

## The Continuum of Care: Navigating the Road to Recovery

### Why Achieve Disease-Specific Care Certification?

- To enhance stroke rehabilitation services to the community and our patient population
- To demonstrate our commitment to high-quality patient care, treatment and services

### Mission

The mission of the Oncology program is to promote optimal physiologic and psychosocial adjustment for the patient who has been diagnosed with cancer.

### Philosophy

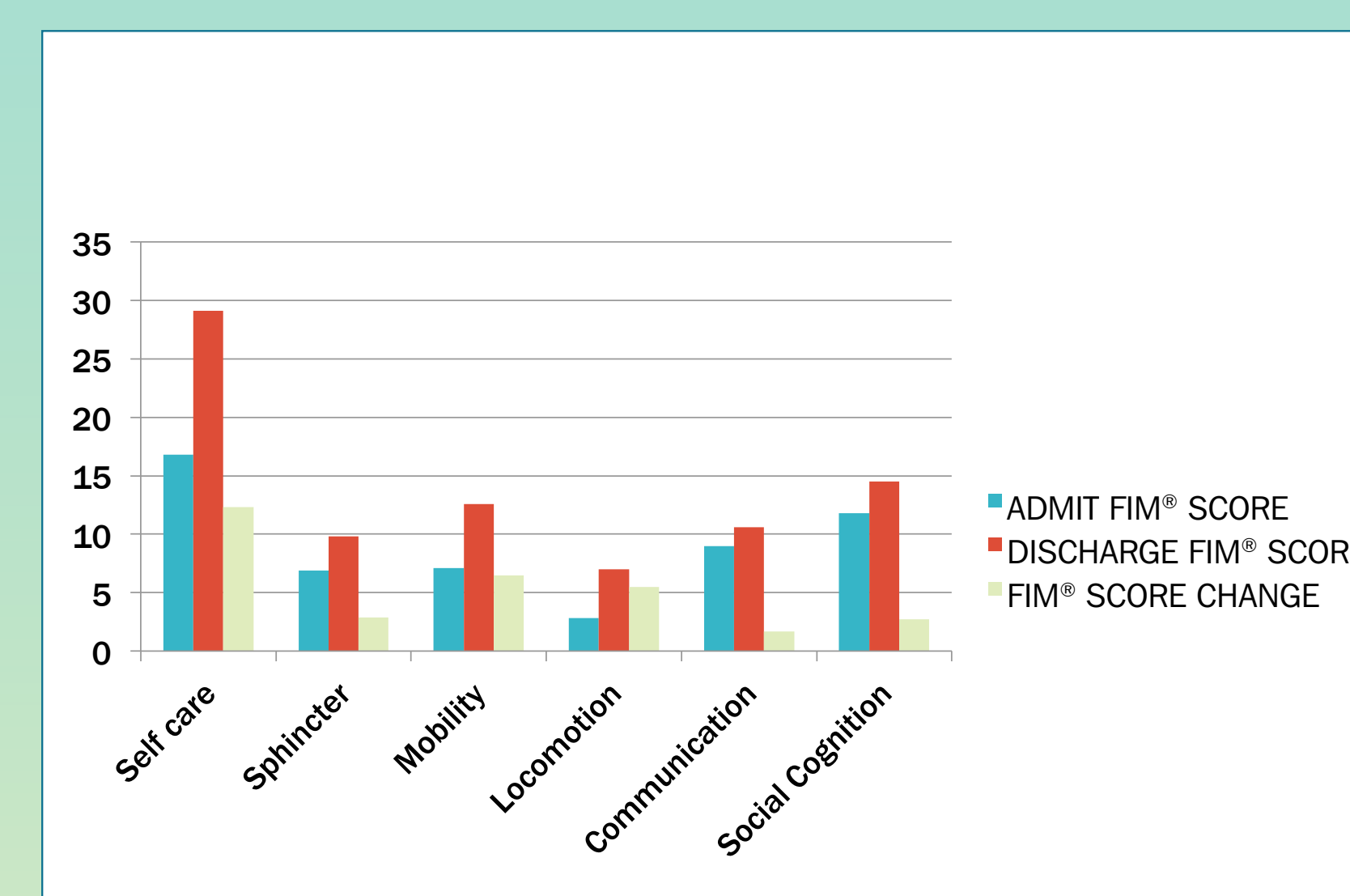
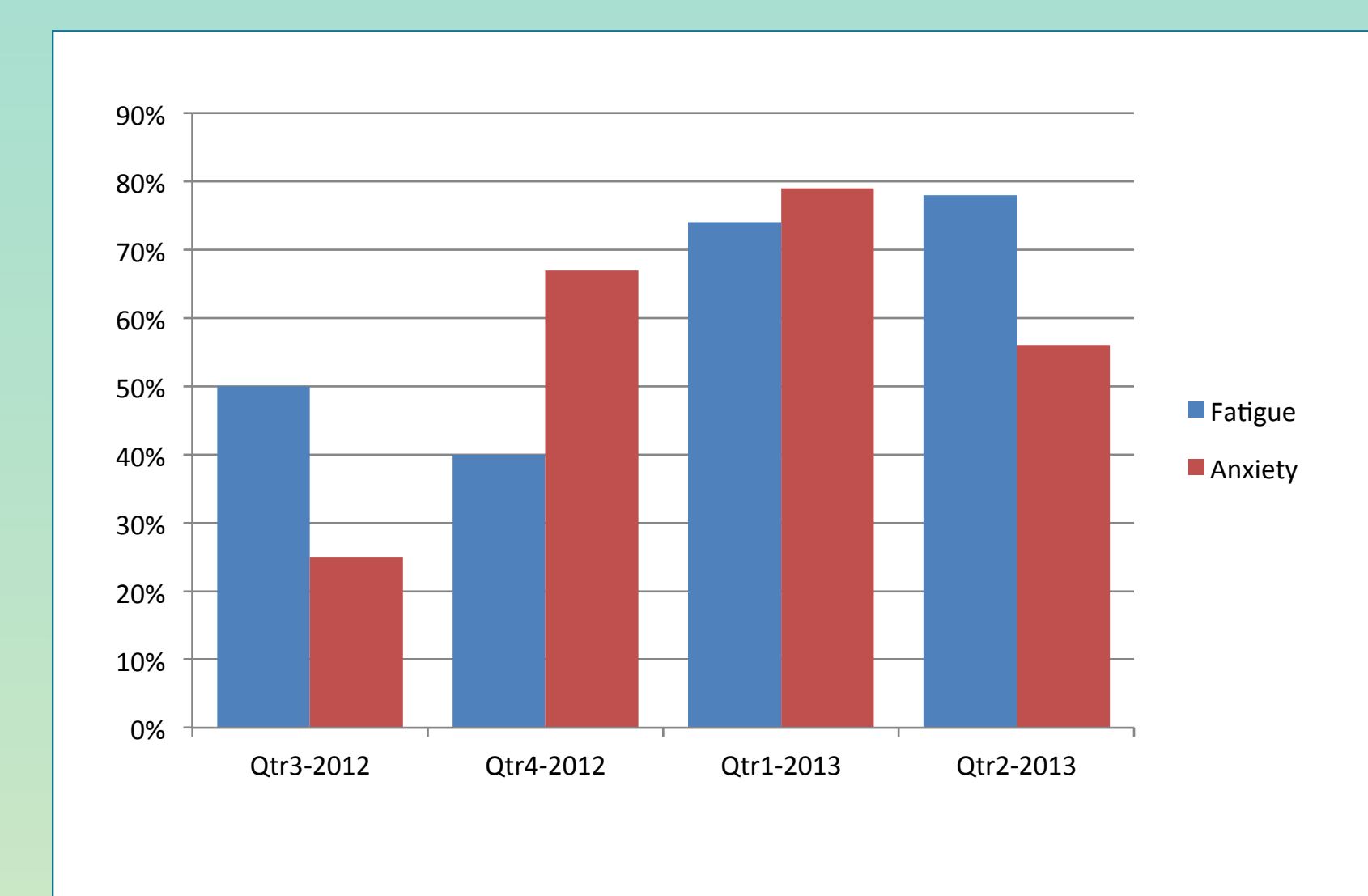
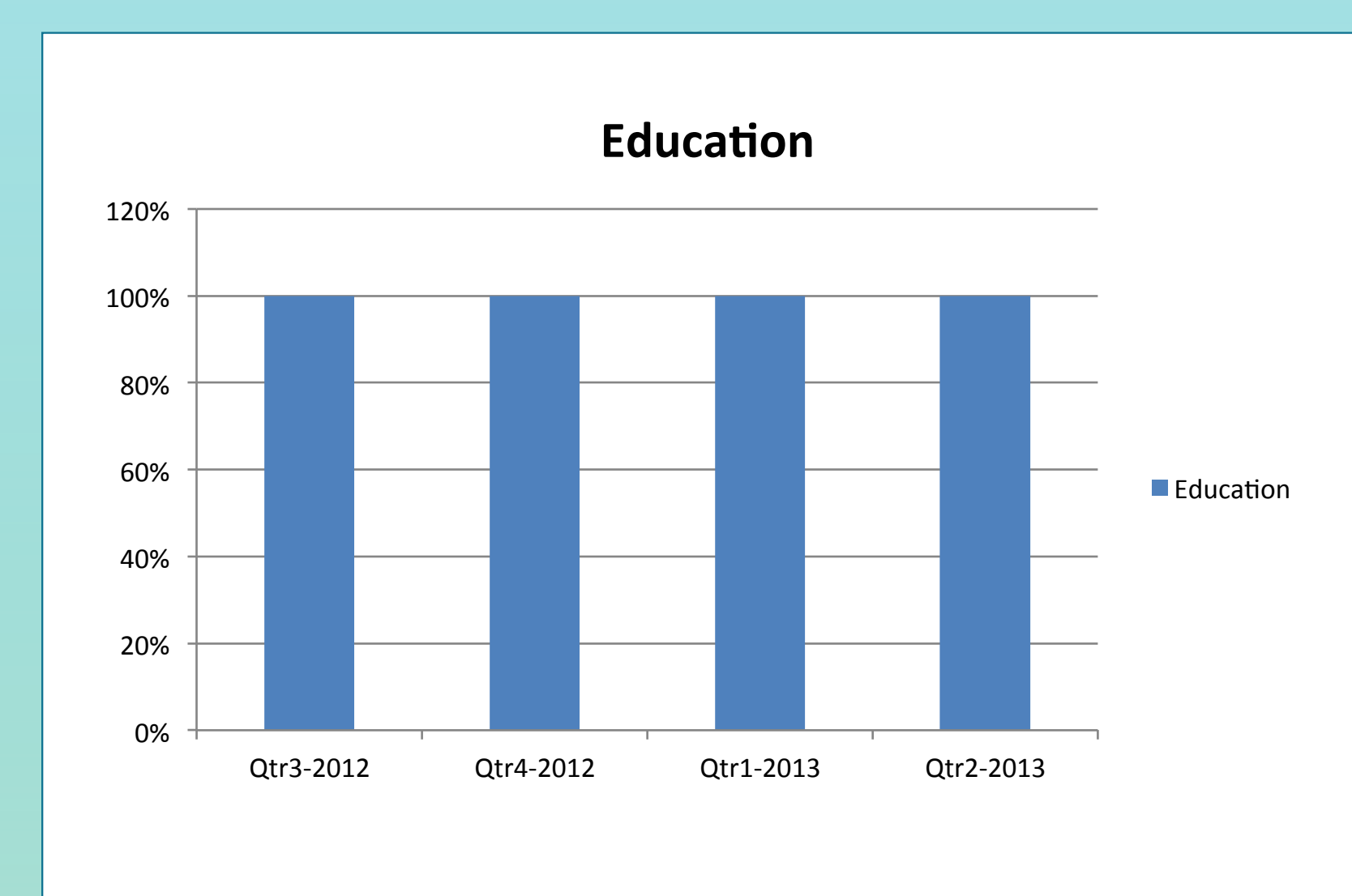
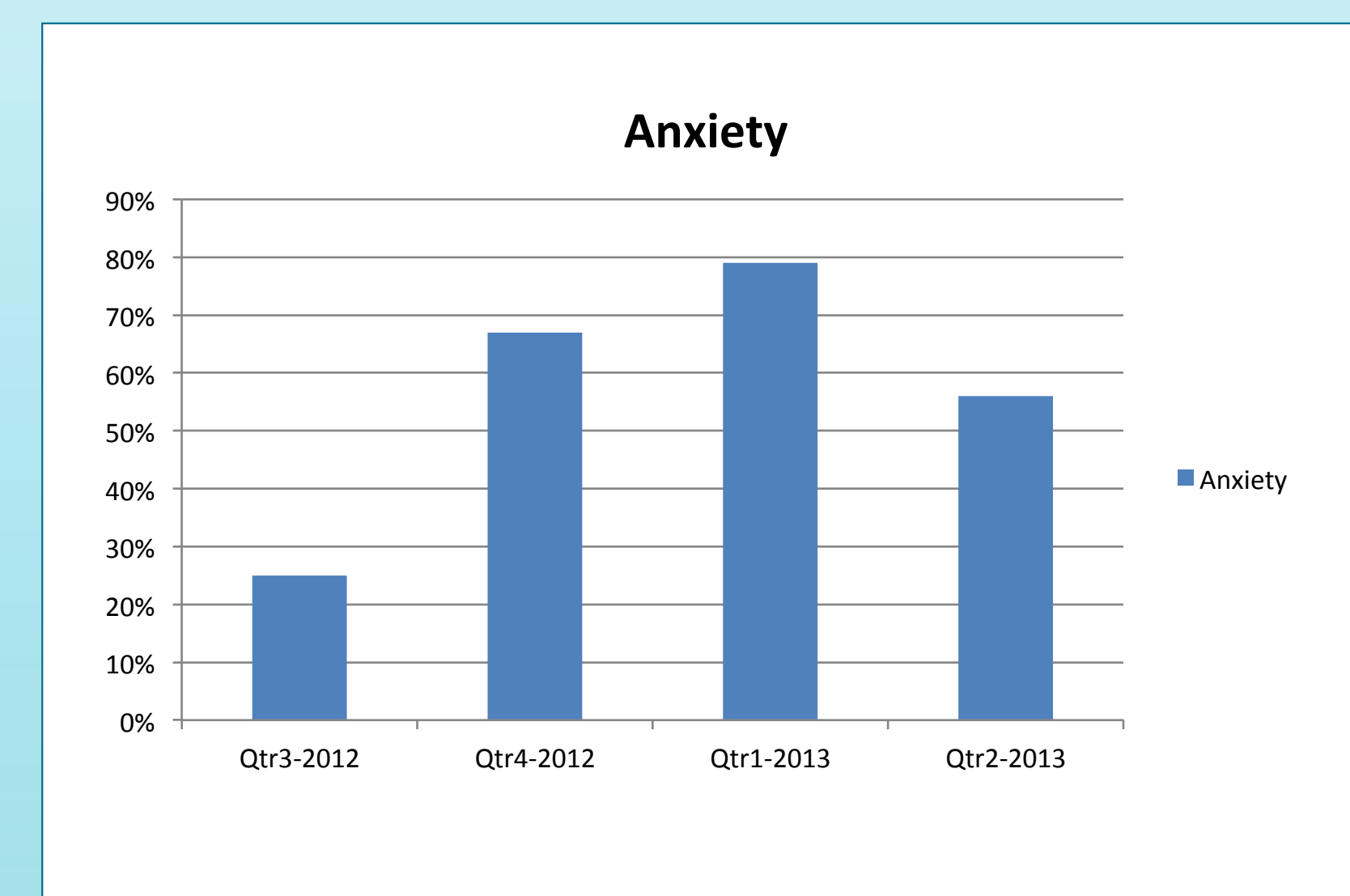
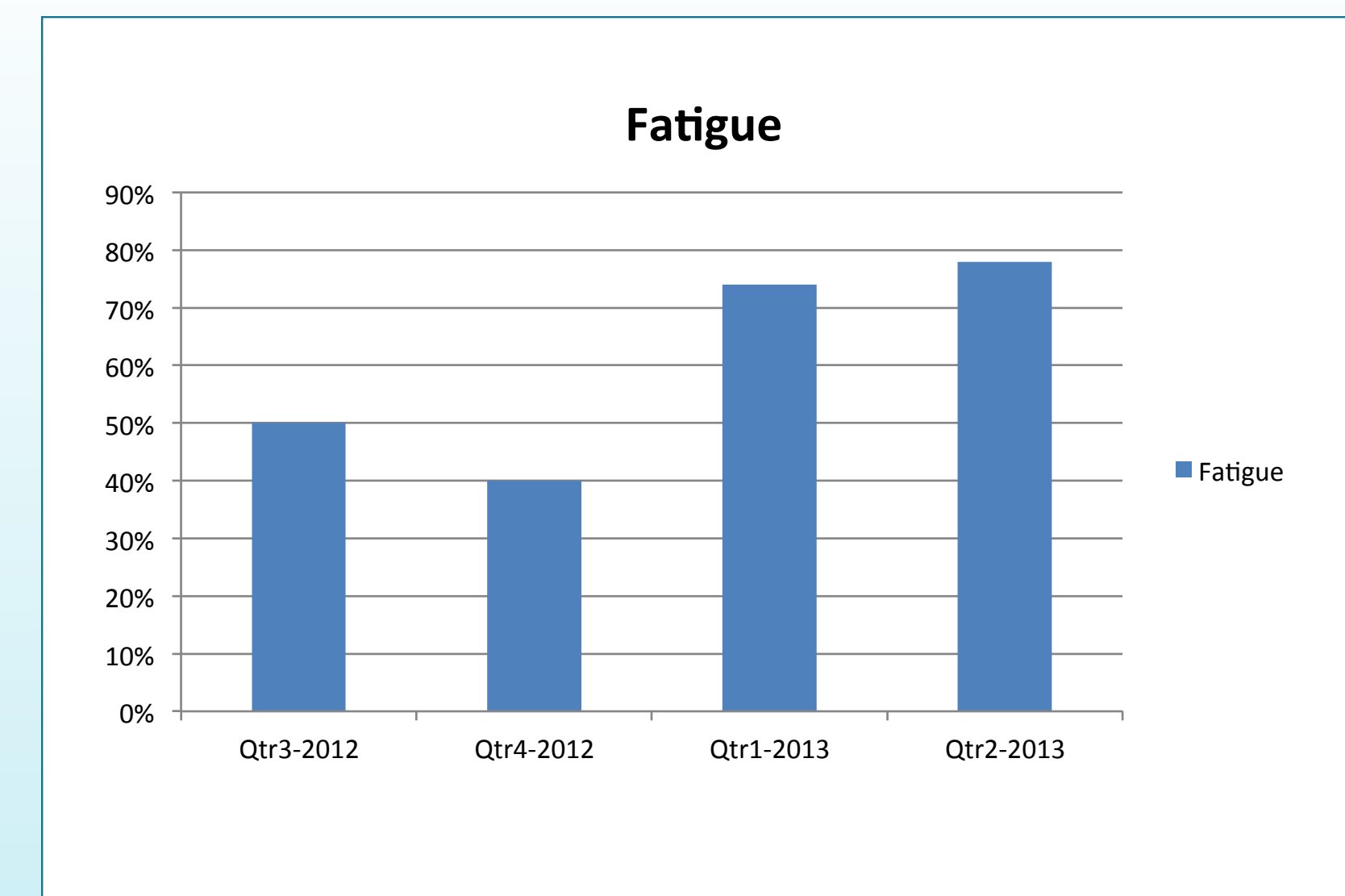
The philosophy of the oncology rehabilitation program is to teach disease management, improve physical capacity and promote independence.

### Objectives

- Individualized assessment and treatment
- Interdisciplinary medical management approach
- Train and educate patient and family
- Provide emotional and psychosocial support
- Ensure appropriate discharge plans

### Performance Indicators

- Satisfaction: % of oncology rehab program patients reporting satisfaction to standardized questions upon discharge
- Education: % of oncology rehab program patients and/or caregivers receiving interdisciplinary education at least three days per week
- Anxiety: % of oncology rehab program patients reporting a decrease in anxiety from admission to discharge
- Fatigue: % of oncology rehab program patients reporting a decrease in fatigue from admission to discharge



### NURSING DIAGNOSIS: Fatigue

#### Related To:

- \_\_\_\_\_ A build up of cellular waste products associated with rapid lysis of cancerous and normal cells exposed to cytotoxic drugs
- \_\_\_\_\_ Difficulty resting and sleeping associated with fear, anxiety and discomfort
- \_\_\_\_\_ Tissue hypoxia associated with anemia (a result of malnutrition and chemotherapy-induced bone marrow suppression)
- \_\_\_\_\_ Overwhelming emotional demands associated with the diagnosis of cancer and treatment with chemotherapy
- \_\_\_\_\_ Increased energy expenditure associated with an increase in the metabolic rate resulting from continuous, active tumor growth and increased levels of certain cytokines (e.g. tumor necrosis factor, interleukin-1)
- \_\_\_\_\_ Malnutrition
- \_\_\_\_\_ Effects of medications used for control of pain, nausea and anxiety.

#### DESIRED OUTCOME

The client will experience a reduction in fatigue as evidenced by:

- Verbalization of feelings of increased energy
- Ability to perform usual activities of daily living
- Increased interest in surroundings and ability to concentrate.
- Improved discharge screening results for fatigue

### Nursing Actions and Selected Purposes/Rationales

- Assess for:
  - Signs and symptoms of fatigue (e.g. verbalization of lack of energy and inability to maintain usual routines, lack of interest in surroundings, decreased ability to concentrate, lethargy)
  - Client's perception of the severity of fatigue using a fatigue rating scale
- Inform client that a feeling of persistent fatigue is not unusual and is a result of the disease itself as well as a side effect of cancer treatment.
- Assist client to identify personal patterns of fatigue (e.g. time of day, after certain activities) and to plan activities so that times of greatest fatigue are avoided.
  - Create two respite hours correlating with the patients reports hours of fatigue during which no therapies, treatments or medications will be delivered to the patients

- Medicate the patient for pain, anxiety and treatment one hour prior to respite
  - Make the care team aware of the patient respite times and reduce disruptions
- Implement measures to *reduce fatigue*:
    - perform actions to promote rest and/or conserve energy:
      - Honor respite time commitments
      - Minimize environmental activity and noise
      - Offer opportunity to learn focused attention techniques
      - Limit the number of visitors and their length of stay
      - Assist client with self-care activities as needed
      - Keep supplies and personal articles within easy reach
      - Evaluate for medications such as beta-blockers, lipid lowering agents, which can damage muscle, and some antihypertensives such as Clonidine and lowering the blood pressure to normal in the elderly can result in decreased functioning. (Ackley & Ladwig, 2008, p 121)
      - Seek physician directed changes in medications as warranted
      - Implement measures to promote sleep (e.g. encourage relaxing diversional activities in the evening, allow client to continue usual sleep practices unless contraindicated, reduce environmental stimuli, administer prescribed sedative-hypnotics)
      - Implement measures to reduce discomfort such as "focused attention"
      - Instruct client in energy-saving techniques (e.g. using shower chair when showering, sitting to brush teeth or comb hair, prioritizing activities and eliminating those that are optional)
    - Perform actions to promote an adequate nutritional status (see diagnosis 2, action c)
    - Encourage client to maintain a fluid intake of at least 2500 ml/day to *promote elimination of the by-products of cellular breakdown*
    - Administer the following if ordered for treatment of anemia:
      - Folate, iron
      - Epoetin alfa (EPO)
      - Blood transfusions (e.g. packed red blood cells)
      - Peripheral blood stem cell transplantation
    - Increase activity gradually as tolerated

- Perform actions to facilitate client's psychological adjustment to the diagnosis of cancer and the treatment regimen and its effects (see Diagnoses 10, actions c-j and 11, action b).
- Assess client for signs and symptoms of fear and anxiety (e.g. verbalization of feeling anxious, insomnia, tenseness, shakiness, restlessness, diaphoresis, tachycardia, elevated blood pressure, self-focused behaviors). Implement measures to *reduce fear and anxiety*:
    - Orient client to environment, equipment, and routines; explain the purpose for and operation of a kinetic bed if indicated
    - Introduce client to staff who will be participating in care; if possible, maintain consistency in staff assigned to his/her care
    - Assure client that staff members are nearby; respond to call signal as soon as possible
    - Keep door and curtains open as much as possible to *reduce feeling of confinement*
    - Maintain a calm, supportive, confident manner when interacting with client
    - Encourage verbalization of fear and anxiety; provide feedback
    - Reinforce physician's explanations and clarify misconceptions client has about the diagnosis, treatment plan, and prognosis
    - Explain all diagnostic tests
    - Provide a calm, restful environment
    - Offer opportunity to learn focused attention techniques
    - Instruct client in relaxation techniques and encourage participation in diversional activities
    - Assist client to identify specific stressors and ways to cope with them
    - Initiate social service referral and/or assist client to identify and contact appropriate community resources if indicated
    - Provide information based on current needs of client at a level he/she can understand; encourage questions and clarification of information provided
    - Encourage significant others to project a caring, concerned attitude without obvious anxiousness
    - Include significant others in orientation and teaching sessions and encourage their continued support of the client
    - Administer prescribed antianxiety agents if indicated.
  - Consult appropriate healthcare provider if above actions fail to control fear and anxiety

### Successful Actions

- Staff education
  - Oncology basics
  - Medications
  - Fatigue
  - Anxiety/distress
  - Pain
  - Nutrition
  - Comfort, Professionalism, Respect
  - Interventions
- Addition of Malika Inspiration Room for meditation and aromatherapy sessions
- Massage therapy services
- Twice monthly support groups and educational series
- Weekly interdisciplinary huddles and rounds
- Initial education/orientation group, offered to patients and caregivers

### Clinical Practice Guidelines

- Oncology Nursing Society Putting Evidence Into Practice: Fatigue
- Oncology Nursing Society Putting Evidence Into Practice: Anxiety
- American Dietetic Association

### Survey Results

The hospital received a full accreditation decision with The Joint Commission in August 2012.