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Nursing assistance to patients with suspected neoplasia in head / neck: experience report

ABSTRACT | Objective: To report, in view of the clinical history of this patient, of the signs and symptoms presented, medical diagnosis and treatment, to present what nursing care is necessary for the patient with suspected head and neck cancer. Method: This is a descriptive study with a qualitative approach, an experience report type. To carry out the study, information from the patient's medical record and nursing history were used. The study was approved by the Ethics Committee. Result: Among the nursing care, the following are cited: Perform water balance, keep the headboard elevated, assist in feeding, advise on the disease, among others. Through the experience it was possible to observe the importance of specific care for the patient, through the application of the nursing process. Conclusion: In view of this, we conclude that the nursing care provided to patients with head and neck cancer are essential for the quality of care and for their effective recovery. In this sense, the nurse must be present as a reference professional through technical knowledge and based on evidence.

Keywords: Neoplasms; Nursing; Smoking; Alcoholism.

RESUMEN | Objetivo: Describir, a la vista de la historia clínica del paciente, signos, síntomas, diagnóstico médico y tratamiento evidenciados, presentar los cuidados de enfermería necesarios para los pacientes con sospecha de cáncer de cabeza y cuello. Método: Se trata de un estudio descriptivo con enfoque cualitativo, del tipo relato de experiencia. Para la realización del estudio se utilizó información de la historia clínica del paciente y del historial de enfermería. El estudio fue aprobado por el Comité de Ética. Resultado: Entre los cuidados de enfermería se citan los siguientes: Realizar balance hídrico, mantener elevado el cabecero, asistir en la alimentación, asesorar sobre la enfermedad, entre otros. A través de la experiencia, fue posible observar la importancia del cuidado específico para el paciente, a través de la aplicación del proceso de enfermería. Conclusión: Ante esto, se concluye que los cuidados de enfermería que se brindan a los pacientes con cáncer de cabeza y cuello son fundamentales para la calidad de la atención y para su efectiva recuperación. En este sentido, el enfermero debe estar presente como un profesional de referencia a través de conocimientos técnicos y con base en la evidencia.

Palabras claves: Neoplasias; Enfermería; De fumar; Alcoholismo.

RESUMO | Objetivo: Relatar diante da história clínica deste paciente dos sinais sintomas apresentados, diagnóstico médico e tratamento, apresentar quais os cuidados de enfermagem necessários ao paciente com suspeita de neoplasia de cabeça e pescoço. Método: Trata-se de um estudo descritivo de abordagem qualitativa, do tipo relato de experiência. Para a realização do estudo foram utilizadas informações do prontuário do paciente e histórico de enfermagem. O estudo foi aprovado por Comitê de Ética. Resultado: Dentre os cuidados de enfermagem, cita-se: Realizar balanço hídrico, manter cabeceira elevada, auxiliar na alimentação, orientar sobre a doença, entre outros. Através da vivência foi possível observar a importância de cuidados específicos para o paciente, através da aplicação processo de enfermagem. Conclusão: Em vista disso concluímos que a assistência de enfermagem prestada ao paciente com câncer cabeça e pescoço são essenciais para a qualidade do cuidado e para sua efetiva recuperação. Neste sentido o enfermeiro deve se fazer presente como um profissional de referência por meio de conhecimento técnico e baseado em evidência.

Palavras-chaves: Neoplasias; Enfermagem; Tabagismo; Alcoolismo.

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INTRODUCTION

Cancer is the disease that most concerns the population in recent times, it is the name given to a set of more than 100 diseases that have in common the disordered growth of cells, which invade tissues and organs. Dividing rapidly, these cells tend to be very aggressive and uncontrollable, causing the formation of tumors, which can spread to other regions of the body. ¹

Cancer is a public health problem in the world and is among the top four

causes of premature death (before age 70) in most countries. The incidence and mortality due to the disease are increasing worldwide, partly due to the increase in life expectancy, population growth, as well as the variation in the distribution and prevalence of cancer risk factors, especially those associated with socioeconomic development. ²

One of the factors that most aggravate the occurrence of head and neck cancer (HNC) is the lack of information. About 70% of patients in Brazil are diagnosed with the disease at an advanced stage, which makes it diffi-

cult to cure this type of cancer. When the diagnosis is made at an early stage, the chances of a cure reach 80%.³

The main risk factors associated with the onset of this disease are smoking and drinking, increasing the chance of a healthy person developing the pathology by up to 20 times, since 75% to 90% of the cases are directly related to these carcinogenic agents. It is also mentioned, bad eating habits and viral infections, such as the Human Papilloma Virus, are also associated with the disease.⁴

When diagnosed, the patient with head and neck cancer confronts the most diverse difficulties as a result of this new condition. These include social isolation, low self-esteem, physical, physiological and psychological changes, loss of autonomy for self-care as the condition progresses, suffering related to treatment, social, cultural and psychosocial aspects and changes in eating habits. Such factors generate great awareness for the patient and the family.⁵

An injury to the mouth, nodules in the neck, prolonged hoarseness, difficulties in swallowing are symptoms to be aware of, as they are indicative for the HNC. These tumors reach the oral cavity, oropharynx, nasopharynx, hypopharynx, larynx, nasal cavity, paranasal sinuses, salivary glands, these regions are responsible for functions such as swallowing, speech, breathing, taste and smell. All of these symptoms are characteristic of the disease, but are often not taken into account by the individual.⁶

In view of the different care needs of patients with head and neck cancer, the work carried out by the interdisciplinary health team on the individual's subjective factors and the connection between the patient team and family through active and effective communication becomes relevant.⁷

The nursing process includes data collection, diagnosis, planning, inter-



The objective of this experience report is, given the clinical history of this patient, also the signs and symptoms presented, medical diagnosis and treatment together with nursing care to answer the following guiding question: What is the nursing care in relation to care for patients with suspected head and neck cancer?



vention and evaluation. The nurse has a fundamental role in the assistance, when collecting the data of a patient, they process it in information, then organize it into categories of knowledge. Data collection provides the best opportunity for nurses to establish a real therapeutic relationship with the patient.⁸

The cultural issues involved in caring for people with HNC can be understood and interpreted, so for a good relationship between the team, patient and family, nursing professionals are based on excellent communication. It becomes impractical, when evaluating the complex activities performed by nursing, with dependence on communication with the possibility of performing their duties without communicating with the people involved in this scenario.⁹

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METHOD

The experience report was experienced during activities as resident nurses in the sector of a Clinical Inpatient Unit, throughout their work in the Postgraduate course at the level of specialization in Clinical Medicine and Surgery in the form of in-service training.

The present work is a descriptive study, with a qualitative approach, of the experience report type. In order to carry out the study and collect the data, information from the patient's own medical record was used, as well as anamnesis and nursing history.

In order to guarantee the security of the data collected and the user's

confidentiality, the Informed Consent Form (ICF) was signed by the responsible family member, respecting the ethical precepts of research with human beings, based on Resolution 466/2012 of the National Health Council. 10 This study was approved by the Institution's Research Ethics Committee with the following opinion number: 4.439.007.

The survey of patient data used in the results and for the performance of nursing diagnoses and evidence of nursing care for the following case, based on the experience and experience of nursing residents during the period in which they worked in a Clinical Inpatient Unit of a Federal Hospital in the city of Rio de Janeiro. Regarding the time of research, collection, writing and completion, it took place from August to October of 2020.

RESULTS

The present report describes the experience of residents in addition to the research carried out through the medical record and the anamnesis carried out with the patient, presented in the following case study:

Male patient, resident of the state of Rio de Janeiro, 88 years old, 2 children, arrived at the emergency on 08/15/2020, accompanied by his wife. Presenting a history of dysphagia, aphasia and hoarseness for about 10 days. History of weight loss, alcoholism, smoking, systemic arterial hypertension, diabetes mellitus, mobility and reduced limb strength, denies drug allergy. Admitted to the Clinical Inpatient Unit sector on 08/17/2020, where laryngoscopy, upper digestive endoscopy (EDA), cranial tomography were performed on 08/15, 08/18 and 08/23. Possible bronchial aspiration on 08/30, transferred to the Intensive Care Unit on 08/31, deep vein arterialization (DVA)

in the femoral artery, indwelling urinary catheter (IUC) and nasogastric tube (NGT), remained in the center for 11 days, waiting gastrostomy. He returned to the Clinical Inpatient Unit on 9/10, with an inconclusive base diagnosis and suspected head and neck cancer. The patient died on September 17th.

The topic addressed was chosen, due to the difficulty of clarifying the diagnosis, and the lack of records in the medical record. Since without the correct diagnosis, there is a difficulty related to the clinic.

In this sector, there is a high number of cancer patients; it is an experience, in addition to stressful, exciting, and painful, because a simple touch, a simple gesture, you can already perceive the patient's reaction, the feelings expressed by him, we see how important it is to him in that difficult phase, but this patient in particular, he drew attention, due to his look that showed that he needed help. Its essential mechanism was impaired, its communication. In view of everything, he was far from his family, in a hospital environment, exposed to invasive procedures, often with his emotional weakness.

Death is a phenomenon that occurs in the daily routine of the health team, however it will always be difficult to face. Fear and insecurity to deal with finitude, together with a feeling of impotence, were part of this phase, however nursing care was carried out with a holistic view, always offering comfort measures.

DISCUSSION

When analyzing the data collected from the patient, it was possible to have a holistic view of their presented needs, which enabled the understanding, the prescription of Nursing Interventions and the planning of assistance for their specific case, as according to

Berwanger et al (2019) ¹¹ "When assistance is planned, it is possible to diagnose the client's needs, favoring an adequate prescription of nursing care".

The patient, presenting significantly impaired communication and difficulty in writing, made his requests through signs, gestures and looks. When one of the main resources of the patient is considered impaired, such as verbal communication, adjustments must be made by the entire team throughout the care process, being pertinent to nursing professionals to maintain the bond, gain confidence and achieve to perform all stages of the nursing process. ¹²

From the moment therapeutic communication is applied, it is relevant that nurses pay attention to the verbal and non-verbal resources of language, these mechanisms constitute the technical aspect. However, it is essential that the professional knows the social, economic and psychological context experienced by the patient, as there are different and individual ways of experiencing certain situations, these factors enable communication to be a human act. ¹²

According to the National Cancer Institute, the most frequent types of cancer in men, with the exception of non-melanoma skin cancer are prostate (29,2%), colon and rectum (9,1%), lung (7,95), stomach (5,9%) and oral cavity (5,0%). The distribution of incidence by geographic region shows that the Southeast region concentrates more than 60% of the incidence, followed by the Northeast (27,8%) and South (23,4%) regions. There is, however, great variation in the magnitude and types of cancer between the different regions of Brazil. ¹³

In view of the provisions of Law No. 7.498, of June 25th, 1986 and Decree No. 94406 of July 8th, 1987, which regulates, the nurse is responsible for the leadership, in the execution and evaluation of the nur-

sing process, in order to achieve the expected nursing results, and the nursing diagnosis about the responses of the patient, family or human community at a given moment in the health and disease process, as well as the prescription of nursing actions or interventions to be carried out, is privately responsible for those answers.¹⁴

Nurses are committed to ensuring the quality of care provided, lacking, encouraging and alerting the entire team to perform quality nursing care. It is essential that the team is commit-

ted to the needs of patients and their difficulties in dealing with the challenges of everyday life, being able to assist in the moments of impatience that may arise.¹⁵

Early cancer identification is a determining factor in the prognosis of HNC. The National Cancer Institute certifies that its purpose is to stimulate disease surveillance, stating the estimates for each year of the 2020 - 2022 triennium with accuracy, to establish an instrument to be used by managers, health professionals, as well as society in general as a way to implement

health promotion and disease prevention behaviors.¹³

DIAGNOSIS AND NURSING INTERVENTIONS

After collecting the data and conducting the anamnesis, the Nursing process followed, carrying out the planning, diagnosis and interventions selected according to the specific needs of the case and the clinical picture, thus evidencing nursing care for patients with suspected cancer of head and neck, as described in Chart 01.

Chart 01: Nursing Diagnoses, Results and Interventions for the case.

Diagnoses	Results	Interventions
Imbalanced nutrition: less than the body's needs, related to the inability to swallow food, characterized by nodules in the head and neck region.	Intake of food and fluids by nasogastric catheter	- Assist in feeding. -Weigh the patient, fasting, daily. -Perform body mass index (BMI)
Deficient fluid volume related to oropharyngeal cavity involvement, characterized as nodules in the oropharyngeal cavity	Liquid balance	- Perform water balance. -Weigh the patient, fasting, daily. -Monitor electrolyte levels. -Perform the measurement of abdominal circumference, daily, on an empty stomach.
Ineffective breathing pattern related to decreased energy characterized by dyspnea.	Balance of vital signs	-Keep headboard elevated (30°). -Monitor respiratory rate and rhythm. -Monitor arterial blood gases. -Install pulse oximetry.
Acute pain related to a biological and physical agent characterized by facial signs and expressions.	Pain control	-Monitor the intensity of pain using the pain scale, in order to measure the patient's pain and subsequently establish the best approach to treat it; -Administer analgesics, when prescribed or when necessary, paying attention to the prescription in the patient's medical record; -Assess, together with the patient, if the medication is having an effect on the pain, so that the medical team can be informed about the persistence of pain, if any.
Deficient knowledge related to lack of exposure, characterized by difficulty in verbalizing and understanding their pathology	Knowledge: care in the disease.	-Assess the patient's cognitive ability. -Advise the patient about their disease. -Teach and encourage self-care. -Clarifying the patient's doubts about the disease.
Anxiety, related to uncertainty about the prognosis, characterized by fear.	Knowledge: care in the disease.	-Provide information about the prognosis to the patient whenever possible. -Monitor the patient's emotional state whenever possible, in order to observe the insecurities of the patient who needs psychological intervention.

Aspiration risk	<ul style="list-style-type: none"> -Prevent bronchial aspiration -Prevent complications 	<ul style="list-style-type: none"> -Monitor level of consciousness, cough reflex, nausea and ability to swallow -Let the team know that the patient is at risk for bronchoaspiration. Do not offer water. -Position the patient in 45° decubitus, at least -Keep the patient's head lateral when recommended -Keep vacuum available
Risk of infection		<ul style="list-style-type: none"> -Monitor signs and symptoms of infection (redness, heat, edema, hyperemia) -Sanitize your hands with alcohol gel before and after each procedure. -Fix the peripheral and deep venous accesses with a sterile film to facilitate the visualization of the ostium and insertion of the catheter.

Source: NANDA 2015/2017 Nursing Diagnoses

CONCLUSION

Even in face of the difficulty of diagnosis, the care provided was of quality and excellence. It is understood that the planning of actions through the Nursing Care Systematization (NCS) is essential for critical and reflective thinking, humanized by the team regarding the care to be provided to patients.

The presence of stressors in patients affected by head and neck cancer makes us reflect on the role of nurses in the care of these patients,

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”

noting the importance of performing specific care based on the needs of each patient, seeking to improve the study and ensuring greater comfort during the stay in the hospital unit.

In view of this, it is concluded that nursing care for patients with head and neck cancer are essential for the quality of care and for their effective recovery. As an experience report, it allows for the presentation of feelings experienced, a better understanding of the difficulties and identification of the care to be prescribed and performed. 🐦

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