



Simulated Clinical Experience (SCE™) Overview

Location: Oncology Unit

History/Information:

Two years ago the patient found swelling in her neck. This was three years post bilateral mastectomy after being diagnosed with breast cancer. She was diagnosed at that time with ovarian cancer with metastasis. After an initial round of chemotherapy, she was in remission until six months ago. At that time she began another round of chemotherapy. During this round, she had poor response to the treatment and did not tolerate the chemotherapy well. She elected to discontinue the chemotherapy two months ago. She hoped to have radiation therapy but a low immune response had constituted a high risk at that time. She is married with two children who live out of state. Her daughter is single and travels on business at least two times per month. The son is married with two small children. Both children have visited three times during the present illness and the daughter is at the bedside now. Advance directives have been signed and indicate not to resuscitate the patient and designate her husband as her healthcare surrogate. Five days following admission to the Oncology Unit, the patient has developed dyspnea and ascites. An abdominal paracentesis was performed on admission and 3000mL of fluid was removed. Her abdomen has increased in size again. She and the family have decided against Hospice for now. She wishes to stay in the acute care setting due to her breathing being so difficult.

Healthcare Provider's Orders:

Morphine 10mg IV every 4 hours around the clock
Lorazepam 0.5mg IV every 4 hours prn anxiety
Prochlorperazine 10mg PO every 4 hours prn or 25mg PR suppository every 8 hours prn nausea or vomiting
Haloperidol 0.5mg IV for confusion/agitation. Repeat every 30 minutes prn until symptom intensity decreases then start Haloperidol 5mg IV twice a day
No lemon or glycerin swabs for oral care
Apply barrier ointment to skin after each bowel and bladder incontinence
O₂ at 2LPM nasal cannula prn
Glycopyrrolate 0.2mg IM twice a day for terminal secretions
Activity as tolerated with assistance
No restraints
IV D5/0.45% NS at 50 mL/hour
Diet as tolerated

Learning Objectives

1. Formulates a nursing plan of care for the dying cancer patient (APPLICATION).
2. Prioritizes nursing management of the dying patient (ANALYSIS).
3. Evaluates outcomes of nursing care and interventions, and modifies care as needed for the dying patient (ANALYSIS).
4. Develops a nursing plan for education for the patient and family as a result of the patient's history and medical diagnosis (APPLICATION).

Questions to Prepare for the Simulated Clinical Experience

1. Describe the ethical and legal issues of advanced directives with a healthcare surrogate.
2. Discuss the nursing management of the dying patient.
3. Providing fluids and nourishment during terminal illness is often controversial. Discuss the key issues in this controversy.
4. Discuss how pain is identified and managed in the unresponsive terminal patient.
5. Discuss the rationale for use of medications such as morphine, haloperidol, glycopyrrolate, and lorazepam in the treatment of the terminal patient.
6. Identify all potential nursing diagnoses and the related interventions.
7. Discuss nursing care of the patient after death.

References

- Agency for Healthcare Research and Quality. (2004). *End-of-life care and outcomes*. Publication No. 05-E004-2. Rockville, MD: US Department of Health and Human Services.
- Eversible, P., Hess, P., and Lugged, A. (2004). *Toward healthy aging: Human needs and nursing* (6th ed.). St. Louis: Mosby.
- Inhof, S., Kaskie, B., and Linden, T. (2005). What do we owe the dying? Strategies to strengthen end-of-life care. *Journal of Healthcare Management, 50*(3), 155-170.
- Joanna Briggs Institute for Evidence Based Nursing and Midwifery. (2005). *Best practice: Vital signs, 3*(3). Retrieved May 30, 2005 from http://www.joannabriggs.edu.au/best_practice/bp8.php
- Kwekkeboom, K. L., Vahl, C., and Eland, J. (2005). Companionship and education: A nursing student experience in palliative care. *Journal of Nursing Education, 44*(4), 169-176.
- Lewis, S., Heitkemper, M., and Dirksen, S. (2004). *Medical surgical nursing* (6th ed.). St. Louis: Mosby.
- McGee, S. (2007). *Evidence-based physical diagnosis*. (2nd ed.). Philadelphia: Saunders.
- Springhouse. (2007). *Best practices: A guide to excellence in nursing care* (2nd ed.). Philadelphia: Lippincott.