

Colon Cancer

Survivorship care case study, care plan, and commentaries

When delivering survivorship care, a nurse may start with incomplete information about the cancer survivor's treatment and follow-up. Therefore, this colon cancer package includes an incomplete case study and care plan, and then follows with commentaries from expert nurses about their approach to comprehensive survivorship care.

This case study highlights the patient's status in care plan format and is followed by commentaries from expert nurse clinicians about their approach to manage the patient's long-term or chronic cancer care symptoms. Finally, an additional expert nurse clinician summarizes the care plan and commentaries, emphasizing takeaways about the patient, the commentaries, and additional recommendations to manage the patient.

As can happen in clinical practice, the patient's care plan is intentionally incomplete and does not include all pertinent information. Responding to an incomplete care plan, the nurse clinicians offer comprehensive strategies to manage the patient's status and symptoms.

For all commentaries, each clinician reviewed the care plan and did not review each other's commentary. The summary commentary speaks to the patient's status, care plan, and nurse commentaries.

Case Study

A.M. is a 62-year-old Black man diagnosed with colon cancer after routine colonoscopy. He has completed treatment and presents for routine follow-up with a surgical oncologist at the survivorship clinic (see Figure 1).

- Vital signs: within normal limits
- Height: 5'11"
- Weight: 230 lbs
- Body mass index: 32.1 kg/m²
- Care gaps: none known; follows clinical follow-up schedule
- History of colonoscopy: started at age 55 years; colon cancer diagnosed at age 60 years; after treatment, surveillance colonoscopy every year
- Oncology issues (International Classification of Diseases–10 codes): none listed
- Other issues: hypertension, diabetes, hypercholesterolemia, obesity
- Tobacco use history: former smoker; 1 pack per day for 35 years; stopped in 2018
- Alcohol use: moderate (five beers per week)
- List of last three recent visits or documentation: laboratories (with carcinoembryonic antigen [CEA]) every six months; annual colonoscopy; annual clinical evaluation
- Medication list
 - ☐ Atorvastatin: 10 mg daily
 - ☐ Metoprolol: 25 mg twice daily
 - ☐ Bupropion: 100 mg twice daily
- Social background: A.M. continues to work as a school bus mechanic, which he has done for 35 years. A.M. is divorced with two sons (20 years and 25 years), who do not live with him. He is involved with his church (member of choir).
- A.M.'s current symptoms/issues: fatigue, lack of endurance, body image, anxiety and stress about future, poor diet (type 2 diabetes); intermittent numbness/coldness in hands/feet, difficulty concentrating
- A.M. states he sometimes sneaks a cigarette, particularly when he is anxious.
- A.M. states he has a woman friend from church, whom he dates as a friend. He is anxious about proceeding with any intimacy with his woman friend because of body image issues (from when he has his partial colectomy surgery) and because he has a history of cancer.

Challenges and Questions

- Prior partial colectomy without permanent colostomy was performed in 2018, and patient completed adjuvant FOLFOX chemotherapy in 2019. Review current surveillance plans.
- Consider how patient feels compared to the beginning and end of treatment.
- Consider ongoing symptoms/issues, particularly in relation to his other health conditions (i.e., hypertension, diabetes, obesity, and smoking).

KEYWORDS

colon cancer; care plan; survivorship care

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