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Ilona Elżbieta Kuźmicz^{1,A-D,F}, Ewa Kawalec-Kajstura^{1,A,C,E-F}, Joanna Zofia Sułkowska^{1,A,C,E-F}

**APPLICATION OF THE INTERNATIONAL
CLASSIFICATION FOR NURSING PRACTICE (ICNP®)
IN PLANNING NURSING CARE FOR PATIENTS
DIAGNOSED WITH ANAL CANCER**

**Zastosowanie Międzynarodowej Klasyfikacji Praktyki Pielęgniarskiej (ICNP®)
w planowaniu opieki nad pacjentem z rozpoznaniem raka odbytu**

¹Department of Internal Medicine and Community Nursing, Institute of Nursing and Midwifery,
Faculty of Health Sciences, Jagiellonian University Medical College, Kraków, Polska

A - Koncepcja i projekt badania, B - Gromadzenie i/lub zestawianie danych, C - Analiza i interpretacja danych, D - Napisanie artykułu, E - Krytyczne zrecenzowanie artykułu, F - Zatwierdzenie ostatecznej wersji artykułu

Ilona Elżbieta Kuźmicz – ID 0000-0001-5947-7442

Ewa Kawalec-Kajstura – ID 0000-0002-8754-147X

Joanna Zofia Sułkowska – ID 0000-0002-4601-1544

Abstract (in Polish):

Wprowadzenie:

W opiece nad pacjentem w zaawansowanym stadium choroby istotne jest rozpoznanie wieloaspektowych problemów zdrowotnych oraz zaplanowanie i wdrożenie interwencji w zakresie dostosowanym do potrzeb i możliwości pacjentów, umożliwiającym im osiągnięcie możliwie najlepszej jakości życia.

Celem niniejszej pracy jest przedstawienie planu opieki nad pacjentem z zaawansowanym rakiem kanału odbytu z wykorzystaniem Międzynarodowej Klasyfikacji Praktyki Pielęgniarskiej ICNP®.

Opis przypadku:

Przyjętym do hospicjum pacjentem był mężczyzna w wieku 65 lat, z rozpoznaniem raka kanału odbytu, z wylonioną kolostomią. U pacjenta zaobserwowano rozległe owrzodzenie nowotworowe zlokalizowane w okolicy odbytu oraz obrzęk limfatyczny kończyn dolnych.

Dyskusja:

Pacjenci z zaawansowanym rakiem odbytu mogą doświadczać wieloaspektowego cierpienia. Głównym celem opieki paliatywnej jest poprawa jakości życia tych pacjentów i ich rodzin. Istotnym elementem opieki jest dostosowanie interwencji do zindywidualizowanych potrzeb pacjentów.

Wnioski:

Zastosowanie Międzynarodowej Klasyfikacji Praktyki Pielęgniarskiej ICNP® pozwoliło zarówno na sformułowanie diagnoz pielęgniarskich, jak i zaplanowanie niezbędnych interwencji.

Abstract (in English):

Introduction:

In the case of nursing care provided to patients with an advanced-stage of the disease, it is crucial to recognize their multifaceted health problems and to introduce an intervention which would be suitable for patients' needs and capacities in order to enable them to reach the highest possible quality of life.

The objective of this study was to present a nursing plan for advanced-stage anal cancer patients with the application of the International Classification for Nursing Practice ICNP®.

Case study:

A man aged 65 was admitted to a hospice. He was diagnosed with anal canal cancer and he had a colostomy formed. The patient suffered from extensive cancerous ulcers around the anus and lymphatic edema of lower limbs.

Discussion:

Advanced-stage anal cancer patients may multifaceted suffering. The main objective of palliative care is improving the quality of life of these patients and their families. An important element of care is to adapt interventions to the individual needs of patients.

Conclusions:

The application of the International Classification for Nursing Practice ICNP® makes it possible both to form nursing diagnoses and to plan essential nursing interventions.

Keywords (in Polish): plan opieki, rak kanału odbytu, Międzynarodowa Klasyfikacja Praktyki Pielęgniarskiej ICNP®.

Keywords (in English): nursing plan, anal canal cancer, International Classification for Nursing Practice ICNP®.

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Corresponding author

Ilona Elżbieta Kuźmicz

Department of Internal Medicine and Community Nursing, Institute of Nursing and Midwifery, Faculty of Health Sciences, Jagiellonian University Medical College, Kraków, Poland; email: ilona.kuzmicz@uj.edu.pl

Introduction

According to the World Health Organization cancer is the second leading cause of death globally and was responsible for approximately 9.6 million deaths in 2018. It should be pointed out that 1 out of 6 deaths in the world is caused by cancer [1], the most frequent types of which include lung cancer, breast cancer, colorectal cancer and prostate cancer [2].

Also in Polish society malignant cancer is a growing and serious health problem [3]. In 2017 it was diagnosed in 164.9 thousand patients and was responsible for 99.7 thousand deaths [4].

Although anal cancer is a relatively rare disease [5], accounting for 2.7% of all gastrointestinal types of cancer [6], nowadays it is diagnosed more and more frequently [7]. According to the American Cancer Society there are two types of anal cancer depending on its location: cancer of the anal canal and cancer of the anal margin [8].

An increase in the incidence rate of both anal canal and anal margin cancer can be observed. In 2017 in Poland as many as 286 new diagnoses of this type of cancer were recorded, 186 of which involved women [9].

The most frequent symptoms of this condition include anal hemorrhage, pain and a palpable tumour. Along with the progress of the disease, metastasis to regional lymph nodes as well as remote metastasis take place [10]. At the advanced stage of the disease, the malignancy might be visible outside in the form of a tumour or ulcer [5].

Even though at the end of their life most terminal patients suffer from one or more of these symptoms, many of these problems can be efficiently controlled [11]. Alleviating patients' multifaceted suffering is possible thanks to providing them with various forms of palliative care. The main objective of this type of care is improving the quality of life of patients and their families during their struggle with a serious, life-threatening disease by means of preventing and alleviating the suffering, early identification, assessment and treatment of pain and other physical, psychosocial and spiritual problems as well as helping the families to cope with the terminal disease of their loved ones and providing them with support in their mourning when their loved ones pass away [12]. The latest guidelines of the National Institute for Health and Care Excellence emphasize the importance of providing a patient with personalized care by developing and documenting a nursing plan and updating it according to the patient's clinical condition and changing preferences. It is essential that this plan should be created not only by a team of professionals but also by patients' themselves and by people who are important for them. The nursing plan should take into account patients' personal objectives and wishes, their current and future needs as well as a preferred style of nursing care [13].

The International Classification for Nursing Practice ICNP® might be helpful while developing and documenting nursing care. It is an integral part of information infrastructure of nursing care,

practice and health policy [14]. The main objective of the Classification in establishing a common unified and professional language which could be applied to describe nursing practices so as to facilitate communication within a nursing team and between nurses and other medical professionals [15]. In consequence, it would lead to standardization of the language used by nurses. In the long term this tool should make it possible to describe every nursing intervention, define the needs connected with the health of an individual, their family and the society they belong to as well as the results of undertaken actions [16]. There are no studies on the application of aforementioned Classification in nursing care provided to terminal patients receiving palliative care.

The objective of this study was to present a nursing plan for advanced-stage anal cancer patients with the application of the International Classification for Nursing Practice ICNP®.

Case study

A man aged 65 was admitted to a hospice for pain relieving treatment (on admission the pain intensity according to Visual Analogue Scale was > 6). The underlying diagnosis was anal canal cancer (stage IV). Due to an advanced stage of cancer and its metastasis, the patient was disqualified from causal treatment and had a colostomy formed. The rectal area was covered with widespread ulceration and necrotic tissues. Additionally, the patient had lymphatic edema of both lower limbs which was soft and did not disappear after the limbs were raised. On the day of the admission the patient was able to communicate in a logical way and required only a little help with self-care. The patient's mood was lowered and a sense of shame made him reluctant to have the dressing or stoma bags changed by medical staff. During his stay in the hospice, the patient was additionally diagnosed with constipation and fear of death. It was also observed that the patient was getting weaker and weaker and losing the ability to perform daily activities. The patient's distant family was involved in nursing care and, therefore, it was necessary to prepare them for their loved one's death. The patient died after several days of hospice treatment.

Discussion

Anal cancer is an uncommon type of gastrointestinal cancer [5]. However, due to its growing morbidity rate [7], lack of symptoms at an early stage of the disease and frequent too late diagnosis [5], this form of cancer is becoming an important clinical problem.

Palliative care should be prepared and provided by an interdisciplinary therapeutic team, which would allow for an early diagnosis of individual problems and needs of patients and their families, which in turn is the basis for planning and providing nursing care.

The case study presented above described a patient diagnosed with an advanced-stage anal cancer, who was admitted to a hospice because of acute pain. An analysis of the patient's biopsychosocial condition as well as the functioning of his family allowed for formulating 10 diagnoses and planning adequate nursing interventions. The diagnoses referred to both physical symptoms which the patient complained of and psychosocial and spiritual problems. The conducted analysis confirmed that the International Classification for Nursing Practice ICNP® makes it possible both to form nursing diagnoses and to plan essential nursing interventions. However, in the case of advanced-stage cancer patients, there might appear a risk of insufficiently personalized approach to the patient and overgeneralizations in formulating statements. Another obstacle for unrestrained application of aforementioned Classification in daily practice might be a limited understanding of terminology, which might hinder its precise application in practice.

Table 1. Nursing care plans: physical state
Tabela 1. Plany opieki: stan fizyczny

Nursing diagnoses				
Interventions	Lymphatic Oedema (10030003) Lower Body (10029303)	Bleeding (10003303) Malignant Wound (10031688)	Risk (10015007) Infection (10010104) Malignant Wound (10031688)	Constipation (10004999)
Assessing Pain (10026119)	Measuring (100118133)	Observing (10013474)	Observing (10013474)	Assessing Bowel Status (10036475)
Observing (10013474)	Skin Assessment (10041126)	Describing (10005797)	Assessing Wound (10030799)	Measuring Fluid Intake (10039245)
Monitoring Pain (10038929)	Positioning (10014757)	Monitoring (10012154)	Assessing Signs And Symptoms Of Infection (10044182)	Documenting (10006173)
Treating (10020133)	Observing (10013474)	Identifying Risk For Haemorrhaging (10009696)	Preventing Infection (10036916)	Observing (10013474)
Relieving (10016716)	Assessing Oedema (10045177)	Measuring Blood Pressure (10031996)	Wound Dressing Change (10045131)	Educating (10006564)
Encouraging Rest (10041415)	Demonstrating (10005713)	Measuring Heart Rate (10036826)	Disinfecting (10006044)	Advancing Dietary Regime (10036447)
Supporting (10019142)	Educating (10006564)	Treating (10020133)	Documenting (10006173)	Collaborating On Dietary Regime (10026190)
Injecting (10010266)	Treating (10020133)	Documenting (10006173)		Collaborating With Nutritionist (10040435)

Source materials: Own study based on the International Classification for Nursing Practice [17]

Table 2. Nursing care plans: psychosocial and spiritual state
Tabela 2. Plany opieki: stan psychospołeczny i duchowy

Nursing diagnoses					
	Self Care (10017661) Colostomy (10004590) Low (10011438)	Risk (10015007) Social Isolation (10018389)	Fear About Death (10026541) High (10009007)	Low Self Esteem (10011472)	Impaired Ability Of Caregiver To Perform Caretaking (10035414)
Interventions	Assessing Coping (10002723)	Assessing Social Support (10024298)	Assessing Fear About Death (10026093)	Assessing Attitude Toward Disease (10024192)	Assessing Family Coping (10026600)
	Assisting With Self Care (10035763)	Assessing Emotional Support (10030589)	Providing Spiritual Support (10027067)	Assessing Acceptance Of Health Status (10026249)	Assessing Family Knowledge Of Disease (10030591)
	Motivating (10012242)	Listening (10011383)	Promoting Hope (10024440)	Promoting Spiritual Support (10038300)	Supporting Dignified Dying (10041254)
	Promoting Hygiene (10032477)	Providing Social Support (10027046)	Hand Holding (10008642)	Talking (10019436)	Teaching About Dying Process (10026502)
	Educating (10006564)	Talking (10019436)	Comforting (10004664)	Supporting (10019142)	Demonstrating (10005713)
	Demonstrating (10005713)	Reassuring (10016480)	Providing Emotional Support (10027051)	Maintaining Dignity And Privacy (10011527)	Collaborating With Family (10035887)
		Assessing Fear About Being A Burden To Others (10026254)		Reassuring (10016480)	Promoting Effective Family Communication (10036066)

Source materials: Own study based on the International Classification for Nursing Practice [17]

Conclusions

1. Patients suffering from anal canal carcinoma might struggle with various symptoms of the diseases, some of which can be extremely unpleasant and embarrassing.
2. The International Classification for Nursing Practice ICNP® made it possible to formulate nursing diagnoses for patients suffering from anal canal carcinoma patients as well as planning essential interventions.
3. It seems necessary to develop the terminology applied in this classification even further in order to enhance the prospects for an optimal individual approach towards a patient, taking into account their health condition, needs and possible problems at every stage of the disease.

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