Caring for residents with cancer

The incidence of cancer increases with age and is more common in men than women. Cancer develops when normal body cells turn into abnormal, malignant cells. Normally, cells divide to produce more cells only when needed. Malignant cells divide even when the body doesn’t need them. These cells grow into a tissue mass (tumor), and if left untreated will lead to death.

Causes

Cancer may be caused by external and internal elements, but certain factors appear to be more likely to lead to specific types of cancer, such as the following:

- Chronic irritation of a particular part of the body (e.g., skin cancer from repeated sun exposure)
- Heredity
- Physical characteristics (e.g., a red-haired Caucasian is more likely to develop melanoma)
- Nutrition (e.g., a high-fat diet is linked to breast cancer)
- A depressed immune system (e.g., those with immune system damage because of AIDS have 200 times more malignancies than the general population)

Symptoms and treatment

The symptoms of cancer vary according to the site of the tumor. The following warning signs may indicate the presence of cancer:

- Changes in bowel or bladder habits
- A sore that does not heal
- Unusual bleeding or discharge
- Thickening of a lump in the breast or other body part
- Indigestion or difficulty swallowing
- Obvious change in a wart or mole
- Nagging cough or hoarseness

If cancer is detected, there are three major treatments: surgery, radiation, and chemotherapy. The specific treatment is determined by the type and size of the tumor, whether it has metastasized (spread to another organ), and how responsive the tumor is to each form of treatment.

The CNA’s role

Caring for residents following radiation and chemotherapy involves addressing the side effects of those treatments, which include weakness and fatigue, appetite and weight loss, nausea, vomiting, anemia, and diarrhea. Resident care following surgery depends on the extent of the procedure. No matter which cancer treatment is used, remember the following tips for quality care:

- Frequent small meals and fluids, along with medications prescribed for specific symptoms, often diminish side effects.
- Intake, output, and elimination records should be kept so any problems can be identified early and corrective action can be taken.
- Radiation and chemotherapy are likely to cause hair loss. Make sure residents know that although they will lose their hair, it will start to grow back approximately eight weeks after the treatments end.
- The skin and other areas of the body should be checked for signs of bleeding. Early signs of bleeding may appear as tiny or large purplish spots under the skin.
- Sleep may become a problem for residents. Relaxation exercises, noise reduction, and back rubs can help.
- Frequent observation and communication with residents can help determine the level of pain or discomfort each resident may be experiencing. A resident’s pain may be related to the cancer or the treatments.

The most significant form of care CNAs can provide is support. Listen to the needs of the resident, acknowledge any concerns, and make the best effort to improve care.

Caring for residents with post-polio syndrome

PPS is a neurologic disorder characterized by increased weakness and abnormal muscle fatigue in individuals who had paralytic polio many years earlier. Estimates are that at least 50%–80% of these individuals will develop PPS at some time in their lives, with new symptoms occurring anywhere from eight to 71 years after the initial infection.

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Signs, symptoms, and diagnosis

The onset of PPS can be subtle, with symptoms arising gradually and almost imperceptibly. Signs and symptoms of PPS include:

- Fatigue that is sometimes debilitating
- New joint and muscle pain
- New weakness in muscles affected by polio (the new weakness is commonly asymmetric)
- New dyspnea and other respiratory problems in those who had bulbar or upper spinal polio
- Severe cold intolerance, even with mild exposure
- Fasciculation, muscle spasms, and cramps
- Dysphagia
- Sleep disturbances (caused by pain/muscle spasms)

The criteria for the diagnosis of PPS are as follows:

- Known diagnosis of poliomyelitis with residual motor neuron loss (can be confirmed by history)
- A period of neurologic and functional stability following the acute infection
- Onset of new symptoms
- Exclusion of other conditions that could cause similar signs and symptoms

The CNA’s role

CNAs may care for residents who have PPS as a primary or secondary condition. The resident may have been admitted for treatment of another disease or rehabilitative need, but also have a diagnosis of PPS.

Most residents with PPS have lived with their polio condition for years and have found ways to adapt. Coping with the new problems related to PPS is often much more difficult. Help residents deal with the effects of PPS by:

- **Adapting the environment.** Assist the resident in adapting the environment, whenever possible, for optimal independent function. You may need to make modifications to the resident’s room, such as moving furniture, bringing in a bedside commode, or installing additional grab bars on the walls. Always keep resident safety in mind.
- **Encouraging moderate exercise.** Promote exercise, but caution the resident to avoid overexertion. Monitor residents carefully when beginning their exercise program to make sure they follow the program carefully. Instruct the resident to immediately stop an activity if muscle pain or fatigue occurs.
- **Monitoring breathing difficulty and dysphagia.** Interventions include proper positioning, noninvasive ventilation, suctioning, encouraging coughing and deep breathing, and teaching the resident to avoid respiratory infection. Residents with a history of frequent respiratory infection should have at least one pneumococcal vaccine and annual influenza immunizations.

- **Assisting with pain management.** Encourage the use of adaptive devices, adjustment of the daily schedule, and getting adequate rest to reduce strain-related pain. Heat is often useful in relieving the pain of PPS, as are gentle stretching exercises.
- **Observing sleep patterns.** Report your observations to the nurse or physician. Insomnia, restlessness, and morning headaches suggest obstructive sleep apnea or hypoventilation. Encourage residents to rest and nap periodically throughout the day.
- **Treating cold intolerance.** Residents with PPS are profoundly affected by cold because the nerves that control blood vessel size were destroyed by the virus. These residents will benefit from wearing socks and layering their clothing. Add extra blankets to the bed, or use a warm water bath, as needed.

As a CNA caring for residents with PPS, you should help them find a way to use their remaining strengths and abilities to overcome weaknesses. Improve residents’ quality of life by paying attention to pain management. Doing these things will give residents with PPS the tools to cope.

Caring for residents with multiple sclerosis

The causes of MS are not known; however, the disease is more common among women than men. When caring for a resident who suffers from MS, keep in mind the following:

- **MS is a disease of the central nervous system, and the symptoms will depend on what parts of the nervous system are affected at a given time.**
- **MS is not fatal.** Although the disease is usually progressive, most residents will have a normal lifespan.
- **Most MS residents will experience attacks of symptoms (relapses) and periods of recovery (remissions).**

The symptoms

MS symptoms are not predictable and often reduce the resident’s ability to perform ADLs. The severity of MS symptoms varies from person to person, and can even vary in the same person. Damage to the myelin sheath, which protects the nerve fibers and allows them to...
conduct electrical impulses to and from the brain for feeling and movement, causes the symptoms. The damaged areas, known as plaques or lesions, prevent normal transmissions of nerve impulses. The most common symptoms of MS include:

- Numbness of the face, extremities, or other body parts.
- Dizziness, which may cause a resident to feel lightheaded or unbalanced.
- Bladder problems or dysfunctions (affecting 80% of residents with MS). MS often affects the nerve transmission to and from the bladder muscles, resulting in fluctuations of urinary frequency and urgency, as well as hesitancy and incontinence.
- Constipation, although some residents with MS may have diarrhea or incontinence.
- Mobility problems, such as extremity weakness, spasticity, balance problems, and decreased sensation.
- Visual problems, including optic neuritis, uncontrolled eye movement, and double vision.
- Speech problems, such as slurring words.
- Difficulty swallowing (dysphagia); this can occur at any time but more frequently occurs in advanced MS. MS residents who have speech disorders are more likely to have difficulty swallowing.
- Cognitive disorders, including decreased ability to reason, concentrate, or remember. About half of all MS residents will develop some cognitive disorders.

The CNA’s role

While the role of the CNA in caring for residents with MS varies depending on the severity of the disease, it may include:

- **Assisting with personal care.** Provide assistance based on the resident’s assignment sheet. Allow the resident to assist as much as possible, and notify the supervisor if the resident appears to need additional help.
- **Assisting with exercises.** Follow the assignment or therapy instruction sheet carefully. Schedule the exercises for a time of day when the resident is not overly tired. Do not “force” range of motion in joints that are spastic. Manipulate the muscles slowly.
- **Assisting with ambulation and transfers.** Encourage the use of assistive devices, and be aware of any visual symptoms or balance problems that might interfere with ambulation.
- **Learning resident-specific communication.** Do not ask several questions in rapid succession; provide sufficient time for the resident to answer questions. If the resident’s speech is slurred, do not assume that you understand what he or she has said.
- **Observation and reporting.** Because the symptoms of MS can vary, it is important for CNAs to watch for any new signs and symptoms and report them to the supervisor.

Find ways to allow residents affected by MS to live as independently and pain-free as they can during periods of relapse. Design care and activities to prevent further decline.

The special conditions discussed in this lesson often require CNAs to take a unique approach in providing care to residents. Whether the condition is a resident’s primary or secondary diagnosis, it is important to remember that residents with these conditions are often under increased stress. Quality care from CNAs and other staff, which includes offering encouragement and support, goes a long way in improving the lives of residents who suffer from these conditions.

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SPECIAL CONDITIONS

Mark the correct response.

Name: ____________________________ Date: ____________

1. The incidence of cancer ________________.
   a. increases with age
   b. decreases with age
   c. is more common in men than women
   d. both a & c

2. Which of the following is not considered a common symptom of multiple sclerosis (MS)?
   a. Nausea and vomiting
   b. Numbness
   c. Bladder problems
   d. Mobility problems

3. The spread of cancer cells from one part of the body to another is called ____________
   a. acities
   b. metastasis
   c. interstitial movement
   d. depressed immunity

4. What causes the symptoms of MS?
   a. Plaques or lesions that prevent normal nerve conduction
   b. Small clots in the blood vessels that prevent normal blood flow
   c. Pressure in the brain from swelling
   d. Excessively high blood sugar

5. MS is a disease of which body system?
   a. The skin
   b. The musculoskeletal system
   c. The digestive system
   d. The central nervous system

6. Which of the following is not a perceived cause of cancer?
   a. Chronic irritation of a particular part of the body
   b. Indigestion or difficulty swallowing
   c. Heredity
   d. Depressed immune system

7. Which of the following statements about post-polio syndrome (PPS) is true?
   a. It is a neurologic disorder characterized by increased weakness/abnormal muscle fatigue
   b. It affects individuals who had paralytic polio many years earlier
   c. It is a degenerative condition
   d. All of the above

8. Residents who suffer from MS often struggle with their ADLs.
   a. True
   b. False

9. If possible, how often should residents with PPS exercise?
   a. Frequently
   b. In moderation
   c. Never
   d. Whenever they want

10. Which of the following is not a symptom, or warning sign, of cancer?
    a. Aching bones
    b. Change in bowel or bladder habits
    c. Unusual bleeding or discharge
    d. Obvious change in a wart or mole

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