Nursing care in a vulvar cancer patient

Hernández-Estrada, Karen Melissa[1]; Hernández-Martínez, Nora[2*]; Cruz-Chávez, Norma Edith[3]; Cárdenas-Villarreal, Velia Margarita[4]

ABSTRACT

Introduction: The squamous cell carcinoma or squamous cells is common on organs lined by squamous epithelium such as the skin, vagina, and cervix. Nursing personnel have a critical role in the treatment of the person with this illness, in order to improve their quality of life during and after the illness treatment. **Objective:** Present the nursing care provided to a patient with vulvar cancer during the oncology consultation in a public hospital in the city of Monterrey, Nuevo León, México, during 6 months. **Methodology:** Case study based on the five stages of the nursing care process. The taxonomy of the North American Nursing Diagnosis Association (NANDA), Nursing Intervention Classification (NIC), and Nursing Outcomes Classification (NOC) were used to substantiate the nursing interventions carried out.

Case presentation: As a result of the assessment, the following was get as priority nursing diagnosis: acute pain, constipation, nausea, ignorance of treatment, and grieving due to the loss of a loved one. Applied interventions were: Pain management, spiritual support, education about the illness, and management of side effects of chemotherapy and radiotherapy. **Conclusions:** The patient developed non-pharmacological strategies to manage pain, which helped to control it, increased knowledge about the illness and treatment effects, which favored the management of secondary effects of the radiation and chemotherapy, and coped with the grief due to the loss of the loved one.

Keywords: Carcinoma; pain management; outpatient care; nurses (DeCS, BIREME).

[1] Bachelor of nursing. School of Nursing of the Universidad Autónoma de Nuevo León.

[2] PhD. in Nursing Sciences. School of Nursing of the Universidad Autónoma de Nuevo LeónE-mail: *tevet7@hotmail.com*

[3] PhD. in Nursing Sciences. School of Nursing of the Universidad Autónoma de Nuevo León

[4] PhD. in Nursing Sciences. School of Nursing of the Universidad Autónoma de Nuevo León

Received: 25/09/2018
Accepted: 14/11/2018

*Corresponding author

How to cite this article
Hernández-Estrada KM, Hernández-Martínez N, Cruz-Chávez NE, Cárdenas-Villarreal VM. Nursing care in a vulvar cancer patient. SANUS. 2019; (9): 38-60. [Acceso__ __ ____]; Disponible en: _____.
mes día año URL

INTRODUCTION

The squamous cell carcinoma or squamous cells (CEC by its acronym in English) is a type of cancer that commonly occur in the vagina and cervix, which represents approximately from 3 to 5% of gynecological cancers [1-3]. It has been identified that CEC diagnosis and treatment cause an unexpected and traumatic experience, and with severe secondary effects due to the treatment, which physically and psycho-socially impact the patient and her family. The Clinical Practice Guide of Diagnosis and Treatment of Vaginal Cancer says that the CEC treatment must be multidisciplinary; however, the nursing personnel play an important role in order to help the patient to adapt herself to painful, long, aggressive, and disfiguring treatments (chemotherapy and radiotherapy) and surgery, and to help the patient to recover daily functioning during and after the illness treatment [4].

It is essential that the nursing personnel of the clinical area applies the practice based on evidence, making it easy to make appropriate decisions to participate in specific clinical circumstances, as it occurs on women with CEC. A way to use and assess the practice based on evidence is to carry out case studies, which are a research tool and learning techniques for nursing personnel, which clearly contributes to link theory, clinical practice, and the patient to be able to ensure a safe and responsible health care [4, 5].

The objective of this study is to present the care proposal used on a middle age woman with vulvar cancer diagnosis, treated in the oncological consultation of a third level public hospital since her time of admission up to six months, when she was discharged from the oncological treatment.

METHODOLOGY

The case took place in a specialized care center for oncology outpatient care located in the North part of Mexico during a period of five months; the case study was based on the five stages of the nursing care process 6. For the clinical assessment the instruments of Functional Health Patterns of Marjory Gordon7 were used. The nursing diagnosis statements, expected results, and nursing interventions were elaborated with the interrelation of diagnosis of the North American Nursing Diagnosis Association (NANDA), Nursing Outcomes Classification (NOC), and Nursing Interventions Classification (NIC) [6-9]. Additionally, related CEC literature and clinical practice guides and alternative treatments to manage pain, in order to support into greater depth the interventions to carry out.

To implement the case study, prior authorization of the patient and her family was requested, all aspects of privacy and anonymity were taken care of. The developed case study is presented below.

CASE PRESENTATION

Admission Background

A MLPA female patient was admitted for oncology consultation (hereinafter called "PF"); she was 55 years old, single, with a medium superior level education, from a state of the North part of Mexico. The reported medical diagnosis was CEC and she undertook vulvectomy surgery two months ago. She came for consultation to receive the fourth cycle of chemotherapy (4-4 sessions) and radiotherapy (7 sessions).

Personal background: she denies having chronic illnesses; in relation to her genetic and family background, the father died due to hypertension and the mother due to diabetes; she denies a family history of cancer, both in paternal and maternal grandparents, parents, and siblings. During nursing assessment, the interview was carried out directly with the patient.

Assessment and Documentation by Functional Health Patterns of Margory Gordon

Pattern 1. Perception and health management

"PF" reported to have been a healthy person during all her life, to eat healthy, and to have received vaccinations according to her age, and denied addictions. Currently, she is oriented regarding time, place, and person, and with good physical and dental health. With respect to the perception of her current health status, it is classified as poor health. She takes acetaminophen, 500 mgs, to manage pain; she is not familiar with the proper care and treatments for her illness.

Pattern 2. Nutritional-Metabolic

"PF" has changed her nutritional pattern since her health problems started; following medical advice, she stopped eating floor, fat, dairy, and spicy/hot food. In the last two weeks she had dry mouth, metallic taste, nausea and vomiting (average two times per day), "she considers that this is the results of the current treatment she is receiving". On average, she drinks about half liter of water per day, she lost her appetite, and in two weeks she has lost two kilos of weight. She looked emaciated and tired, her skin is pale and dried (all her body), presents periorbital hyperpigmentation (under-eye circles), and looks older. The test exams show neutrophils, 9.1 x 10^9/L, hemoglobin, 11.8gr/dl, and platelets, 313,000 µl. Regarding hemoglobin, her parameters are low, and platelets parameters are normal. Currently, she presents a body mass index (BMI) of 20.7 kg/m^2, which is normal for her age.

Pattern 3. Elimination

On average, her urination pattern is six times per day, moderate amount, clear yellow color, characteristic odor, no burning during urination, and without involuntary leakage of urine on effort. The bowel elimination pattern is one time every three days, with pain during vowel movement, abdominal pain, and frequent flatulence. According to the Bristol Stool Scale, the patient falls in Type 2, slight constipation. The lab report of the Teneral Urine Test showed normal data regarding density, glucose, pH, blood, and leukocytes. In this moment, the intestinal pattern is considered in risk.

Pattern 4. Activity-Exercise

"PF" mentioned she does not carry our household chores due to excessive tiredness and fatigue. With the assessment of the Functional Scale of Self-Care Abilities, a grade of 3 was obtained, justified because she spends most of the time lying down, walks with the use of the walker, appearance of pain when walking. She has a number 24 short peripheral catheter in the left hand, and according to the assessment of the Phlebitis Scale its care and permanence is adequate. Blood pressure is 110/60 mmHg, capillary refill takes less than two seconds, heart rate of 72 beats per minute, with respiratory rate of 22 breaths per minute, and currently, she has fatigue symptoms when walking.

Pattern 5. Sleep-Rest

At night, "PF" sleeps an average of six hours and three hours during the day; however, she does not feel rested. She yawns repeatedly. She points out that when she remembers her mom, who already passed away, she cannot sleep through the night, in addition to the pain she currently feels.

Pattern 6. Cognitive-Perceptual

Currently, she is oriented to time, and knows how to read and write. She notes presence of very strong pain in the vulva, which extends to the back and rectum, which was assessed with the Visual Analog Scale [EVA by its acronym in Spanish], 0 – 10, getting a 7. She mentions headache and abdominal pain, which improves with pain medicine such as acetaminophen every 12 hours, but when the drug effect is over, the pain returns with more intensity or equal to 7 (on the EVA Scale). At home, she would like to get information about her current treatment. She wears glasses since she was 17 years of age, and recently, she was diagnosed with hearing loss in both ears. The patient is interested in knowing more about the illness process and its care.

Pattern 7. Self-Perception-Self-Concept

PF mentioned her mother died a year ago, who was living with her; in these moments, she mentions that she feels sad, sick, and lonely. Her life project totally changed, because she planned to work, and currently due to her illness and its treatment, she is living with her only system, and totally depends on her. She is confident that she is going to make it due to the medical treatment she is now receiving.

Pattern 8. Roles–Relationships

"PF" social role is that of a sister and patient; she has communication with her family (sister, brother in law, and niece); additionally, she receives emotional and economical support from them to face her illness. Likewise, she mentioned she has good relationships with neighbors and health team from the institution where she is getting the treatment. During the oncology consultation she greets and talks with nurses and other patients.

Pattern 9. Sexuality-Reproduction

"PF" denies active sexual life; her last menstruation was six years ago. She never had a breast cancer screening or a cervical-vaginal screening since she considered it was not necessary because she was never sexually active. She undertook vulvectomy two months ago. Currently, she shows almost no yellowish discharge through the vagina, which is not fetid and poses no risk to her life.

Pattern 10. Coping-Stress Tolerance

"PF" mentioned that she seldom gets angry; however, she feels stressed most of the time because she cannot carry out her daily activities since she feels tired from the time her chemotherapy treatment started. Her stress decreases when she is by herself, and she thinks positively. During the chemotherapy treatment she looks calm and mentions that she trusts the nursing personnel.

Pattern 11. Values and Beliefs

She is Catholic, devoted to the Virgin Mary, and Saint Jude. She has been at church since she undertook the surgery. Praying gives her tranquility and peace. She has a lot of faith that she will recover. Mentions that in her life is God and in her scale of values love is first, followed by responsibility, honesty and solidarity. She denied knowledge about health programs addressed to women, and did not consider that important since she has no active sexual life or pregnancies. This pattern is considered dysfunctional.

IDENTIFICATION OF CARE NEEDS

Nursing diagnosis were made (true, of risk, and health promotion) extracted from NANDA, (Table 1); they were validated and prioritized based on the needs that the patient felt.

Table 1. List of Nursing Diagnosis extracted from NANDA

Diagnostics Label	Risk Related Factors	Defining Characteristics (Clinical Manifestations)
DOMAIN 12: Comfort CLASS 1: Physical comfort 00132 Acute pain	Injury due to biological agent (prior surgery due to vulva tumor, pain extending to the back, headache).	Self report of intensity with a standardized pain scale, appetitive changes, expressive behavior, protective behavior, facial expression of pain, posture to relieve pain (continuous pain extending to the back, eats 3 to 5 times a day, in small amounts, 7 in the EVA Scale, appearance of pain).
DOMAIN 9: Coping/ Stress Tolerance CLASS 2: Coping responses 00136 Grieving	Death of a very significant person (death of mother, change of residence).	Alteration of the activity level, frequent connection with the deceased person (She feels sad because of the death of her mother; she misses the house she used to live).
DOMAIN 3: Elimination/ Exchange CLASS 2: Gastrointestinal function 00011 Constipation	Pharmacological: Pharmaceutical agent. Functional: Daily physical activity lower than the recommended according to sex and age. Physiological: Insufficient intake of liquids. (chemotherapy and radiotherapy treatment, spends most of the time lying down, stressed because she doest not carry out household chores, change of diet).	Abdominal pain, flatulence, less frequent vowel movement, formed stool, painful vowel movement, headache, vomiting. (Abdominal pain, flatulence, less frequent vowel movement, Bristol Stool Scale Type 2, reduced peristalsis, headache, vomiting).
DOMAIN 12: Comfort CLASS 1: Physical comfort Nausea	Situation related: Unpleasant tastes; biophysical: treatment regime (chemotherapy and radiotherapy initiation).	Increase of salivation, nausea, metallic taste, dislike of food (She eats 3 to 5 times per day, in small amount, change of diet, nausea, and vomiting, drinks less than 1 liter of water, metallic taste in mouth).
DOMAIN 4: Activity/Rest CLASS 5: Self-care 00193 Self-Neglect	Substance abuse (chemotherapy treatment, use o cytotoxic, she feels sad, a loved one passed away, she feels stressed because she is not doing her regular activities).	No adherence to health related activities (she was not aware of tests used for the timely detection of breast and cervix cancer).

DOMAIN 2 Nutrition CLASS 1: Ingestion 00002 Imbalanced Nutrition: Less than body requirements	Insufficient intake of food (she stopped eating floor, fat, dairy, and spicy/hot food), biological factors, cancerous growth in the vulva.	Pale mucosa. Abdominal pain, taste alteration, report of intake lower than recommended amounts. Weight loss (2 kilos in two weeks, abdominal pain, eats 3 to 5 times a day, in small amounts, change of diet, drinks less than 1 liter of water, metallic taste in mouth).
DOMAIN 2 Nutrition CLASS 5: Hydration 00027 Deficient fluid volume	Important loss of liquid volume (she vomits 3 or more times per day).	Skin turgor alteration; tongue turgor reduction, mucosa dryness, sudden loss of weight (2 kilos in two weeks), vomiting. (she drinks less than 1 liter of water, feels nausea and vomiting, dry skin).
DOMAIN 4: Activity/Rest CLASS 2: Activity/Rest 00088 Impaired walking	Visual impairment, poor muscle strength, pain (she wears glasses since she was 17 years of age, hearing loss, pain, headache).	Decrease ability to walk required distances. (use of walker, she lays down most of the time, the Functional Scale of Self-Care Abilities shows a grade of 3, tiredness and pain).
DOMAIN 11 Safety/Protection CLASS 2: Physical injury 00155 Risk for falls	Physiological: Mobility deterioration, malignancy, reduction of strength in lower limbs, age, use of help devices; medication: pharmaceutical agent, visual impairment, hearing difficulties (she wears glasses since she was 17 years of age, hearing loss, pain, headache, use of walker, low energy).	
DOMAIN 5: Perception/ Cognition CLASS 4: Cognition 00161 Readiness for knowledge		She expresses a desire to now more about her treatment. (She would like to receive information about chemotherapy and radiotherapy).

Source: NANDA[6] and own development

Validation of diagnostic elements with the patient

"PF" mentioned that priority nursing diagnosis that she considered had to be addressed first were: 00132 Acute pain, 00136 Grieving due to the death of a significant person (mother), 00161 Readiness for knowledge about the illness and chemotherapy and radiotherapy treatment.

Substantiation of the nursing diagnosis

The pain considered as an unpleasant sensory and emotional experience is the main symptom in 40% of oncological patients undergoing treatment and during the advanced stage. Usually, pain treatment is limited to solve only the physical responses using drugs, without considering emotional and spiritual responses often related to pain and that could be integrally solved with non-pharmacological treatments by a multiprofessional team[10].

When the pain due to the loss of a loved one, as in the case of "PF", is added to the physical pain, grieving can last longer, if the patient does not receive help to emotionally cope with the loss. A person with cancer can experience more mood swings when coping with a loss, which can reflect more sorrow, sadness, and changes at emotional level [11]. In a normal grief the person accepts the loss of the loved one and moves forward in a healthy way. Combining pharmacological and non-pharmacological therapies is a priority in order to improve the quality of life of patients with pain and emotional issues. It has become evident that facial massage (reflexology) is a non-pharmacological

Table 2. Intervention Plan/Care Plan

Problem/ NANDA Nursing Diagnosis	Expected Result (NOC)	Stated Objectives	Intervention/NIC
Domain 12: Comfort. Class 1: Physical comfort. Code 00132: Acute pain, related with the injury due to biological agent manifested by intensity self-report with standardized pain scale, changes in appetite, expressive behavior, protection behavior, facial pain expressions, posture to relief pain	Domain IV: Health knowledge and behavior (IV). Class Q: Health behavior, Pain control (1605) Personal actions for pain. Measuring Scale: Never demonstrated up to consistently demonstrated Initial assessment: Diana score 1 Keep 1 Increase 4	Apply facial massage (30 min) during the administration of chemotherapy (4 sessions once a week to reduce pain). Reduce pain when administering medicine (analgesic) within the prescribed schedule to avoid intense pain peaks.	Field 1 Basic physiological. Class E: Promotion to physical comfort Intervention 1400: Pain management. Pain relief, reduction of pain at a tolerance level that is accepted by the patient. Activities: • To carry out a pain assessment on the patient, which includes location, duration, intensity and triggers in the chemotherapy therapy, with assessment using the EVA Scale. • To apply pharmacological techniques (facial massage) in the patient to ease pain in the chemotherapy area. • To check that the patient receives the analgesics before the chemotherapy, provide acetaminophen 500 mgs orally.

Continue...

palliative care that can bring benefits in persons with cancer, since it increases relaxation, sleep, reduces pain and psychological symptoms such as depression and anxiety. Likewise, it increases release of endorphins and enhances the therapeutic effects of pain medication [12,13].

Most of the patients with cancer experience uncertainty or stress due to the treatment they will receive. The ability of the nurse can reduce them, inasmuch as the nurse provides regular and accurate information about the health status of patients and their family. It is vital that the nurse identifies risk situations due to lack of information about the illness and treatments to carry out, to work together with the patient in order to achieve an individualized plan. Coping with the illness allows oncological patients to accept, manage, and overcome their health/illness process, and at the same time, improve their quality of life [13].

DEVELOPMENT OF THE INTERVENTION PLAN/CARE PLAN

Based on the needs of the patient the care plan was developed. In Table 2, the relationship of nursing diagnosis, expected result, stated objectives, and NIC interventions carried out is shown.

Table 3 shows the results obtained of the evaluation pain control (1605), at the beginning and at the end of the intervention. In this table, it can be seen that all the indicators of the patient substantially improved. In accordance with the NOC Scale, the patient reported a Diana score of 1, after the intervention it increased to 4. She was taught how to make herself a facial massage as non-pharmacological method during the chemotherapy treatment and, additionally, she was taught how to do it at home; she continue using the pain killers indicated by her doctor.

With respect to the grieving process the patient was undergoing, there were changes in its assessment, as it is shown in Table 4. The patient was able to talk about her feeling regarding the death of her mother, and she looked for social support, joined the Cruz Rosa support group, and found spiritual support (when to the hospital chapel, received a rosary and prayer booklet). According to the NOC Scale, the patient was assessed with an initial Diana score of 1 and at the end of the intervention with a score of 5.

In relation to the indicators obtained from the knowledge assessment with respect to management of

Continue...

Domain 9: Coping/ Stress Tolerance. Class 2: Coping Responses. Code 00136: Grieving related to the death of a loved one due to alteration of the activity level, maintenance, and connection with the deceased	Domain III: Psychosocial health Class N: Psychosocial adaptation. Code (1304): Solve affliction, personal actions to adjust thoughts, feelings, and behavior due to current or imminent loss Measuring Scale: Never demonstrated to consistently demonstrated Initial assessment Diana score 1 Keep 1 Increase 5	1.- Building trust between the patient and nurse through empathy during the interaction process with the patient in a 3 week process 2. Incorporate the patient to support groups within the institution in order to receive help to deal with her loss. 3. Help the patient to express her feelings and unwind through a talk with a duration of 60 min while waiting in the waiting room. 4. Help the patient to deal with her mother death through spiritual support by means of activities related to her beliefs, integration to support groups, listening, and empathy in the hospital.	Field 3: Behavioral. Class R: Help to cope with difficult situations. Intervention Code 5420: Spiritual support. • To make the patient feel balance and connection with supernatural power. • Use communication with the patient to build trust and empathy during the process, starting from the assessment up to closure through the use of Gordon's Functional Patterns in the areas where there is contact with the patient. • To search for support groups so the patient listen to other similar cases and she has other perspectives, integrating her in the "Cruz Rosa" group, which to all women with cancer before receiving the radiotherapy treatment. • Listen to the patient feelings in order to help her to get it off and stop feeling sad during the chemotherapy therapy in such area. • Spiritual support to the patient and be with her even to pray in the hospital chapel after the radiotherapy application if she wants to,. • Express sympathy towards the feeling of the patient during the whole process, in which we are having contact with her.

Continúa...

Continue...

Domain 5: Perception/Cognition Class 4: Cognition. Code 00161: Willingness to increase her knowledge, which is evident in that she expresses her desire to learn about her treatment.	Domain IV: Health knowledge and behavior. Class S: Health knowledge. Output Scale: Code 1833: Knowledge: Cancer management. Degree of transmitted knowledge about cancer, its treatment and prevent progression of the disease and complications. Measuring Scale. No knowledge up to extensive knowledge Initial assessment Diana score 1 Keep 1 Increase 5	Provide information to the patient about cancer in relation to chemotherapy and radiotherapy management, as well as their effects through education in the waiting room, with the support of a leaflet and development of procedures.	Field 4: Safety. Class V: Risk control. Intervention: Code 6600: Radiotherapy management •To help the patient to understand and minimize the radiation treatment side effects after its administration and at home. •To provide information to the patient regarding chemotherapy, secondary effects, and how to manage them after its application and at home. •The class will be thought in the radiotherapy waiting room using an informative leaflet. Field 2: Complex physiological Class H: Drug control Intervention Code 2240 de: Chemotherapy management • To guide the patient and his/her family regarding side effects of antineoplastic agents. • To provide information to the patient and her family about cisplatin functioning (antineoplastic) for the treatment of her illness through teaching based on a Class and informative pamphlet in the chemotherapy waiting room. • To teach the patient about the facial massage technique for relaxation and put it into practice during or after the chemotherapy in the chemotherapy area during the treatment application.

Source: NANDA[6], NIC[8], NOC[9] and own development

Table 3. Indicators to assess pain control

Indicators		Never demonstrated	Rarely demonstrated	Sometimes demonstrated	Often demonstrated	Consistently demonstrated
160502	Recognizes pain onset	1	2	3 ○	4	5 △ ◇
160501	Recognizes primary causal factors	1	2	3○	4	5△◇
160503	Uses pain preventive measures	1	2	3	4○	5△◇
160504	Uses non-analgesic relief measures	1○	2		4	5△◇
160505	Uses analgesics as recommended	1	2	3	4	5△◇○
160513	Reports changes in pain symptoms to health professionals	1○	2	3	4	5◇△
160507	Reports uncontrolled pain symptoms to health professionals	1○	2	3	4◇	5△
160508	Uses available resources	1○	2	3	4◇	5△
160509	Recognizes associated symptoms of pain	1○	2	3	4◇	5△
160511	Reports pain controlled	1○	2	3	4	5△◇

Source: NOC[9] and own development as it was found ○ objective to achieve △ achievement◇

Table 4. Assessment indicators regarding grief resolution

Indicators		Never demonstrated	Rarely demonstrated	Sometimes demonstrated	Often demonstrated	Consistently demonstrated
130401	Resolves feelings about loss	1	2	3	4○	△5◇
130402	Expresses spiritual beliefs about death	1	2	3	4○	△5◇
130403	Verbalizes reality of loss	1	2○	3	4	△5◇
130404	Verbalizes acceptance of loss	1	2	3	4○	△5◇
130405	Describes meaning of the loss	1	2	3○	4	△5◇
130411	Reports decreased preoccupation with loss	1	2	3○	4	△5◇
130412	Maintains living environment	1	2	3○	4	5◇△
130413	Maintains personal grooming and hygiene	1	2	3	4	5◇○△
130414	Reports adequate sleep	1	2○	3	4	5◇△
130415	Reports adequate nutrition intake	1	2○	3	4◇	5△
130417	Seeks social support	1○	2	3	4◇	5△
130418	Shares loss with significant others	1○	2	3	4	5◇△
130419	Reports increases involvement in social activities	1○	2	3	4	5◇△
130420	Progresses through stages of grief	1	2○	3	4◇△	5
130421	Expresses positive expectations about the future	1	2	3	4○	5◇△

Source: NOC[9] and own development as it was found ○ objective to achieve △ achievement ◇

Table 5. Assessment Indicators regarding *knowledge: vulvar cancer management*

Indicators		No knowledge	Limited knowledge	Moderate knowledge	Substantial knowledge	Extensive knowledge
183302	Signs and symptoms of cancer	1	2	3 ○	4 ◇	5 △
183303	Specific cancer diagnosis	1	2 ○	3	4 ◇	5 △
183304	Cause and contributing factors	1	2	3 ○	4	5 ◇ △
183308	Available treatment options	1 ○	2	3	4 ◇	5 △
183310	Purpose of different treatment options	1	2 ○	3	4	5 ◇ △
183311	Benefits of different treatment options	1 ○	2	3 ◇	4 △	5
183315	Medication adverse effects	1	2	3	4 ○	5 ◇ △
183317	Potential complications of treatment	1	2	3 ○	4	5 ◇ △
183318	Signs and symptoms of treatment complications	1	2	3 ○	4	5 ◇ △
183320	Self-care responsibilities for ongoing treatment	1	2	3	4 ○	5 ◇ △
183321	Physical effects of cancer treatment	1	2 ○	3	4	5 ◇ △
183322	Effects on lifestyle	1	2 ○	3	4	5 ◇ △
183325	Strategies to cope with adverse effects of disease	1 ○	2	3	4	5 ◇ △
183331	Available support groups	1 ○	2	3 ◇	4 △	5

Source: NOC[9] and own development as it was found ○ objective to achieve △ achievement ◇

vulvar cancer, at the beginning of the intervention, PF had 1 in most of the indicators to be assessed; at the end of the intervention, the patient increased her knowledge to substantial and extensive, and her final assessment was 4 and 5, as shown on Table 5.

CONCLUSION

In this case, an increase in the outcome was identified. During the case development time, significant changes in pain control, management of grief due to the death of a relative, and increase in the knowledge about the treatment of CEC where obtained, through the use of the NANDA, NIC, and NOC taxonomies.

Generally, the pain felt in an oncological patient is identified as a priority health problem since it affect the quality of life of the patient and primary caregiver. Often, health personnel assess pain in one-dimensional (physical) approach, forgetting that pain affects other aspects of the life, such as the emotional, family, and social areas; thus, the nursing professional must dominate the application of pharmacological y non-pharmacological interventions and work using a multidisciplinary approach.

Moreover, it is important that nursing personal establishes affective and reliable communication links with the patient and family to be able to help them to cope with the illness, procedures, and complications, becoming life models.

A clinical case is described as a systematic and logical structure that allows transferring knowledge, bring clinical theory and applied practice together, along with the patients. Clinical cases allow nursing professionals to know how they apply evidence and discuss them with other nursing professionals to help them to make decisions regarding management of the patients under their care. Management of NANDA, NOC, and NIC taxonomies promote the assessment of the nursing care process.

RECOMMENDATIONS

Promote the methodology given by NANDA, NOC and NIC taxonomies in the various areas of nursing care. Use Clinical Practice Guides (GPC by its acronym in Spanish) in nursing personnel, since they substantiate nursing care more accurately.

CONFLICT OF INTEREST

The authors affirm that there are no conflicts of interest.

FINANCING

This research was financed by its authors.

BIBLIOGRAPHIC REFERENCES

1. Molgo M, Harz I, Andrighetti F, Del Puerto T, Brañes J, González S. Carcinoma espinocelular de la vulva: caso clínico. Rev chil obstet ginecol Revista Chilena Obstétrica Ginecológica [Internet] 2014 [consultado 22 Nov. 2017]; 79(5): 435-438. Disponible en https://scielo.conicyt.cl/scielo.php?script=sci_arttext&pid=S0717-75262014000500012

2. Parellada CI, Gay de Pereyra EA, Bittencourt A. Neoplasia Intraepitelial Vulvar. Medigraphic. [Internet].2011 [consultado 22 Nov. 2017]; 3(4) 15-24. Disponible en http://www.medigraphic.com/pdfs/archivostgi/tgi-2011/tgi114d.pdf

3. Instituto Nacional de Estadística y Geografía. Comunicación social 2016. [Internet]. Estadística a propósito del día mundial contra el cáncer. [consultado 22 Nov. 2017]; Disponible en http://www.diputados.gob.mx/sedia/biblio/usieg/comunicados/salud.pdf

4. Instituto Mexicano del Seguro Social. 2015. [Internet]. Guía de Referencia Rápida Diagnóstico y tratamiento de Vulvodinia en los Tres Niveles de Atención. México D.F. Centro Nacional de Excelencia Tecnológica en Salud. Catálogo maestro de guías de práctica clínica IMSS 755-15.2015. [consultado 22 Nov. 2017]; Disponible en http://www.cenetec-difusion.com/CMGPC/IMSS-755-15/RR.pdf

5. Flores I, Patlán R, Reyna H, Solano P, Navarro F, Fernández A. Guía de Práctica Clínica. Diagnóstico y Tratamiento de Cáncer de Vagina en el segundo y tercer Nivel de Atención. [Internet]. México, D.F. Consejo de Salubridad General. 2013. [consultado 22 Nov. 2017]; Disponible en http://www.cenetec-difusion.com/CMGPC/IMSS-590-13/ER.pdf

6. Herdman H, Kamitsuru, S. NANDA International. Diagnósticos Enfermeros 2015-2017 Hispanoamerica 978-84-9022-952-1 España Editorial Elsevier 2014.1-475.

7. Gordon M. Manual de diagnósticos de enfermería, 11 ediciones. México, D.F. Ed Mc Graw Hill Interamericana de España. 2007.

8. Bulechelk G, Butcher H, Docheterman J, Wagner Ch. Clasificación de Intervenciones de Enfermería (NIC). 6a ed. Barcelona España Elsevier, 2013 1-634.

9. Moorhed S, Johnson, M, Mass M, Swanson E. Clasificación de Resultados de Enfermería (NOC). 5a ed. Barcelona España: Elesevier; 2013. 1-736. dunab&page=article&op=viewArticle&path%5B%5D=2211

10. Chávez WO, Becerra CP, Naranjo AS. Factores que intervienen en el manejo del dolor oncológico: un reto para el profesional de enfermería. Med UNAB [Internet] 2016 [consultado12 Ene. 2018]; 19 (1) 18-24. Disponible en https://revistas.unab.edu.co/index.php/medunab/article/view/2211

11. Robert V, Álvarez C, Valdivieso F. Psicología: Un modelo de intervención y apoyo social. REV.MED.CLIN.CONDES Revista Médica Clínica Condes[Internet] 2013 [consultado Diciembre. 2017]; 24(4): 677-684. Disponible en https://www.clinicalascondes.cl/Dev_CLC/media/Imagenes/PDF%20revista%20m%C3%A9dica/2013/4%20julio/14_Ps.-Ver-%C2%A6nica-Robert-M.pdf

12. Información sobre la medicina integrativa y las terapias complementarias 2016 [Internet] Nueva York , N.Y. Sociedad de lucha contra la leucemia y el linfoma; [consultado Diciembre. 2017].1-9 Disponible en https://www.lls.org/sites/default/files/file_assets/FS8S_Span_Integrative%20Medicine%20Facts_FINAL_Mar2017.pdf

13. Triviño Z, Sanhueza, A. Teorías y modelos relacionados con calidad de vida en cáncer y enfermería. Aquichan [Internet].2005 [consultado 15 Febrero. 2019]; 5(1) 20-31. Disponible en http://aquichan.unisabana.edu.co/index.php/aquichan/article/view/56/117%3E.

14. Vega P, González R, Palma Ch, Ahumada E, Mandiola J, Oyarzun C, Rivera S. Develando el significado del proceso de duelo en enfermeras (os) pediátricos (os) que se enfrentan a la muerte de un paciente a causa del cáncer. Aquichan. [Internet] 2013 [consultado12 Ene. 2018] 13(1): 81-91. Disponible en http://aquichan.unisabana.edu.co/index.php/aquichan/article/view/2400

15. Moreno A, Krikorian A, Palacio C. Malestar emocional, ansiedad y depresión en pacientes oncológicos colombianos y su relación con la competencia percibida Avances en psicología latinoamericana/Bogotá [Colombia]. [Internet] 2015 [consultado12 Ene. 2018] 33(3).517-529. Disponible en https://revistas.urosario.edu.co/xml/799/79940724011/79940724011_visor_jats.pdf