

Effectiveness of the Licensed Practical Nurse as a Total Care Nurse for Patients With Cancer Requiring Acute Care

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Patients with cancer most often have complex care needs. Fitch and Mings (2003) reported that shortages in nursing, as in all professional disciplines, are having an impact on the delivery of cancer care and that oncology nurses have a major role to play in the delivery of optimum cancer care. In addition, oncology nursing, when adequately defined and supported, can benefit the cancer delivery system, patients, and families by playing an important role as part of the interdisciplinary team.

Although the role of the licensed practical nurse (LPN) often is discussed, particularly in consideration of the nursing shortage, the role of the LPN within a total care delivery model for patients with cancer, who have complex needs, is not. The following is a case study that led the author to question the ability of an LPN to function as a total care nurse for patients with cancer.

Case Study

Mr. Jones, a 63-year-old man with prostate cancer with bone metastasis, was admitted with uncontrolled pain. After complete evaluation and stabilization of his pain, Mr. Jones was discharged to hospice care. Mrs. Jones, a retired school teacher, was his primary caregiver. She was most often at his bedside during the hospitalization and participated in his care.

Mr. Jones was admitted to a 130-bed facility that has a cancer treatment center as well as a pain center. The facility explored different nursing models and has one unit that uses the total

care nursing care delivery model with a patient-to-nurse ratio of four to one and no nursing assistants. All nursing staff on patient care units work 12-hour shifts. At this facility, LPNs are used only as flexpool staff, meaning they are assigned to certain units as needed. Two LPNs often work on the inpatient oncology unit. When they work on that unit, LPNs operate like everyone else, with the exception of state board limitations (IV pushes, etc.). The hospital policy requires an RN assessment every 24 hours. The assessment is completed every shift by an RN, but when an LPN is caring for a patient, an RN must work either the shift before or after so that the required assessments are completed. If a new admission is assigned to an LPN, another RN does the admission assessment. When an LPN is working, an RN or charge nurse is responsible for the LPN.

On the day of the incident, an RN was the assigned total care nurse for the 7 am–7 pm shift. Mrs. Jones stated that she was satisfied with the care the RN provided and that the nurse was available to the family to assist with repositioning and other care needs. At about 6:45 pm, Mr. Jones complained of pain. He was able to press the call button and communicate this to the person who answered. The respondent stated that she would let

his nurse know (the call came in near the end of a shift). At about 7:15 pm, the oncoming nurse, an LPN, came in. She introduced herself and stated that she was going to measure vital signs. When Mrs. Jones noticed that the LPN did not have pain medication, she told the LPN that Mr. Jones had requested pain medication 30 minutes ago. The LPN said she would get Mr. Jones something after she checked on her other patients. She did not have a blood pressure cuff on the automatic blood pressure machine, so she left the room briefly to get one. When she returned, she said that he was scheduled for a dose of Oxycontin® (Purdue Pharma), an extended-release medication, soon. Mrs. Jones told the nurse that at home she sometimes would give Mr. Jones the oxycodone and his as-needed medication at the same time. In support of Mrs. Jones, the author, a friend of the family, told the nurse that patients receiving extended-release pain medication often need a breakthrough pain medication. The nurse left the room after completing the vital signs and said she would be back. The author remained with Mr. Jones and his wife for more than one hour; the nurse did not return. Fortunately, Mr. Jones fell asleep. Two days later, Mr. Jones was transferred to an inpatient hospice house; he died within 24 hours of admission.

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Digital Object Identifier: 10.1188/09.CJON.145-146