Nursing Management of Patient with Rhabdomyosarcoma

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Congenital effects of urinary system are common and may be found in about 8% to 10% of children. Majority of these defects do not produce any significant problem. These problems should be considered in the diagnosis of an abdominal or pelvic mass. Congenital defects related to bladder and urethral lower tract known as:

- Ectopia vesicae (Exstrophy bladder)
- Hypospadia
- Epispadias
- Disorder of the testis and scrotum
- Hydrocele etc.
- Sol Bladder-Rhabdomyosarcoma

Cancer, a dreadful disease, has a painful and debilitating course and if not treated properly in time, results in death. Cancer is one of the second largest killer disease next to the heart disease with great exposure to pollution and changing impact is likely to increase substantially life style the incidence of cancer has increased alarmingly. It results in lot of pain and suffering if appropriate remedial steps are not taken. Therefore the investigator felt the need to develop an information booklet on cancer risk factors and modification of life style that can go a long way in reducing the risk of exposure to carcinogens of development of cancer in later life.

Objectives

- To list common disorders of urinary system
- To discuss the role of nurse in care of child with SOL bladder rhabdomyosarcoma
- To design a nursing care plan for a patient with rhabdomyosarcoma

Biodata

Name : Baby Vasu
Age : 15 Months
Sex : Female
H/O Retention Urine: 10 months, Patient crying when passing urine
Cytoscopy, Biopsy, taken from intra vesicle mass. Biopsy report Rhabdomyosarcoma, Bladder final diagnosis, X-Ray chest NAD, Blood investigation HB, 8.5 gm%, BT 1.45 mm, CT 240, Urine RBC 80-100, PUS 40-45, C&S Klebsiella positive BU 12 USG Soft U, Bladder, SC 0.6, CT Thickened U bladder with growth on partially wall on right side. L-NH Hepatomegaly.

Treatment

- Inj. Taxim 125 mg x 12 hourly
- Inj Genta 20 mg 8 hourly state then Inj. Cefataxin 125 mg x 12 hourly Inj solute P. 500 cc patency.

After Biopsy Report

- Inj. Perist 4 mg IV stat
- Inj. Dexone 4 mg IV state
- Inj. Lodoxon 250 mg IV in 250 cc NS in 4 hours.
- Inj. Vincristin 0.6 mg IV state

Assessment

While assessing the child you need to take detailed history of the child’s illness from the parents and note down the symptoms such as itching and bunting sensation of micturations. There is edema marked in Libido. The child is irritable and has loss of appetite. The weight is normal 9.2 Kg. Parents are too depressed after diagnosis because this child born after 10 years has been passed of marriage and 1st issue in family diagnostic evaluation includes urine analysis issue which show Oliguria, constructed and dark urine with high specific gravity and fatty cast or lipid bodies. Other laboratory examination includes serum cholesterol studies which is elevated. Serum electrolyte blood urine and serum creatinine are normal in uncomplicated cases but there may be hypotension because due to anorexia, increased aldosterone, secretion diuretic and steroid therapy. Serum calcium elevated because of low concentration of albumin.

Nursing Care

- Administration of medicine as prescribed
- Control edema and maintain proper fluid balance
- Prevent infection and mental support
- Provide nutrition and therapeutic diet
- Provide emotional support and educate the parents
- Provide electronic toys as play therapy

Administration of medicine

- After proper learning and rubbing spirit betadine to selected part of upper lip
- Insert IV cannula Neocon No. 2/36 in selected vein and fix properly with transparency adhesive plaster exactly and keep in position to maintain free flow IV drip and regulated with clamp adopter.
- Medicine given as per prescribed

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