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Reflections of an Oncology Nurse

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UCSD Nurse of the Year, 2007

ONCOLOGY -BACKGROUND

The treatment for any cancer diagnosis is arduous and complex, and although many treatments can be done on an outpatient basis, some can be so extensive and caustic that hospital admission is necessary. For example, solid tumor cancers can require surgical interventions that may entail close monitoring and longer convalescence as an in-patient.

Patients undergoing radiation therapy often can go to the Moores Cancer Center for their treatment and return home in a matter of hours. But radiation therapy can also be part of an in-patient treatment regimen. Patients can often comfortably and safely receive their chemotherapy treatments at the infusion center at Moores, but due to the risk of anaphylactic reactions during infusions, long infusion times (some requiring 24 hour continuous infusion) and the necessity of monitoring for known side effects, patients will spend multiple days on our unit. Nausea is a side effect of chemotherapy that is well known to many patients, but there are so many more complications that chemotherapy can cause. One in particular that often requires hospitalization is neutropenic fevers.

With little to no immune system, oncology patients who present with fever have a high risk of developing sepsis if the proper interventions are not quickly instituted, i.e., drawing blood cultures and immediately starting intravenous antibiotic therapy. Some hematologic malignancies, solid tumor diagnoses (e.g., testicular CA)

and even on occasion some autoimmune disorders (i.e., Myasthenia gravis) require a hematopoietic stem cell transplant (aka BMT) in order to obtain remission for patients. BMT patients endure multiple rounds of chemotherapy and other treatment modalities prior to receiving the high dose chemotherapy regimen that is necessary before a transplant. On average, the autologous BMT patient's length of stay is 14 days, while the allogeneic BMT patient's stay approximately 21 days. The duration of their stay on 3 West is dependent upon when the patient's transplanted stem cells engraft, which is when stem cells begin to differentiate into the various blood cells in the host. With such lengthy and numerous treatments, the staff on 3 West get to know our patients, their families, and their treatment goals very well.

BMT- BACKGROUND

I began my nursing career on UCSD Thornton hospital's 3 West Oncology/ Blood and Marrow Transplant (BMT) unit and have seen the program grow in the 4 years that I have been on the staff. UCSD's BMT division performed its first transplant in 1989 when they had a total of 13 autologous transplants (reinfusion of one's own stem cells). The number of patients on the unit at one time was low enough that allogeneic transplant patients (reinfusion of donated stem cells, either related or unrelated) could be given a double room as a private room so that they could have plenty of space to walk around



(as they were confined to their rooms). In 2004, the year I joined the unit, the division performed 143 transplants: 75 autologous transplants and 68 allogeneic transplants. Calendar year to date we have performed 111 transplants; 64 autologous transplants and 47 allogeneic transplants. Since the opening of the Moores Cancer Center, our average daily census has increased and our semi-private rooms are often kept as double occupancy in order to accommodate patients receiving chemotherapy.

THE NURSES

The numbers are impressive, but what truly drew me to the unit was the people. We've all heard the adage that 'nurses eat their own'. As a former guppy getting prepared to choose my pond, the warnings haunted me as I neared the time to decide where I wanted to work. To all those who perpetuate that myth, I would have to say that they definitely never met the staff on 3 West. I was welcomed on to the unit (in spite of the fact that I was only the 2nd new graduate RN that the unit ever hired) and was patiently

mentored by all. I was happily relieved by the support and was impressed by the knowledge of the staff. Even now, the unit's dedication to promoting high level nursing practice has spurred the creation of a structured 12 week new graduate preceptor program. This preceptor program, developed by the staff nurses, includes reference material to increase the new nurse's knowledge base. In order to keep staff current and abreast of new practices, the unit's staff development committee maintains an educational board promoting local classes, oncology nurse certification, membership to the Oncology Nursing Society (ONS), both nationally and locally, as well as encouraging attendance at pertinent conferences. Today, more than ever, I am proud to call them my colleagues and friends.

WHY NURSING?

As a nursing student, you rotate through a variety of units and hospitals. I reflect (not too far) back on my nursing school days and recall the consecutive clinical rotations crammed into one year. In the midst of learning about your patients' diagnoses and their medications, trying to absorb information about appropriate interventions, adding clinical skills to your repertoire and... oh, yes, formulating the perfect text book care plan, I remember that the most memorable times were those spent at my patient's bedside. Those moments made all the sacrifices worthwhile: the turmoil that changing gears later in my college years away from research and toward nursing created, the long hours studying and the numerous sleepless all-nighters cramming for exams. My end goal of having a career that I can enjoy and be proud of came to fruition in nursing. It is this daily realization that keeps me passionate about the profession that I chose... and it was my placement at Thornton Hospital's 3 West unit that introduced me to the patient population

and the nursing specialty with which I wanted to start my nursing career.

ONCOLOGY FOR ME

My family initially questioned my choice when they found out that I was going to be working with oncology patients. I often see a similar reaction on the face of many acquaintances when I tell

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them that I am an oncology nurse: a sad, empathetic look washes over them and with their head tilted to one side they proceed to ask (or more like make the statement) 'Isn't it depressing to work with cancer patients?' When I reflect upon my patients, the words that come to mind are "courageous," "strong," "fighter." We all know that cancer can be a fatal diagnosis. It can also mean financial loss, loss of functioning, and loss of self. I admire the strength that my patients and their families have and am amazed by their resilience. As oncology nurses we educate our patients regarding the chemotherapy we are about to administer. The possible infusion side effects alone make me afraid for my patients' well-being, let alone the risk factors and possible complications like neutropenic fever and bacteremia. Our patients fight for their health, for their lives, and for the lives of their families.

I don't deny that the staff is emotionally affected and tears are shed when some of our patients pass away. But the tears are not always shed in grief. There are amazing successes in

which patients are given the gift of time, some more than others. We have been able to celebrate with our patients' their cherished hard earned moments... seeing a grandson take his first steps or seeing him graduate from high school... marrying the woman that has stayed to fight along side and has proven time and time again that she will be there 'during good times and bad, through sickness and health, until death parts them'... or being able to keep a promise (even when getting discharged is out of the question) and presiding over her favorite niece's wedding ceremony in the hospital's atrium area just outside the unit doors. Even now reflecting on these moments and those patients, I can't help but get a little emotional. But as many of the staff on the unit and our patients know, there comes a point when fighting becomes futile. It becomes part of the healthcare team's focus for best care to ensure our patient's comfort and peace of mind. The nurses on the unit have great resources in our social workers, our discharge case manager and the Howell service (Palliative Care) to help make arrangements so that our patients and their families are well supported during the transition from treatment to comfort care. And even in the sadness that comes with the passing of a patient, the staff finds comfort in knowing that our patients are no longer suffering from pain or discomfort, that there were great moments experienced, that treatment does work to gain remission for some, and from the support from each other.

For all of this and so much more, I am proud to say that I work on UCSD Medical Center Thornton 3 West Oncology and Blood and Marrow transplant unit.

~ Ronnah Pascua, RN, BSN