

## Case Study 3

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*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.

T = size of primary tumor  
N = number of lymph nodes involved  
M = extent of metastasis

2. D.M. wants you to explain exactly what stage T2 N1 M0 means. What will you tell her?

T2 = confined to original area  
N1 = cells have reached one node  
M0 = no metastases

3. She asks you to explain what her chances of survival are. How will you explain this to her?

Chances of survival are good because cancer has not spread to other parts of the body.

only affects one node.

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?

Nausea & vomiting

5. What is a major complication in patients receiving a high amount of Adriamycin?

Immunosuppression

Bone marrow proliferation disrupted (low blood cell counts)

6. Explain to D.M. in lay terms what she needs to know about immunosuppression.

Immunosuppression means your body is not able to fight off infections due to low white blood cells.

Avoid fresh fruits/veggies, plants

No immunizations

Wash hands frequently

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?

alopecia, chemo is responsible bc it affects cells

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.

w/ high proliferation rates

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

oral mucosa reddened / soreness

Stomatitis (chemo damages rapidly dividing cells in oral mucosa)

D.M. received 6 weeks of daily (weekdays) radiation therapy treatments with a total dose of 6400 cGy. She had a terrible time with fatigue, and at one time, told you, "When I lie down, I can't be enough of the bed!" You helped her develop an activity-rest plan and supported her in obtaining outside help with housework. At her last visit, she tells you, "Now I hope I can see my kids grow up." She is scheduled to return to the oncologist every 3 months for follow-up care and monitoring.

9. D.M. comes to her scheduled follow-up appointment. She appears very anxious. When questioned she tells you, "I've been worried about my daughters. What if they get breast cancer? What can I do to help them?" What is your response?

Genetic testing, self breast exam monthly,

10. You ask her if she has other questions. She tells you she is worried about the breast cancer coming back and wants to know if she would have to go through the chemotherapy and radiation therapy all over again. What can you do, and what will you tell her?

Check up appointment every 3 months  
Focus on wellness (low fat diet, exercise, healthy weight)

D.M. seemed to do fine for a while. On her 9-month follow-up visit, she tells you she has been having headaches for the past few weeks. Her MRI indicates she has metastases to the brain. She underwent a bone marrow transplant; unfortunately, it failed to stop her cancer. She died at the age of 38, leaving behind 4 children aged 4 through 14.

What?!