Review the scenario provided on the subject interact 2 site (Mrs Dianne Olney) and respond to the following in the body of an academic paper.

***Introduction (recommended: up to 150 words)***

* Introduce the context of your paper by briefly highlighting the key aspects of the scenario provided
* Outline the body of your paper

**Body (*recommended: up to 2200 words in total*)**

**Underlying Pathophysiology**

* Identify and briefly describe how the stress response could be contributing to Dianne's increased Blood Glucose Levels ( BGL's).
* Describe at a systemic level, the disruption to normal physiology that have resulted in the clinical manifestations of shortness of breath and unexplained weight loss.

**Nursing management**

* Identify and describe the pharmacodynamics of chemotherapy medications and why they are used to treat cancer, including lung cancer.
* Nausea is a common side effect of chemotherapy treatment;  identify and discuss one current, evidenced based non pharmacological, nurse initiated treatment for nausea and justify the use of this treatment.

**Collaborative Management**

* Identify one collaborative care team member ( for example, Physiotherapist, or Occupational Therapist) and justify how their role would support the patient and their family.

**Conclusion *(recommended: up to 150 words)***

* Summarise the key points that you have discussed in your paper.
* Do not include any new information in this section

This assessment item must be presented as a scholarly paper and include an introduction and conclusion. You must support your paper with a minimum of 15 recent (less than 7 years old) and credible resources, and a reference list. It is strongly recommended that headings are to use to organise the paper. Dot points, tables, lists, colloquial language, and shorthand are not acceptable.

NRS390 Health Challenges 4: Complex Care Assessment One: Dianne Onley

**Case Study Overview**

Mrs Dianne Olney is 59 and decided to stop working fulltime (as a secondary school teacher) six months ago due to increasing fatigue. Dianne was linking her fatigue to her busy lifestyle and an increasing number of responsibilities her job was offering her.

**Dianne’s background and medical history**

Height 164cm Weight 62 kg

Married to Sam, a coal miner, two adult daughters Tina and Renee and an adult son Angus all live nearby and visit daily.

Lived predominately in same region all her life, which has many coal mines nearby.

Previous cigarette smoker from age 18 (10 -20 per day) until last year following two debilitating chest infection, when she decided to stop.

History of Type 2 diabetes, diagnosed as age 52. Medications 1g metformin BD.

All immunisations up to date including COVID

Physically active everyday other than employment related

Mother died from breast cancer 4 years ago, father alive and well. Two older brothers, both well.

**Symptom Discussion with GP**

At a recent visit to her Gp, Dianne mentioned that she had been experiencing increasing fatigue, despite reducing her workload and her many volunteer activities on weekend. During the consultation Dianne also admitted she had noticed a persistent cough that she cannot get rid of, increased shortness of breath which is preventing her from walking her usual 4-5 kms particularly on cooler afternoons. Dianne has also noted a decreased appetite, which has led to a weight loss of around 5 kilograms, without her changing her diet or exercise routine. In the last three months Dianne states she has had two chest infections that have lasted for longer than 7 days. She has consistently had negative COVID PCR tests and her PCR result prior to attending the Dr today was also negative.

**Investigations**

Dianne’s Dr requests an urgent chest x-ray which identified visible pulmonary nodules. Following this a Chest CT and invasive diagnostic tests were conducted. Dianne and her husband Sam attended an appointment with the Gp today, where they were advised that Dianne’s tests had identified that she has Non-Small Cell Lung cancer in her left lung staged at “limited” (nodules in only left lung and lymph nodes). T2a N1M0 as per 8th ed TNM classification for lung cancer. The Gp advises that Dianne will possibly need to have a round chemotherapy and possibly surgery and refers Dianne to the oncology team at the local hospital. During the consultation, Dianne discusses her concern regarding her Blood Glucose Levels (BGL’s) over the last two weeks whilst waiting for her results have been higher than usual readings of 4.8 – 6 mmol of a morning. This morning her BGL, before breakfast was 10.8 mmol.

Review the scenario provided on the subject interact 2 site (Mrs Dianne Olney) and respond to the following in the body of an academic paper.

***Introduction (recommended: up to 150 words)***

* Introduce the context of your paper by briefly highlighting the key aspects of the scenario provided
* Outline the body of your paper

**Body (*recommended: up to 2200 words in total*)**

**Underlying Pathophysiology**

* Identify and briefly describe how the stress response could be contributing to Dianne's increased Blood Glucose Levels ( BGL's).
* Describe at a systemic level, the disruption to normal physiology that have resulted in the clinical manifestations of shortness of breath and unexplained weight loss.

**Nursing management**

* Identify and describe the pharmacodynamics of chemotherapy medications and why they are used to treat cancer, including lung cancer.
* Nausea is a common side effect of chemotherapy treatment;  identify and discuss one current, evidenced based non pharmacological, nurse initiated treatment for nausea and justify the use of this treatment.

**Collaborative Management**

* Identify one collaborative care team member ( for example, Physiotherapist, or Occupational Therapist) and justify how their role would support the patient and their family.

**Conclusion *(recommended: up to 150 words)***

* Summarise the key points that you have discussed in your paper.
* Do not include any new information in this section

This assessment item must be presented as a scholarly paper and include an introduction and conclusion. You must support your paper with a minimum of 15 recent (less than 7 years old) and credible resources, and a reference list. It is strongly recommended that headings are to use to organise the paper. Dot points, tables, lists, colloquial language, and shorthand are not acceptable.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Criteria** | **HD** **(85 -100%)** | | | | | **DI** **( 75 -84.5%)** | | | | | **CR** **( 65 -74.5%)** | | | | | | **PS** **( 50 -64.5%)** | | | | | | **FL** **(0-49.5%)** | | | **Mark** |
| **Describe how the stress response could be contributing to Dianne's increased Blood Glucose Levels  ( BGL's).** | The stress response and its contribution to increased Blood Glucose Levels (BGL's) has  been explored. **(8.5 -10 marks)** | | | | | The stress response and its contribution to increased Blood Glucose Levels (BGL's) has been explained. **(7.5 -8 marks)** | | | | | The stress response and its contribution to increased Blood Glucose Levels (BGL's) has been discussed. **(6.5 -7 marks)** | | | | | | The stress response and its contribution to increased Blood Glucose Levels (BGL's) has been described. **(5 -6 marks)** | | | | | | The stress response and its contribution to increased Blood Glucose Levels (BGL's) has not been described. **(0 -4.5 marks)** | | | **/10** |
| **Clinical manifestation 1**  **Shortness of breath**.  **Describe the pathophysiology of this clinical manifestation at a systematic level  in relation to the presentation in the case scenario** | The pathophysiology of shortness of breath has been explored at a systematic level and is relevant to the presentation in the case scenario. **(17-20 marks)** | | | | | The pathophysiology of shortness of breath has been explained at a systematic level and is relevant to the presentation in the case scenario. **(15-16.5 marks)** | | | | | The pathophysiology of shortness of breath has been discussed at a systematic level and is relevant to the presentation in the case scenario. **(13-14.5 marks)** | | | | | | The pathophysiology of shortness of breath has been described at a systematic level and is relevant to the presentation in the case scenario. **(10 -12.5 marks)** | | | | | | The pathophysiology of this | | |  |
| **Clinical manifestation  2**  **Unexplained weight loss**  **Describe the pathophysiology of this clinical manifestation at a systematic level  in relation to the presentation in the case scenario** | | The pathophysiology of unexplained weight loss has been explored at a systematic level and is relevant to the presentation in the case scenario. **(17-20 marks)** | | | | | The pathophysiology of unexplained weight loss has been explained at a systematic level and is relevant to the presentation in the case scenario. **(15-16.5 marks)** | | | | | | The pathophysiology of unexplained weight loss has been discussed at a systematic level and is relevant to the presentation in the case scenario. **(13-14.5 marks)** | | | | | | | The pathophysiology of unexplained weight loss  has been described at a systematic level and is relevant to the presentation in the case scenario.  (**10 - 12.5 marks)** | | | | | | The pathophysiology of this clinical manifestation has not been described or is not relevant to the scenario presentation.  and/or |
| **Identify and describe the pharmacodynamics of chemotherapy medications and why they are used to treat cancer including lung cancer.** | | | Identifies and examines the pharmacodynamics of chemotherapy medications.  A  rationales for the use of chemotherapy medications has been provided.  **(9 -10 marks)** | | | | | Identifies and explains  the pharmacodynamics of chemotherapy medications.  A rationale for the use of chemotherapy medications has been provided.  **(7.5-8.5 marks)** | | | | | | Identifies and discusses the pharmacodynamics of chemotherapy medications.  A rationale for the use of chemotherapy medications has been provided.  **(6.5 -7 marks)** | | | | | Identifies and describes the pharmacodynamics of chemotherapy medications.  A rationale for the use of chemotherapy medications has been provided.  **(5-6 marks)** | | | | | | | |
| **Identify and describe one non pharmacological, nurse initiated treatments for nausea and justify the use of these treatment.** | | | Identifies and examines one non pharmacological nurse initiated treatment for nausea.  A relevant rationale to justify this intervention is provided, with links to current evidenced based information.  (9 -10 marks) | | | | | Identifies and explores one non pharmacological nurse initiated treatment for nausea.  A relevant rationale to justify this intervention is provided, with links to current evidenced based information.  (7.5-8.5 marks) | | | | | | Identifies and discusses one non pharmacological nurse initiated treatment for nausea.  A relevant rationale to justify  this intervention is provided, with links to current evidenced based information.  (6.5 -7 marks) | | | | | Identifies and describes one non pharmacological nurse initiated treatment for nausea.  A relevant rationale  to justify this intervention is provided, with links to current evidenced based information.  (5-6 marks | | | | | | | |
| **Identify  a collaborative care team member and justify their role in supporting  the patient and their family.** | | | | A relevant collaborative care team member has been identified and a justification of  their role in supporting the patient and the family has been examined. **(9 -10 marks)** | | | | | A relevant collaborative care team member has been identified and a justification of  their role in supporting the patient and family has been explained. **(7.5-8.5 marks)** | | | | | | A relevant collaborative care team member  has been identified and justification of their role in supporting the patient and family has been described. **(6.5 -7 marks)** | | | | | | A relevant collaborative care team member has been identified and justification of their role in supporting the patient and family has been discussed. **(5-6 marks)** | | | | | Identification of one relevant collaborative care team member is absent.   and/ or Justification of their role in supporting the patient and |
| **Communicates**  **Professionally**  **(Academic writing and presentation).** | | | | | Language features  and structures are  used to convey  meaning  effectively, clearly,  unambiguously,  concisely, and in a  formal academic  style, with few spelling,  grammatical, or  punctuation errors.  Presentation  guidelines have  been followed.  **(9 -10 marks)** | | | | | | | Language features  and structures are  used to convey  meaning  effectively, clearly,  unambiguously,  and in a formal  academic style,  with occasional minor spelling,  grammatical, or  punctuation errors.  Presentation  guidelines have  been followed.  **(7.5-8.5 marks)** | | | | | | The meaning is  apparent to the  reader, although  text contains minor  errors in spelling,  grammar, word  choice, and/or  structure, and  lacks clarity occasionally.  Presentation  guidelines have  been followed. **(6.5 -7 marks)** | | | | | | The meaning is  apparent to the  reader, although text  contains many  errors in spelling,  grammar, word  choice, and/or  structure, and lacks  clarity occasionally.  Presentation  guidelines have  been followed and  the template has  been used.  **(5 -6 marks**) | | |
| **Uses evidence to**  **support and build**  **knowledge in**  **practice (Academic referencing).** | | | | The assessment is  supported by &  related to a wide  variety of peer reviewed references which  include journal  articles,  professional  manuals and  documents,  textbooks, and  module readings.  Referencing is  comprehensive,  demonstrates  academic integrity,  and is error free for   the APA (7th  ed.) style  conventions.  **(8.5 -10 marks)** | | | | | | The assessment is  supported by &  related to a variety  of peer reviewed references  which include  journal articles,  professional  manuals and  documents,  textbooks, and  module readings.  Referencing is comprehensive,  demonstrates  academic integrity,  and conforms to  APA (7th ed.) style  conventions, with one or two errors.  **(7.5-8.5 marks)** | | | | | | The assessment is  supported by more  than 20 peer reviewed references from  module readings,  textbooks, and  professional  manuals and  documents.   Referencing is  comprehensive  and mostly  accurate according  to the conventions  of APA (7th ed.)  style conventions.  Up to 5 minor  errors or omissions  in style and  formatting choices  have no impact on  the transparency  and traceability of  the source, or the  demonstration of  academic integrity.  **(6.5 -7 marks)** | | | | | | The assessment is  supported by at  least 15 peer reviewed references from  module readings,  textbooks, and  professional  manuals and documents.    Referencing is  comprehensive and  mostly accurate  according to the  conventions of APA  (7th ed.) style  conventions with a few minor errors.  Up to 10 minor  errors or omissions  in style and  formatting choices  have no impact on  the transparency  and traceability of  the source, or the  demonstration of academic integrity.  **(5 -6 marks)** | | | The assessment is  supported by less  than 15 peer reviewed references  from  module readings,  textbooks, and  professional  manuals and  documents.  Referencing is not  accurate according  to the conventions  of APA (7th ed.) style  conventions.  More than 12 errors  or omissions in style  and formatting  choices have an  impact on the  transparency and  tr | |
| **Academic Integrity**  **Turnitin report indicates adherence to academic integrity principles and referencing conventions.** | | | | | Turnitin report indicates a clear attempt has been made to adhere to academic integrity and referencing conventions, and avoid plagiarism. It is evident that the student has taken steps to show respect for and acknowledge others' work appropriately, as per the CSU Academic Integrity Policy.  **SY** | | | | | | | | | | | | | | | | | | | | | |

This assessment task must be completed using the template and instructions provided on the subject Interact2 site.

Scholarly papers, reports, or other similar assessment items must be ‘word processed’ using 'Microsoft Word' only.

Presentation / formatting requirements include:

* + Leave 2 cm margins and double line space your work;
  + Use 12pt font, Arial or Times New Roman;
  + Number all pages;
  + Insert your student name and number in header or footer of every page of every assignment;
  + Include a title page that includes the subject name and code, title of the assessment task, due date, lecturer’s name, your name and your student number.
  + Please write in the third person. Assistance with this can be found at this link: [First vs Third person](http://owll.massey.ac.nz/academic-writing/1st-vs-3rd-person.php)

**Referencing**

Correct and consistent referencing is an important component of producing professional and credible academic work. Marks will be awarded for high quality referencing.

Please refer to the following text for information on how to reference your paper:

American Psychological Association (APA). (2020). Publication Manual of the American Psychological Association (7th ed.). APA.

You may also access CSU’s Academic Referencing Tool (ART) which provides detailed referencing examples for the referencing style - APA 6. This resource can be accessed at [https://apps.csu.edu.au/reftool/apa-7](https://apps.csu.edu.au/reftool/apa-76)

Examples of sources which are not academic and not suitable as resources include blogs, magazines, newsletters, ‘Better Health Channel’, Wikipedia and commercial websites (e.g. with .com or .co included in the web link).

**Text-matching**

TURNITIN is a plagiarism checking service which checks the assessment for unoriginal content and improper citation. In the School of Nursing, Paramedicine and Healthcare Sciences, students have the option to submit their work for checking, prior to submitting their task for marking.

Students can access the portal for their draft assessment here- <https://www.csu.edu.au/current-students/learning-resources/information-planning/assignments/plagiarism-checking>

All written assessment tasks in the School of Nursing, Paramedicine and Healthcare Sciences are submitted for marking through TURNITIN, unless stated otherwise in the Subject Outline. The TURNITIN portal for submission of your assessment is located in the subject Interact2 site and is separate from the link listed above.

Close

N.B Delete all yellow sections in this document and insert your own information

**Student Name**: Enter your name here

**Student Number**: Enter your student number here

**Subject Code**: NRS390

**Subject Name**: Health Challenges 4: Complex Care

**Subject Convener**: Maryanne Podham

**Assessment Item**: One

**Assessment title**: Case Study Report

**Due Date:** 29 March 2023

**Date of Submission:**

**Introduction**

Provide a brief overview of the main discussion points of your paper.

**Question 1: Underlying Pathophysiology**

* Identify and briefly describe how the stress response could be contributing to Dianne’s increased Blood Glucose Levels (BGL).
* Describe at a systematic level, the disruption to normal physiology that have resulted in the clinical manifestation of shortness of breath and unexplained weight loss.

**Question 2: Nursing Management**

* Identify and describe the pharmacodynamics of chemotherapy medications and why they are used to treat cancers, including lung cancer.
* Nausea is a common side effect of chemotherapy treatment; identify and discuss one current evidenced based nonpharmacological, nurse-initiated treatment for nausea and justify the use of this treatment.

**Question 3: Collaborative Management**

Identify one collaborative care team member (for example, Physiotherapist, or Occupational therapist) and justify how their role would support the patient and their family.

**Conclusion**

Summarise key points of paper

Do not include any new ideas that have not been discussed in text.

**REFERENCES**

Reference list needs to meet the APA (7th ed.) referencing style – please see a summary of this style here: https://cdn.csu.edu.au/\_\_data/assets/pdf\_file/0011/3371843/Charles-Sturt-University-APA-7-Referencing-Summary.pdf

Reference list needs to be on a new page

Referencing needs to be in alphabetical order

References should be indented

Reference list should be in a consistent font and size with your other text (Times New Roman, size 12)

When proofreading your paper, ensure that all references used in text and listed here in this reference list.