Palliative Care Considerations for Patients With Head and Neck Cancer With Children at Home

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Adult patients diagnosed with head and neck cancer (HNC) who may have contact with children in the home setting are at risk of experiencing distress because of embarrassing and challenging oral symptoms often associated with an HNC diagnosis and the side effects of required treatments. This article features a case study involving a patient diagnosed with HNC and details how oncology nurses can provide patients with HNC and their caregivers with resources and support.

At a Glance
• Patients with HNC often experience pain and embarrassment because of oral and body image side effects during and after radiation treatments.
• Homecare management stress is commonly reported by caregivers of patients with HNC.
• Oncology nurses are particularly well positioned to offer psychosocial-focused palliative care support to patients with HNC and their caregivers during radiation treatments.

Prior to her diagnosis of head and neck cancer (HNC), K.C., a 57-year-old female patient, noted a nonhealing sore on her tongue. After sharing this oral physical change with her dentist, K.C. received a comprehensive oral evaluation. Next, K.C. was examined by an ear, nose, and throat (ENT) medical specialist; this resulted in an oral biopsy being performed during her first appointment. The pathology revealed a squamous cell carcinoma of the tongue. She was then referred to an oncologist and a surgeon for further evaluation and treatment planning. The surgeon conducted a resection of the tongue tumor with a left lateral partial glossectomy and left selective neck dissection. The tumor was classified as a stage II tumor with a good prognosis after radiation therapy. The radiation treatments were planned and coordinated by a radiation oncologist and ENT physician in the radiation oncology clinic. K.C. received external beam radiation therapy directed at the affected tongue area five days a week for seven weeks in an outpatient radiation center.

K.C. resides in a rural town. As a result, she had to travel about two hours each day for her radiation treatments. She received homecare support from her immediate family also includes six grandchildren and a great-grandchild. Prior to and after diagnosis, she received daily visits from her 26-year-old daughter and 2-year-old grandson. However, K.C. did not have any family members or friends who were able to make a commitment to accompany her and provide psychosocial support during her daily radiation treatments because of other personal commitments (e.g., work, family responsibilities).

Following surgery, K.C. was concerned about her difficulties with speaking clearly and felt embarrassed about her altered facial appearance. Her speech was difficult for others to understand because a portion of her tongue had been surgically removed, and new dentures were put in place. K.C. initially did not want to call or have conversations with family members, and because of her speech difficulties, scheduling follow-up medical appointments was overwhelming for her. Over time, she began to cope with her altered form of verbal communication and became comfortable with having slower ability to pronounce words. K.C. had significant concerns about her postsurgical appearance because she feared the reaction of her 2-year-old grandson. However, with time, her fear and worry lessened because her grandson accepted her altered speech. Also, K.C. became more relaxed at home and in public settings after her initial facial swelling from surgery subsided.

Head and Neck Cancer

In 2016, adults diagnosed with HNC are estimated to constitute 3%–7% of all