Discharge Planning for a Patient with Multiple Myeloma

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Abstract: This paper examines the role of nurses within the context of an interdisciplinary team in the discharge planning for a client with Multiple Myeloma. Of focus is the topic of pain management and its impact on patient safety and self-worth. These factors are prevalent in the case provided; however, may also be experienced by other patients with cancer. Therefore, the goal of this paper is to provide an analysis of these factors while also presenting solutions to mitigate their effects during discharge planning in order to provide insight into how nurses can support patients with cancer who are soon to be discharged.

Keywords: nursing; discharge; cancer; pain; safety; self-worth; education; interprofessional practice; interprofessional collaboration; healthcare

1. Introduction

As part of an interdisciplinary team, nurses play an important role in the discharge planning process and ensuring patient safety while in the community. The importance of appropriate discharge planning and providing appropriate education should not be overlooked as both factors precede successful self-care at home (Nosbusch, Weiss, & Bobay, 2011). This is especially important when considering the discharge of cancer patients as cancer treatments post-discharge are often provided on an outpatient basis. With the incidence of cancers, such as Multiple Myeloma, increasing, it is especially important to consider unique needs of cancer patients when preparing for discharge (Lewis, Dirksen, Heitkemper, & Bucher, 2014).

Furthermore, with the problematic effects of pain, secondary to cancer, well documented in the literature, nurses must consider pain management strategies while formulating a discharge plan. Through a case analysis, this paper examines the potential negative impacts related to cancer pain, and provides insight into implications for nursing practice regarding the role of the nurse in discharge planning process.

2. Case Analysis

Myra (pseudonym) is a 76 year-old female who was hospitalized with bone and neuropathic pain secondary to Multiple Myeloma. Shortly after her diagnosis, she developed Carpal Tunnel Syndrome due to bone degeneration, which resulted in significant neuropathic pain and discomfort.

Although Myra was being treated
with analgesics and gabapentin, treatment was unsuccessful in managing her pain. Due to pain, Myra experienced insomnia and fine-motor skill deterioration, resulting in difficulty holding onto her walker, picking up objects, and writing. While hospitalized, Myra expressed disgust at her functional decline and expressed feelings of being “useless” as her pain had interfered with self-care and her pursuit of enjoyable activities.

Myra’s husband, Robert (pseudonym), is her primary care-giver. Also in his late 70’s, Robert expressed concern regarding Myra’s diminishing self-worth and isolation secondary to her impaired mobility due to chronic pain. He also expressed interest in learning about community support programs.

According to both Myra and Robert, Myra’s diagnosis was unexpected and they are in desperate need of education about her condition. The uncertainty and lack of knowledge has been troubling, especially for Myra, about whom Robert mentioned was experiencing deteriorating self-esteem due to pain and lack of self-understanding. Both also expressed concern about how to cope with Myra’s declining health and were uncertain of where to seek support should her condition become unmanageable at home.

### 3. Illness Trajectory and Consequences of Pain

Multiple Myeloma is a hematological cancer characterized by excessive production of plasma cells and abnormal protein concentrations; cumulating in systemic deterioration (Lewis et al., 2014). The accompanying bone and neuropathic pain is often unbearable and extremely difficult to treat; illustrating the complexity of cancer pain, which rarely originates from a singular cause and can be debilitating (Jack et al., 2009; Laird, Colvin, & Fallon, 2008).

Pain management is an important factor to consider during discharge planning as uncontrolled pain contributes to anxiety, depression, falls, and reduced quality of life upon discharge (Laird et al., 2008). Pain is especially problematic as uncontrolled pain is a common cause of readmission; thus discharge planning must be grounded in ensuring adequate pain control (Polomano, Dunwoody, Krenxischek, & Rathmell, 2008).

### 4. Meeting the Needs of Cancer Patients upon Discharge

The treatment and management of pain is absolutely essential for successful management of cancer patients (Laird et al., 2008; Molassiotis, Wilson, Blair, Howe, & Cavet, 2011). Conversely, in the above case, it is evident that pain is insidious in Myra’s life as it has compromised her safety. In combination with her lack of understanding of Multiple Myeloma, pain has also contributed to declining self-worth. Her lack of community connections is especially problematic due to self-isolation and absence of support. Therefore, safety and self-worth, as they relate to pain management are especially important discharge needs that must be addressed to ensure successful discharge-plan implementation. As frontline healthcare workers and a part of the interdisciplinary healthcare team, nurses are strategically situated to positively impact the discharge
planning process. The role of the nurse within the context of the interdisciplinary team will be further discussed in the following sections.

5. Managing Pain and Ensuring Safety in the Community

Untreated pain negatively impacts safety as it increases the risk of physiological complications, falls, mental instability, and poor quality of life (Laird et al., 2008; University of British Columbia School of Nursing, 2009). As observed in the above case, Myra’s pain severely contributed to insomnia and deteriorating fine-motor movements. As a result, pain acted as a barrier to optimal discharge planning as it further compromised her safety at home, as evidenced by a reduced ability to perform self-care. This further resulted in compromised psychological well-being as evidenced by Myra’s low mood. Consequently, in order to promote physical and psychological safety at home, nurses must first address pain management.

Nurses are responsible for assessing the effectiveness of pain-management treatments, documenting pain trends, and instituting referrals to other HCPs to promote an interdisciplinary model of care (Saint Paul’s Hospital [SPH], 2001). Physician consults are imperative in discharge planning for assessing medication effectiveness, titrating analgesia, and providing alternative pain relief; however, it is the nurses’ responsibility to evaluate and the effectiveness of pharmaceutical treatments (College of Registered Nurses of British Columbia, 2015; SPH, 2001). Consequently, thorough nursing assessment of the effectiveness of analgesics should be completed and documented prior to discharge. Furthermore, viewing the discharge process from an interdisciplinary lens, nurses should take the initiative to engage pharmacists to provide discharge medication teaching to promote medication compliance and adequate pain management (SPH, 2001).

Viewing discharge planning from an interdisciplinary perspective, involvement of occupational therapists (OT) will be therapeutic in promoting independence at home and can further assist with Myra’s deteriorating fine-motor ability by evaluating baseline functional status and providing assistive devices (SPH, 2001; Steultjens et al., 2004). Despite this, nurses should not assume that patients will use the equipment provided or strictly abide by pain medication schedules upon discharge as competing demands might arise; therefore, evaluation of wellbeing and continuity of care in the community is essential (Nosbusch et al., 2011).

As Myra and Robert indicated that they are unsure of what to expect regarding illness trajectory and where to find support, it is essential to ensure continuity of care from the hospital to the community (SPH, 2001). Ensuring that the patient has a follow-up visit to their general practitioner or specialist physician following discharge is important in ensuring continued monitoring and education in the community, thereby ensuring continuity of care from tertiary to primary care (Jack et al., 2009). A referral by social workers to home-care OT and nursing will be beneficial in determining
whether Myra’s home is adequately equipped for her safe return (SPH, 2001). It is also imperative that Myra and Robert understand the underlying trajectory of her disease in relation to self-worth and disease management.

6. Addressing Negative Self-Worth Associated with Pain

Cancer pain negatively impacts self-worth by impairing functional and coping abilities, which is further negatively impacted by lack of education and self-understanding (Rini et al., 2007; Urch & Dickenson, 2008). This is exemplified in the above case as Myra’s pain contributed to two other identifiable issues, namely, negative self-worth and associated isolation.

As exemplified in the above case, Myra’s pain was poorly managed which led to considerable reduction in quality of life, consequently negatively impacting her self-worth. Myra expressed concerning feelings of “uselessness” due to pain and functional decline. This verbal expression of “uselessness,” indicates poor self-worth. Similarly, her lack of understanding regarding her illness trajectory and manageable expectations further contributes to a poor self-awareness, and is a source of stress that can be mitigated by providing discharge teaching.

Inadequate discharge teaching, in the context of cancer care, is often associated with feelings of abandonment by the medical system which may act as a potential barrier to accessing care (Mikkelsen, Søndergaard, Jensen, & Olesen, 2008). Conversely, educating patients regarding their disease and treatment plans prior to and during hospital discharge improves medical outcomes, and reduces distress and anxiety, thereby enhancing a sense of self-worth (Rini et al., 2007). Therefore, nurses should use education as a tool to empower patients and improve self-awareness and self-care. Nurses are capable of providing health education, addressing concerns, and promoting the establishment of social supports upon discharge (Nosbursch et al., 2011). Nurses should also engage social workers in the discharge process as social workers can further assist with recommending Myra to community peer-support groups and evaluating her need for home-care nursing should her condition further deteriorate and Robert become unable to manage being her primary caregiver (SPH, 2001).

Myra’s declining self-worth and associated isolation due to poor mood also potentiates an unmet need for connection, which can be attained through support programs (Rini et al., 2007; UBC SoN, 2009). Support programs provided by the British Columbia Cancer Agency, such as peer mentoring and transportation, will be beneficial in alleviating anxiety and reducing care-giver burden that might develop as Myra’s disease progresses (Alonso et al., 2011). Current evidence indicates that peer-support, positively impacts satisfaction with medical care and personal relationships, increases a sense of belonging, diminishes loneliness, and improves mood (Hoey et al., 2008). Therefore, as Myra has a declining sense of self-worth, providing peer-support will be beneficial in improving her outlook on life through the establishment of meaningful connections. In addition, the Canadian Red Cross Society can provide
the equipment necessary for Myra to return home safely, such as a two-wheeled walker, while also providing transportation to appointments and community events (Canadian Red Cross Society, 2014).

Theoretically, with education, peer mentoring, and community support, both Myra and Robert should be physically and emotionally safe at home, and Myra’s probability of readmission, diminished (Hoey et al., 2008; Rini et al., 2007).

7. Implications for Nursing Practice

Nurses play a central role in coordinating proposed discharge plans and evaluating ongoing responses. As frontline health professionals, nurses evaluate patient discharge goals by identifying barriers, needs, and opportunities for discharge planning; improving communication and congruence in discharge needs; and providing direct patient education (Nosbusch et al., 2011; SPH, 2001). Although extremely important, nurses do not work alone, but as part of an interdisciplinary team.

As evidence indicates that the quality of nurse-patient communication is a significant predictor of patient perception of and readiness for discharge, it is important that nurses attend interdisciplinary discharge-planning rounds to establish a congruent discharge plan (Nosbusch et al., 2011; SPH, 2001). Similarly, as discussed above, nurses should play active roles in identifying patient needs, providing education, and mobilizing community resources. Furthermore, nurses should also play a central role in mobilizing different healthcare disciplines to provide education and establish support systems prior to discharge. By doing so, stress can be minimized and expectations managed; thereby preventing complications and reducing rates of readmission (Jack et al., 2009; Rini et al., 2007).

8. Conclusion

While discharge planning is an ongoing process that begins upon admission and is continuously modified until discharge, successful implementation of the above ideas and evidence begins at the bedside. Thus, it is through careful consideration of the unique discharge needs of patients with cancer that nurses, within the context of the interdisciplinary team, can use tools, such as communication, education, and constant assessment, to address unmet needs and improve quality of life upon discharge.

References


