Changing Symptoms in the Patient with Cancer: The Role of the Nursing Assistant  
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Disclosures  
Bronwyn Long has no real or perceived conflicts of interest that relate to this presentation.

Objectives  
1. Describe disease progression in people living with cancer  
2. Identify changes in a cancer patient’s condition to report to the hospice team  
3. Review ten cancer symptoms  
4. Discuss ten oncologic emergencies
“Nursing assistants are integral to patient care. They are the most consistent care providers and often develop deep relationships with patients. Direct personal care is particularly important as patients near the end of life and become totally dependent on nursing staff for all care and activities of daily living.”
- Whalihan & Anderson, 2013

“Because of their intense, consistent interactions with patients and families, nursing assistants may be the first providers to observe the physical, psychosocial, and spiritual symptoms that are common as patients experience the progression of their disease.”
- HPNA Position Statement, 2005

Nursing Assistants: Key to the team
• More patient and family contact than any team member
  • More frequent visits
  • More time per visit
  • More hands-on time with the patient
  • More time observing the family dynamic
  • More time to notice new symptoms or changes in the patient’s condition
“If you see something, say something.”

Cancer: Key features

- Healthy cells mutate and become abnormal
- Abnormal cells do not die
  - Uncontrolled growth
  - Spread throughout the body via blood and lymph systems
  - Metastases
- Metastatic cancer is not curable
  - All chemotherapy and radiation therapy is palliative
- Cancer’s nature is to continue to grow
  - Hospice patients’ cancer continues to grow

- National Cancer Institute, 2013

Disease Progression
Ten New Symptoms or Changes in Cancer Symptoms

- Cancer pain
- No BM/constipation
- Loose stools/diarrhea
- Nausea/vomiting
- Shortness of breath/dyspnea
- Confusion/delirium
- Worry/fear/anxiety
- Sadness/depression
- Anorexia/cachexia
- Muscle twitching/myoclonus

Cancer Pain

- Cancer growth, ineffective pain medications, worry/anxiety, sadness/depression
- Pain medication/narcotics or opioids
  - Report to the nurse the patient’s use of pain medications
- Non-medication interventions: repositioning, relaxation techniques, distraction, music, prayer or spiritual reading
- Visits from hospice team members including volunteers, pets
- Personal cares
- Pain may worsen over time
- Good pain relief – including use of pain medications/narcotics or opioids – can prolong life

No BM/Constipation

- Dry, hard stools and straining during BMs
- Bloating and swelling of abdomen
- Cramping, nausea, vomiting, reflux/heartburn
- Pain medicine/narcotics or opioids
- Goal: BM every 3 days
  - Fluids: 6-8 glasses of fluid daily, including warm fluids
  - Fiber: fruits, vegetables, whole-grain cereal, muffins
  - Exercise: walking
  - Laxatives and stool softeners
  - Reinforce importance
  - Report to the nurse the patient’s use of laxatives
Loose Stools/Diarrhea
• Runny or watery stools
  • Fecal incontinence
    • Embarrassing, upsetting to patient and family
• Cramping, abdominal distress
• Sudden urge to defecate, often with little warning
• Cancer can interfere with nutrient absorption and bowel function
  • Abdominal metastases
  • Report to the nurse the patient’s loose stools, incontinence

Nausea/Vomiting
• Regurgitation of food and/or fluids
• Dry heaves
• Medications, worry/anxiety, cancer pain
• Environment
  • Stuffy room
    • Open a window, turn on a fan to increase air circulation
    • Feeling hot or flushed
      • Encourage removal of blankets or layers of clothing
• Reluctance to take anti-nausea medications
  • Report to the nurse the patient’s symptoms, medications

Shortness of Breath/Dyspnea
• Difficulty catching breath
• Panting, gasping, breathing hard or fast
• Inability to speak without becoming winded
• Sitting forward with hands on knees or leaning over bedside table
• Anxiety/fear/worry
  • Reposition patient to sit up or lean forward over a pillow or table
  • Pursed lip breathing
  • Open a window, place small fan blowing air across face
  • Relaxation techniques
    • Calm demeanor
Confusion/Delirium

- Foggy thinking
- Unable to follow commands
- Speaking nonsensically
  - Report to the nurse sudden changes
    - Sudden confusion
    - Sudden unawareness of surroundings
    - Changes in attitude: suddenly angry or withdrawn
    - Unable to recognize familiar people
    - Unable to be comforted
- Fall risk

Worry/Fear/Anxiety

- Fear associated with symptoms
  - Not being able to breathe, running out of air
  - Being in pain
  - Unrelieved nausea
    - Report to the nurse the patient’s symptoms or worry regarding symptoms
- Existential distress
  - Why me?
  - Why now?
  - What will happen to me when I die?
    - Report to the nurse the patient’s worries and anti-anxiety medication use

Sadness/Depression

- Situational depression associated with disease and death
  - Normal grieving
  - Life closure
- Suicidal ideation
  - Report to the nurse the patient’s thoughts of “ending it all,” bursts of anger, disgust with self, sudden refusal to have visitors
Anorexia/Cachexia

- Loss of appetite
  - Food does not taste good
  - Feel full after one or two bites
- Cancer robs the body of nutrients to feed the growing tumors
  - Muscle wasting
    - Upsetting for patients and family members
    - “Pushing” food not helpful
- No or few restrictions on food toward end of life
  - Pleasure of tasting favorite foods
  - Report to the nurse the patient’s refusal to eat or drink

Muscle Twitching/Myoclonus

- Twitching or jerking
  - May be caused by high doses of pain medication/narcotics or opiates
    - Note: Not caused by too much pain medication
  - Neurologic causes
  - Can be painful for the patient
  - Often upsetting to the family
  - Report to the nurse the patient’s twitching or jerking and use of any pain medication/narcotics or opiates

Report unusual observations/findings to your team
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Hospice and Palliative Nurses Association (HPNA) Nursing Assistant Education

Ten Oncologic Emergencies

- Fluid around the heart
- Clotting and bleeding
- High calcium
- Brain swelling
- Fluid in the lungs

Medical emergencies in the acute-care setting

- Widespread infection
- Water intoxication
- Damage to spinal cord
- Blocked blood vessels
- Electrolyte imbalance

Intensive symptom management in the hospice setting

Oncologic Emergencies

- Life-threatening
- Can hasten death in hospice setting
- Scary to staff
- Upsetting to patient and family
- Aggressive symptom management and supportive care

Role of the Nursing Assistant

- Report any unusual symptoms or concerning observations
- Role is not to identify the oncologic emergency but to alert the nurse that something is happening to the patient
- Use therapeutic presence
- Familiarity to the patient and family can have a calming influence
- Focus on comfort
- Positioning, gentle touch, soothing voice
1. Fluid around the heart
   - Technical term: Cardiac Tamponade
   - What it is: Fluid buildup in the sac surrounding the heart that compromises heart’s ability to pump
   - Other symptoms: cold sweats, confusion, hoarseness, dizziness, fainting, coughing, difficulty swallowing, difficulty lying down
   - What to do: Notify the nurse
   - What you can do: Reposition the patient to sit upright or forward, relaxation techniques

2. Clotting and bleeding at the same time
   - Technical term: Disseminated Intravascular Coagulation (DIC)
   - What it is: Body loses its ability to clot properly, resulting in hemorrhage
   - Other symptoms: Signs of bleeding/clotting
   - What to do: Notify the nurse
   - What you can do: Supportive care, have red towels available in the event of hemorrhage

3. High calcium
   - Technical term: Hypercalcemia of Malignancy
   - What it is: Bone breakdown releases extra calcium into the bloodstream
   - Other symptoms: Decreased muscle reflexes, anorexia, nausea, vomiting, constipation
   - Dehydration makes it worse
   - What to do: Notify the nurse
   - What you can do: Position patient for comfort, help patient and family manage frequent urination
4. Brain swelling
   • Technical term: Increased Intracranial Pressure
   • What it is: Skull is rigid and fixed bone; it does not expand to fit brain enlarged by tumors or increased cerebrospinal fluid (CSF)
   • Brain may herniate or compress down the spinal column
     • Patient develops a severe headache relieved by vomiting
     • Other symptoms: blurred or double vision, weakness in arms and legs
   • What to do: Notify the nurse
   • What you can do: Position patient for comfort, help patient and family remain calm

5. Fluid in the lungs
   • Technical term: Malignant Pleural Effusion
   • What it is: Fluid with cancer cells in it fills the lungs
     • Patient becomes increasingly short of breath
     • Other symptoms: cough, chest pain
   • What to do: Notify the nurse
   • What you can do: Reposition the patient to sit upright or forward, relaxation techniques, help patient and family remain calm

6. Widespread infection
   • Technical term: Sepsis and Septic Shock
   • What it is: Systemic response to infection that overwhelms the body
     • Patient develops fever or chills, sometimes with rigors/shakes
     • Other symptoms: rapid heart rate, rapid breathing
   • What to do: Notify the nurse
   • What you can do: Help the patient be warm or cool by adding/subtracting layers of blankets or clothing, help the patient sit upright, position a small fan to create a cross breeze
7. Water intoxication
- Technical term: Syndrome of Inappropriate Anti-Diuretic Hormone (SIADH)
- What it is: Malfunction of fluid balance that can lead to water intoxication and brain swelling
  - Patient develops a headache
  - Other symptoms: confusion, irritability, disorientation, combativeness, seizures, coma
- What to do: Notify the nurse
- What you can do: Relaxation techniques, help patient and family remain calm

8. Damage to spinal cord
- Technical term: Spinal Cord Compression (SCC)
- What it is: Tumor or a blood clot presses on the spinal cord, interfering with neurologic function
  - Patient may experience new back pain or motor weakness in legs
  - Other symptoms: constipation, difficulty urinating, loss of bladder and bowel control, numbness and tingling in arms, legs, fingers, or toes
- What to do: Notify the nurse
- What you can do: Skin care and positioning in bed; this condition may lead to the patient becoming bedbound

9. Blocked blood vessels
- Technical term: Superior Vena Cava Syndrome (SVCS)
- What it is: Compression of major blood vessel that returns blood to the heart from the head, neck, and arms
  - Patient may experience facial, neck, and arm swelling
  - Other symptoms: confusion, chest pain, protruding blood vessels, facial swelling, visual disturbances, hoarseness
- What to do: Notify the nurse
- What you can do: Relaxation techniques, help patient and family remain calm
10. Electrolyte imbalance

• Technical term: Tumor Lysis Syndrome (TLS)
• What it is: High potassium + high uric acid + high phosphate + low calcium at the same time caused by the destruction of rapidly growing tumors
• Patient may develop fatigue, malaise, muscle cramps
• Other symptoms: Varies by electrolyte
• What to do: Notify the nurse
• What you can do: Relaxation techniques, help patient and family remain calm

Summary: Oncologic emergencies

• Many have similar symptoms
• Develop quickly
• Shorten time the patient and family expect they will have together
• Treatment options in hospice setting are mainly supportive care with aggressive symptom management
• Important to notify the nurse of anything you see that does not seem right
• The nursing assistant is not expected to recognize the nature of the emergency

You are the eyes and ears

• Nursing assistants spend more time with patients and family members than any other hospice team member
• Closer observation of symptoms and symptom relief, suffering, grieving, and family dynamics
• “If you see something, say something”
Thank you for all you do!