I did not reach my goals with my patients labs but I did maintain protective isolation throughout my day to prevent any spread of infection which could worsen her condition.
5. My patient problems remained the same throughout my day and up until end of shift.

- Identify the multidisciplinary team members involved in the care of your patient. Include the role they had in providing care.