

Applying the Nursing Process to Cancer Care

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NRS-455-O502

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17 April 2024

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Cancer entails the development of a large number of abnormal cells that infiltrate a specific body part and colonize normal body tissue. Afterwards, they spread throughout the body. One of the common types of cancer is the colorectal cancer. It is development of cancer cells from the inner lining of the colon (Pascal et al., 2020). The colon is an important part of the digestive system and helps in the digestion of food. Therefore, attack by cancer on the colon poses serious health risks to the patient. Colorectal cancer usually affects older adults but it can affect people at any age. Colorectal cancer starts as polyps that are not cancerous, however, overtime, they turn into cancers. The purpose of this paper is to utilize the nursing process in the care and management of colorectal cancer.

Colorectal cancer screening is important because it helps the health professionals to identify the disease at its early stages. Detecting the cancer cells early saves life. The first screening method is called colonoscopy (Saito et al., 2021). It involves a flexible tube called a colonoscope being inserted in the in the rectum. It contains a small video camera at the tip of the tube. The doctor is able to see any abnormalities or changes in the entire colon and rectum before making a submission of the presence or absence of cancer cells. The second screening method is the stool DNA test. The method uses a sample of the stool to check any changes in the DNA cells in the stool. It also looks for signs of blood in the stool to indicate the presence of colon cancer. Fecal occult blood test is a screening method that checks stool samples for occult blood.

Colorectal cancer has specific symptoms which include, blood in the stool, diarrhea, constipation, weakness and fatigue, unexplained weight loss, and thin stools. A diagnosis is made after the patient exhibits all these signs. The first diagnostic method is blood tests. Some of the blood tests requested include complete blood count, liver enzyme test, and tumor markers.

Colonoscopy is a diagnosis that allows the doctor to look at the entire length of the colon and rectum to see any signs of polyps and cancer cells. A biopsy is one of the most important diagnostic tests to confirm the presence or absence of colorectal cancer. The doctor removes a piece of tissue surgically and taken to the lab to diagnose cancer.

After confirmed diagnosis, the TNM staging system is used for cancer reporting (Rosen & Sapra, 2023). In the TNM system, the T is the extent of the main tumor, the primary tumor. In measuring the primary tumor, TX: main tumor cannot be measured; T0: main tumor cannot be found; T1, T2, T3, T4: refers to the size and extent of the primary tumor. The higher the number after T, the larger the size of the tumor. N refers to the regional lymph nodes (Rosen & Sapra, 2023). NX: cancer present in nearby lymph nodes cannot be measured; N0: there is no cancer in nearby lymph nodes; N1, N2, N3: the number and location of cancer in nearby lymph nodes (Rosen & Sapra, 2023). M represents the distant metastasis. MX: metastasis cannot be measured; M0: cancer has not spread to other parts of the body; M1: cancer has spread to other parts of the body.

For colorectal cancer, the expected outcomes of care are suppression of the cancerous cells. The nursing intervention is expected to be effective and it can eliminate the cancer cells completely. Another expectation is for the patient to survive more than 10 years through effective disease management. This is done via shared understanding of prognosis and goals of care. The unexpected outcomes of care include emotional breakdown by the patient, refusal to take medications, and failure to attend therapy sessions. The adverse outcome in colorectal cancer care continuation of symptoms such as nausea and diarrhea. Another adverse outcome is death of the patient. Some of the complications that can emerge in colorectal cancer include blockage of the colon leading to bowel obstruction, cancer spreading to other parts of the body, and

development of a second primary colorectal cancer. The side effects of colorectal cancer treatment include change in bowel habits, neuropathy, and erection problems in men. Guidance and counselling have been identified as a viable method to lessen physical and psychological effects. Spiritual care is also important.

According to the *American Cancer Society*, 1 in 23 men are at risk of developing colorectal cancer while for women it is 1 in 25. In 2024, 53,010 Americans are expected to die from colorectal cancer (American Cancer Society, 2024). To prevent colorectal cancer, constant screening is important. Others include maintaining a healthy weight, stop smoking, abstain from alcohol, and engage in physical activity (Kanth & Inadomi, 2021).

The American Cancer society (ACS) provides constant and up to date data and statistics on the rates of different types of cancer affecting Americans. The data is used by government agencies to put around measures to tackle the disease. It also provides educational materials such as booklets and online videos to raise awareness about the incidence of cancer in the society. It organizes seminars and advocacy services that a nurse might recommend to a patient. For example, a nurse might recommend advocacy services for lifestyle change which will promote health for the patients.

Interdisciplinary research approach builds on the foundational nursing knowledge in cancer research by promoting collaboration between medicine, health, and other disciplines (Smye & Frangi, 2021). The collaboration allows other disciplines to participate in eradicating cancer. It becomes a combined effort with the common goal of promoting positive patient outcomes. For example, engineers can undergo sensitization and education on cancer symptoms and seek early screening. Interdisciplinary approach also builds on the foundational nursing knowledge in cancer research by providing funding for cancer research. Other disciplines invest

to upgrade the knowledge to come up with new ways to fight cancer. The fund can also be used to train nurses in the provision of care so that they continue to lead sustained interdisciplinary research (Smye & Frangi, 2021).

The nursing process starts with assessment. In assessment, there is critical thinking and data collection. It looks at the subjective and objective data of a patient showing signs of cancer. The assessment is holistic and patient-focused because it incorporates physical, emotional, and spiritual data collection. The patient undergoes extensive assessment. The second step is diagnosis of the patient. It requires employing clinical reasoning and judgement to diagnose and implement patient care. During the diagnosis, it should take care of physiological needs of the patient, safety and security, show love to the patient, and empower their spiritual growth. That is how a holistic and patient-focused diagnosis. The planning stage formulates the goals and outcomes of patient care. Here, it is about ensuring positive patient outcomes. Implementation is the fourth stage in the nursing process. It is the actual carrying out of nursing interventions according to the patient care plan. It incorporates both direct and indirect care, administer medication, and follow standard treatment protocols. Evaluation is the last step in the nursing process. Nurses make an assessment whether the patient goals were met. Using holistic approach, the emotional, physical, and spiritual state of the patient are assessed. Because it is patient-centered, the evaluation is conducted frequently depending on the condition of the patient.

In conclusion, colorectal cancer is one of the common cancers affecting Americans. An interdisciplinary approach is necessary to provide a combined effort to reduce the cases of cancer in the society. Otherwise, nurses play a pivotal role in patient care and management in colorectal cancer.

## References

- American Cancer Society. (2024). Key Statistics for Colorectal Cancer. Retrieved from; <https://www.cancer.org/cancer/types/colon-rectal-cancer/about/key-statistics.html#:~:text=Overall%2C%20the%20lifetime%20risk%20of,risk%20factors%20for%20colorectal%20cancer>.
- Kanth, P., & Inadomi, J. M. (2021). Screening and prevention of colorectal cancer. *Bmj*, 374. Doi:<https://doi.org/10.1136/bmj.n1855>
- Pacal, I., Karaboga, D., Basturk, A., Akay, B., & Nalbantoglu, U. (2020). A comprehensive review of deep learning in colon cancer. *Computers in Biology and Medicine*, 126, 104003.
- Rosen, R. D., & Sapra, A. (2023). TNM classification. In *StatPearls [Internet]*. StatPearls Publishing.
- Saito, Y., Oka, S., Kawamura, T., Shimoda, R., Sekiguchi, M., Tamai, N., ... & Inoue, H. (2021). Colonoscopy screening and surveillance guidelines. *Digestive Endoscopy*, 33(4), 486-519.
- Smye, S. W., & Frangi, A. F. (2021). Interdisciplinary research: shaping the healthcare of the future. *Future healthcare journal*, 8(2), e218. Doi: [10.7861/fhj.2021-0025](https://doi.org/10.7861/fhj.2021-0025)