Case Study 3

Name _____ Class/Group _____ Date _____

Group Members _____

INSTRUCTIONS: All questions apply to this case study. Your responses 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 asume information that is not provided. Please print or write clearly. If your response is not legible, it will be marked as ? and you will need to rewrite it.

Scenario

C.W. is a 42-year-old divorced woman with adenocarcinoma (cancer) of the lung with metastasis (spread) to the brain and liver. She is the single parent of a 17-year-old son, has experienced episodic health care, is currently unemployed because of poor health, and has no health insurance. She has smoked one to two packs per day for 20 years. Past medical history (PMH) includes cholecystectomy, hysterectomy, and breast augmentation. In May of last year she developed scapular and arm pain on her right side, was diagnosed with adenocarcinoma of the lung, and underwent a wedge resection of the upper right lobe of the lung. Because she had no insurance, she did not receive follow-up care (e.g., radiation therapy and/or chemotherapy).

C.W. developed pain in her right temple 48 hours ago and was seen in the emergency department (ED), where she was given cephradine (Velosef). C.W. had a seizure 24 hours later, was transported to the ED, and was diagnosed as having an allergic reaction to the cephradine. She was instructed to call her family doctor. C.W.'s doctor was unavailable for 48 hours. After suffering a tonic-clonic (grand mal) seizure at home, she was admitted to a rural hospital. A computed tomography (CT) scan revealed a large mass in the right frontal area of her brain. Dexamethasone (Decadron) was given IV, and an oncologist in the metropolitan area was consulted. C.W. was transferred to your oncology unit postseizure with slightly slurred speech and intermittent bone pain. She has lost 22 pounds in the past year. She is receiving hydrocodone/acetaminophen (Lortab) one or two 5 mg tablets every 3 to 4 hours, as needed. C.W.'s record lists codeine and milk allergies.

1. Identify the usual location, growth rate, and likelihood of metastasis of adenocarcinoma of the lung.

2. Is the presence of bone pain and weight loss significant?

3. What tests are likely to be performed to determine whether C.W.'s adenocarcinoma has metastasized?

4. The tests are performed, and C.W. is diagnosed with adenocarcinoma of the lung with metastasis to lymph nodes, liver, and brain. She is scheduled to receive 10 radiation therapy treatments to the whole brain (3 as an inpatient, 7 as an outpatient). Identify five needs that you will address with C.W. and her son.

After her third radiation treatment, C.W. is discharged on the following medications: dexamethasone 4 mg PO q8h; propoxyphene/acetaminophen (Darvocet-N) 100 mg PO (orally) q4h prn (as needed); prochlorperazine maleate (Compazine Spansules) 15 mg PO q12h prn; temazepam 30 mg PO prn.

5. What is the rationale for C.W. receiving each medication?

Two months' posthospital discharge and follow-up therapy, C.W. continues to have increasing symptoms of pain, anorexia, weight loss, edema in extremities, and insomnia. Her son accompanied her to the physician's office. While his mother is having her blood drawn, he asks the nurse what is going to happen to his mother.

6. How would you respond to him?

7. He asks what he can do to help his mother. What information could you give him?

8. As C.W.'s disease progresses, what signs and symptoms (S/S) can be anticipated, and what kind of relief can be provided?