

Hematologic Malignancy

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 hematologic malignancy 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

J.L. is a 34-year-old White woman, who was diagnosed with non-Hodgkin lymphoma (diffuse large B-cell lymphoma [DLBCL]) when she was aged 29 years. Her presenting symptoms were fatigue and enlarged lymph nodes. She received care and treatment from a comprehensive cancer center located in the midwestern United States (see Figure 1).

- Vital signs are within normal limits. At her last visit, the initial blood pressure reading was 135/70; at retake, it was 120/68.
- Height: 5'6"
- Weight: 138 lbs
- Body mass index: 22.3 kg/m²
- Last menses: three weeks ago
- Care gaps: overdue for flu vaccination
- Oncology issues (International Classification of Diseases–10 codes): none listed
- Other issues: sleep–wake disturbance, history of cardiac arrhythmias
- Tobacco use history: none
- Medication list
 - ☐ Multivitamin
 - ☐ Ibuprofen for occasional body aches
 - ☐ Cannabidiol oil and edibles (four times per month for pain and anxiety)
 - ☐ Bupropion: 100 mg twice daily

This is J.L.'s first visit to see you to establish follow-up care, focusing on cancer survivorship issues. She was prompted to seek out survivorship care because she recently noted episodic shortness of breath and chronic fatigue. Otherwise, she states she has been in good health. J.L. also wants background and clarity on her options for family planning.

As a woman of childbearing age at the time of diagnosis, J.L. said her oncologist urged her to preserve her eggs, to which she agreed in case she opted to start a family later in life. J.L. is in a stable relationship with her postmenopausal female partner and is interested in understanding the steps toward surrogacy.

J.L. currently provides freelance information technology support for a wind turbine energy company. She works remotely from her home in a suburban neighborhood in a community on the West Coast of the United States. She has some friends she has retained since college, but in general, she has limited social contact except with her partner, with whom she lives in the partner's home.

J.L.'s health insurance coverage (health maintenance organization plan) is through an exchange, supported by her state of residence. She anticipates that she can continue healthcare coverage but with an estimated 12% increase in annual premiums over the next few years. In her community, J.L. has established care with a primary care provider (PCP), a nurse practitioner who has limited experience with cancer survivorship care. J.L. has requested a referral from her PCP for a consultation to a survivorship care clinic at a

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