Nursing care plan

Assessment
Ms Law is a middle-aged woman who is suffering from breast cancer and is going to receive a mastectomy next week.

Objective data:
- Has a 3-cm tumor in her left breast
- Vomiting
- Any major drop in weight
- Normal body mass index
- Vital sign: - Pulse rate 88 beats/min
  - Temperature 36.8°C (afebrile)
  - Respiration rate 20/min
  - Blood pressure 142/88 mmHg (Stage 2 hypertension)

Subjective data:
- Self-report of sleep poorly
- Self-report of poor appetite
- Self-report of pain (pain score 4/10)
- Tearful behaviour
- Claiming to be worried about the outcome of the surgery
- Appeared and claiming to have nausea
- Ms Law asked, 'Why has God done this to me?'

Diagnosis
1. Anxiety related to impending surgery next week (loss of control & unpredictable outcome & insufficient knowledge of pre-operative routines) as evidenced by increased pulse (88beats/min), increased respiration rate (20/min), self-report of worries and frustration, tearful expression, insomnia and poor appetite
2. Impaired comfort related to tissue trauma and reflex muscle spasms secondary to breast cancer as evidenced by verbalization of pain (pain score 4/10) and nausea
3. Risk for imbalanced nutrition:less than body requirements related to decreased desire to eat secondary to cancer, nausea, vomiting, pain and stress

Planning
1. Anxiety
   Short-term goals:
   a. Ms Law will be able to describe her own anxiety and coping patterns by the end of shift
   b. Ms Law will verbalize three non-pharmacological ways to intervene in escalating anxiety by the end of shift

c. Ms Law will be able to recognize three symptoms of the onset of anxiety by the end of shift

<u>Long-term goals:</u>
a. Ms Law will experience less anxiety as evidenced by stable vital signs (e.g., reduced pulse and respiration rate), less crying, improved sleeping quality (monitor her sleeping amount and quality) and improved appetite (monitor her food and fluid intake) by the surgery (i.e. next week)

2. <u>Impaired comfort</u>
   <u>Short-term goals:</u>
   a. Ms Law will report decrease in severity of pain and rate pain score level reducing from 4 to 1 by the end of shift
   b. Ms Law will be able to verbalize and demonstrate three pain-relieving measures by the end of shift
   c. Ms Law will be able to verbalize three factors contributing to increased discomfort by the end of shift

   <u>Long-term goals:</u>
   a. Ms Law will report decrease in frequency and duration of pain and nausea by the surgery (i.e. next week)
   b. Ms Law will demonstrate improvement in mood as evidenced by less tearful behaviour by the surgery (i.e. next week)

3. <u>Risk for imbalanced nutrition</u>
   <u>Short-term goal:</u>
   a. Ms Law will be able to verbalise and demonstrate three measures to stimulate her appetite by the end of shift

   <u>Long-term goal:</u>
   a. Ms Law will not experience any major drop in body weight by the surgery
   b. Ms Law will be able to maintain a normal body mass index by the surgery

<u>Implementation</u>
Anxiety

Nursing intervention	**Rationale**
Teach Ms. Law the signs and symptoms of escalating anxiety (e.g., palpitations, perspiration) as well as how to interrupt it from escalating (e.g., 3-3-3 rules, relaxation techniques, deep breathing exercises, physical exercises, brisk walks, jogging,	Knowing S/S is crucial for anxiety regulation because if the S/S are neglected, anxiety can quickly transmit into an anxiety disorder. Furthermore, the optimal moment to deliver

meditation).	anti-anxiety therapies is before things have gotten out of hand (Thornton, 2020), therefore educating patients how to interrupt the accumulation of anxious levels can help them avoid the anxiety.
Assess the patient’s level of anxiety regularly.	If the high anxious level of the patient is neglected, anxiety can quickly transmit into an anxiety disorder. If the anxiety level reaches severe/panic, interventions have to be given immediately.
Keep immediate surroundings low in stimuli (e.g., eliminate noise, limit contact with others).	Noise may produce physiological changes in humans, such as raised systolic and diastolic blood pressure, changes in heart rate, and is linked to the production of catecholamine and glucocorticoid stress hormones, making it a stressor for persons with anxiety (Babisch, 2011). Excessive talking with others can exacerbate anxiety and lead to panic.
Decorate the surroundings with blue lighting and plants.	Blue lighting post-stress relaxation effect is three times faster than the conventional white lighting (Minguillon, et. al., 2017). House plants (particularly flowering ones like Anthurium) assist to reduce patients’ stress levels (Hasegawa & Shimomura, 2013).
Reduce Ms Law's nervousness by using presence, contact (with permission), verbalization, and demeanor.	Empathy and physical contact, such as hand-holding, backrubs or touch, might help patients feel less anxious and enhance their health outcomes (Bruhn, 1978; Stewart, 1995; Derksen, Bensing & Lagro-Janssen, 2013).
Encourage Ms. Law to communicate her worries and assist Ms. Law in determining the source of worry and developing interventions for it (e.g., Ms Law worries about the surgery as she has received inaccurate information, then we can deliver correct information to the patient.)	Being supportive and helpful encourages conversation between healthcare professionals and patients, and gaining understanding helps the patient to reconsider the threat and dispel misconceptions. Additionally, proposing interventions based on the precipitant of anxiety can help healthcare professionals to reduce patients’ anxious level easier and concretely (Varcarolis, 2014).

Instruct Ms Law to use anti-anxiety medications (e.g., Benzodiazepines) according to the doctor's prescription appropriately	Anti-anxiety drugs used for a short period of time can improve patients' coping and diminish anxiety's physiological symptoms (Farach et al., 2012).

Impaired comfort

Nursing intervention	**Rationale**
Perform regular pain and nausea assessment for both subjective data i.e. PQRST and objective data i.e. vital signs	To identify her discomfort experience which is essential to determine appropriate management (Gentallan, 2016) and assess the efficacy of discomfort management methods as well as the need for adjustment (Wells et al., 2008).
Administer scheduled analgesics e.g., Panadol or Tramadol HCL to her according to doctor's prescription	Analgesics assist in the reduction or elimination of pain (Carpenito, 2006).
Teach pain-distraction techniques such as counting things in a picture, breathing regularly, and listening to music (Carpenito, 2006)	Non-pharmacological pain relievers such as music therapy and other non-pharmacological pain relievers lower the severity of pain and the demand for analgesics (Cepeda et al., 2006).
Provide a tranquil and cozy environment	To reduce mental tension and promote relaxation, creating a calm and comfortable environment is conducive to good discomfort management (Mazer, n.d.)
Remind her to inform nurses once she feels severe pain or discomfort	To ensure early identification of deterioration and provision of immediate assistance (Adam et al., 2017).
Explain factors that induce more pain and nausea (e.g., stress)	To avoid those factors (Carpenito, 2006).

Risk for imbalanced nutrition

Nursing intervention	**Rationale**
Ask for doctor's opinion for drug therapy e.g Dronabinol, Oxandrin	Appetite stimulants are medications that can increase appetite (Turcott et al., 2021)
Offer frequent, small meals instead of a large one	Even distribution of total daily caloric intake helps increasing appetite and gastric dilation occurs if refeeding is rapid following a period of starvation dieting (Mehanna et al., 2008)

Invite Ms Law's family to provide companionship during her mealtime	Feelings of loneliness reduce appetite (Leigh-Hunt et al.,2017) and socialisation can reduce patient focus on food and may encourage him to eat more without noticing (Ackley et al., 2019)
Measure Ms Law's body weight at a fixed time interval daily	To know the effectiveness of interventions with accurate ongoing records
Make selective menu available, and allow Ms Law to control choices as much as possible	Gains confidence in self and feels in control of the environment is more likely to eat preferred foods (Ghaderi, 2001)
Strictly monitor and record Ms Law's daily intake and output	A record of what the patient eats can help direct treatment
Initiate health teaching on lifestyle modifications to stimulate Ms Law's appetite like exercise and avoid caffeinated-beverages	Patient education significantly improves compliance with treatments across a broad range of conditions and disease severities (Carpenito, 2006).

Evaluation

1. Anxiety
   Short-term goals met as evidenced by the fact that Ms Law could describe her own anxiety and coping patterns, three symptoms of the onset of anxiety, as well as verbalize three non-pharmacological ways to intervene in escalating anxiety by the end of shift.

   Long-term goal was successfully met as evidenced by stable vital signs, no occurrence of crying, improved sleeping quality and improved appetite shown by Ms Law by the surgery.

2. Impaired comfort
   Short-term goals met as evidenced by Ms Law rated that her pain score reduced from 4 to 1, and successfully verbalized three factors contributing to increased discomfort and demonstrated three pain-relieving measures by the end of shift.

   Long-term goals successfully met as evidenced by the fact that Ms Law reported decrease in frequency and duration of pain and nausea, and her mood improved as evidenced by absence of tearful behaviour by the surgery.

3. Risk for imbalanced nutrition
   Short term goal was met as Ms Law successfully verbalised and demonstrated three measures to stimulate her appetite by the end of shift.

Long-term goal was successfully met too as Ms Law body weight did not have a major drop by the surgery and maintained normal body mass index

(1518 words)

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