

Case Study 3

Name: _____ Class/Group: _____ Date: _____

Instructions: All questions apply to this case study. Your response should be brief and to the point. Adequate space has been provided for answers. When asked to provide several answers, they should be listed in order of priority or significance. Do not assume information that is not provided. Please print or write legibly.

D.M. is a married, 36-year-old woman with 4 children who works part-time as a clerk. She is 68 in tall and weighs 135 lb. She has insurance through her husband's employer. She has never smoked and has an occasional social drink. She has PMH of plastic surgery for breast implants in August of last year. When she returned for her breast implant check-up 10 months later, a lump was discovered in her R breast. When a biopsy indicated the lump was malignant, she elected to have a lumpectomy and axillary lymph node dissection. Her CT scan and bone scans were negative. She was referred to the group oncology clinic where you are a staff nurse to receive chemotherapy. After she completes chemotherapy, she is scheduled to receive radiation therapy. Admitting diagnosis: infiltrating ductal carcinoma, stage T2 N1 M0, premenopausal, estrogen receptor-positive.

1. Explain the TNM method of staging malignancies.
2. D.M. wants you to explain exactly what stage T2 N1 M0 means. What will you tell her?
3. She asks you to explain what her chances of survival are. How will you explain this to her?
4. D.M. will be receiving 6 cycles of combination chemotherapy, consisting of doxorubicin (Adriamycin), cyclophosphamide (Cytosan), and 5-fluorouracil (5-FU). What are the major side effects you want to prepare her for?

5. What is a major complication in patients receiving a high amount of Adriamycin?
6. Explain to D.M. in lay terms what she needs to know about immunosuppression.

D.M. completes her chemotherapy. She lost most of her hair and has been wearing a scarf but now her hair is beginning to grow back. She is being transferred to the radiation therapy department for treatment and is scheduled to begin radiation therapy.

7. What is hair loss called? Which drug was primarily responsible for the hair loss?

You perform an admission assessment. Findings are: Wt. 148 lb. VS 104/70, 80, 20, 98.0°F (oral). Cardiovascular: S1 S2 without murmurs or rubs. Respiratory: clear to auscultation throughout. Neuromuscular/skeletal: negative, patient c/o of fatigue, no c/o bone pain. GI: without hepatosplenomegaly or masses. GU: negative. Integumentary/oral: hair growth ¼" over entire head, oral mucosa reddened and patient c/o soreness. Lymph node: no palpable adenopathy in the cervical, supraclavicular, axillary, or inguinal nodes.

8. What areas of the above assessment concern you? Explain.

