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## Case Reflection.

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### ABSTRACT

Mrs. Vijaya 49 years old women admitted with cancer uterine cervix stage IIIB. She is single, Married women, had given birth at the age of 17 years, her daughter got married at the age of 23years, she is a teacher, having two children. She was suffering with Anorexia, Excessive bleeding, Pelvic pain, Weakness and Fatigue, Pain in epigastric region. She was thin built, with body mass index of 20kg/m<sup>2</sup> she was afebrile, no pallor, icterus, cyanosis, generalized lymphadenopathy, oedema, fair hydration. She was treated with chemotherapy. She was having a strong religious belief with that she was coping her situation.

**Keywords:** Cancer, Uterine, Cervix, Metastasis, Palliative Care

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**CASE SUMMARY**

- ❖ Mrs.Vijaya 49 years old women admitted with **cancer uterine cervix stage IIIB**.She is single ,Married women ,had given birth at the age of 17 years, her daughter got married at the age of 23years,she is a teacher, having two children [1-7].

**CLINICAL FEATURES AND PHYSICAL FINDING**

- ❖ Anorexia
- ❖ Excessive bleeding
- ❖ Pelvic pain
- ❖ Weakness and Fatigue
- ❖ Pain in epigastric region
- ❖ Unexplained weight loss

She was thin built ,with body mass index of 20kg/m2 she was afebrile ,no pallor, icterus, cyanosis, generalized lymphadenopathy , edema, fair hydration.

**Findings of systemic examination:** Abdomen was soft, epigastric tenderness was present, palpable pancreatic node ,pain in right iliac fossa and back pain, pain score is 8/10

**INVESTIGATIONS**

NAME OF THE INVESTIGATIONS	REASON WHY THE INVESTIGATION DONE
Haemogram	For correcting anaemia and look for any infection
USG Abdomen	To look for liver metastasis and ascities
Biopsy	To prove diagnosis
Bone scan	To look for bony metastasis
RFT	To evaluate the kidney function
Blood counts	Baseline investigation
X ray spines	For vertebral metastasis

**FINDING OUTCOME OF PATIENT MANAGEMENT:****RESULT**

Unfortunately this patient with metastatic stage. In these cases curative treatment is not possible but patient will benefit in terms of supportive care, it Provides supplement of basic cancer treatment at all stages of the disease.

The primary aim of treatment is to bring out symptomatic benefit and improve the quality of life. Supportive care team includes Nurse, Physician, social worker, Anaesthetis Psycho oncologist, Dietitian. We approached the patient as a whole, Team members concentrated all the aspects of health that is physical, Mental ,Social,and Spiritual.

Outcome is anticipated there was an Metastasis of bone,spine,really we shook and her daughter was worried about the present situation of her mother.

**INVOLMENT OF HEALTH PERSONALS AND THEIR CONTRIBUTION**

Active involvement of health care personal improved the patients quality of life, Administred Morphine 15 mg Q4H pain was controlled to some extent.

Our team was able to generate some funds through NGO, which was spent for the patients and hospital also provided the treatment free of cost. Whole team was praying and moral support was given to her daughter.



## LEARNING OF PALLIATIVE CARE PRINCIPLES AND PRACTICE

### Physical care

Initially it was really tough for me to deal the situation with her daughter in briefing exact problem, what has to be expected in future.

Patient having pain in iliac fossa, physician advised Morphine 15mgq4h,if pain is persistant dosage will be changed ,according to the advise from oncologist.

Pain was frequently assessed by the numerical pain scale.

Regular review of dosage requirement was established

Assessed the side effects of drug

Comfortable position was provided

Divertional therapy was advised.

Healthy foods are provided.

### PSYCHO-SOCIAL CAR

I am self- oriented, always bothered about my family now I understood Life is a journey that must be travelled no matter how bad the roads and accommodations.

### PSYCHOLOGICAL ISSUE

- Depression
- Lonliness
- Helplessness
- Dependent

Here psychological pain clearly visualized when interacting with the patient, to overcome these issues as a health care provider effective communication was maintained, supportive psychotherapy was followed.

### EMOTIONAL ISSUES

- Fear of daughter life
- Fear of death
- Fear of lonliness
- Sadness
- Blaming herself
- Sleep disturbance

Coping with a serious medical illness is a challenging for my patient Allowed her daughter to stay with the patient.

Her daughter also controlled her emotions while she is taking care of mother.

Frequent counselling was conducted.



### **SPIRITUAL ISSUES:**

I used to pray two times reading bible is essential of my life, I am always seeking the gods presence. I advised the patient and her daughter sek the lord, don't get upset, don't ask why! You handover everything in hands of god, **WITH GOD NOTHING IS IMPOSSIBLE**-Bible. I allowed her to pray, I requested to pray everyday, Priest is allowed to visit her frequently. Religious activities are encouraged.

### **COMMUNICATION ISSUES**

Initially when the patient presented OPD we strongly suspected possibility of metastasis based on the clinical grounds, The patient and family members were anxious and worried about the disease. There were not much communication issues are faced with our team members. After breaking bad news family members especially her daughter much worried about her future,

Our health team members planned to treat patient symptoms, support with effective communication.

Active listening in patience manner and un interruption of communication is important to relieve from psychological issues of the patient .Allowed the patient and her family members to clear the doubt of disease and treatment modalities.

The Health team members followed the protocol{SPIKES}of breaking bad news ,

Comfortable position was provided to the patients and family member, encouraged

To ask question, maintained eye contact ,plan of care and prognosis was explained ,patient perception status was assessed, interest of knowing about the disease was observed by her facial expression.

Adequate information was given ,patient allowed to express her feeling.

Addressed the patient real concern.

Helped the patient to take decision.

Documentation of the conversation in the patients record.

### **ETHICAL ISSUES IN THIS CASE:**

Family requested not to tell the seriousness of the disease. We were asked by her daughter not reveal the present situation. It was against the ethical principles such as autonomy, Beneficence. After detailed explanation family understand about the importance of communication.

### **HOW WILL YOU INFLUENCE POLICY AND INNOVATIONS IN PRACTICE IN YOUR FIELD OF WORK BASED ON THIS CASE REFLECTION.**

Reflection on practice is a vital role in Nursing. Education plays a key role in changing the attitude of health care provider towards palliative care.

Health education is an effective method of teaching, Through that creating awareness of palliative care providers among the cancer patients and family members thus improves the quality of life of cancer patients.

In the forth coming years I will dedicate myself to palliative care society concerning social issues, financial issues.

I promise to assist other group members whenever they face difficulties.

I plan to establish hospice centre in my home town.



I request our curriculum planning committee members to modify the oncology nursing syllabus.

I encourage students to undergo palliative care course.

I plan to work with **NGO** and provide supportive care to the cancer patients.

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