

Nursing Care of the Older Adult with Cancer

Overview

The educational series, Nursing Care of the Older Adult with Cancer, provides the nurse clinician with practical information regarding the complexities and special considerations associated with caring for older adults with cancer in all practice settings. The content was derived from the book, *An Evidence-Based Approach to the Treatment and Care of the Older Adult with Cancer*, edited by Diane Cope, PhD, ARNP, BC, AOCNP, and Anne Reb, MSN, NP (published by the Oncology Nursing Society, 2008). This course is based upon original content that was revised in 2011. The six modules address: cancer demographics in older adults, age-related changes and cancer, nursing considerations related to radiation and chemotherapy, symptom management, and psychosocial issues. Editor: Diane G. Cope, PhD, ARNP, BC, AOCNP. Associate Editor: Marie Boltz, PhD, GNP, BC.

Features & Benefits

The educational series will enable clinicians to:

Feature: Recognize age-related changes in organ systems and molecular functions that may result in increasing susceptibility to cancer

Benefit: Support health promotion related to cancer, and aging-sensitive interventions

Feature: Use best nursing practices for older adults receiving radiation

Benefit: Promote therapeutic response and prevent complications in the older adult with cancer

Feature: Understand the option of chemotherapy for treating aging adults with cancer

Benefit: Promote therapeutic response and prevent complications in the older adult with cancer

Feature: Understand the symptoms, instance rates, contributing factors, potential complications, assessment, and symptom management for cancer side effects

Benefit: Promote comfort of the older adult with cancer

Feature: Understand the importance of psychosocial issues as they relate to the care of the older adult with cancer

Benefit: Promote patient and family self-direction, coping, and access to resources

Applications

Designed for Geriatric Resource Nurses and other clinicians working in all settings that provide care to older adults with cancer.

NICHE PORTFOLIO



Support Resources

- **Need to Know by NICHE Series:** Communication
- **NICHE for Patient+Family Resources:** Mobile App and Encyclopedia - Category, Communication
- **NICHE Solutions Series:** Safety, Medication
- **Try This Issue 7:** Assessing Pain In Older Adults
- **Try This Issue 27:** General Screening Recommendations for Chronic Disease and Risk Factors in Older Adults
- **NICHE Network News:** The Oncology File
- **Cancer websites:** Journal of Geriatric Oncology - <http://www.geriatriconcology.net>

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NICHE Hospital Innovation

Use of the Clock Drawing Test (CDT) to Identify Early Signs of Delirium in Post-Operative Older Oncology Patients

Author: Heidi M. Yulico, RN, MSN, GNP-BC, Memorial Sloan-Kettering Cancer Center, New York, New York

Through an innovative approach to improving transitional care for geriatric oncology patients undergoing surgical interventions, the geriatric service team at Memorial Sloan-Kettering Cancer Center found that using a comparison of patients' pre-operative and post-operative clock drawings could predict which patients would go on to experience post-operative delirium (POD).

Delirium is a significant problem for post-operative older adult patients, and it usually triggers a cascade of events that culminate with increased morbidity and mortality. Unfortunately, early signs of delirium are often difficult to identify.

The Confusion Assessment Method (CAM) is a well-documented tool designed to assess patients for delirium. But by the time patients screen positive on the CAM they are already severely cognitively impaired. The Clock Drawing Test (CDT) is a validated test for assessing cognition, but few studies have used this test to screen for POD in cancer patients.

As part of a study at Memorial Sloan-Kettering Cancer Center conducted from September 1, 2010 to November 26, 2010, surgery patients over 74 were referred to the Geriatric Clinic for pre-operative assessment during which they completed the CDT. All of these patients were then seen in the hospital within three days of their surgery by the Geriatric Nurse Practitioner (GNP) to evaluate their general medical management. During this evaluation, the GNP used the CDT to screen for subtle changes in cognition.

Results

The study demonstrated that comparisons of the patients' ability to draw the clock provided a means of identifying patients who were at high risk of experiencing delirium. Using these results, recommendations could be made to the surgical team that is managing the patient on how to optimize their care. Now, when CDT changes are observed, specific interventions are instituted to prevent and/or treat delirium.

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View the Nursing Care of the Older Adult with Cancer course. These resources are available only to NICHE member organizations.