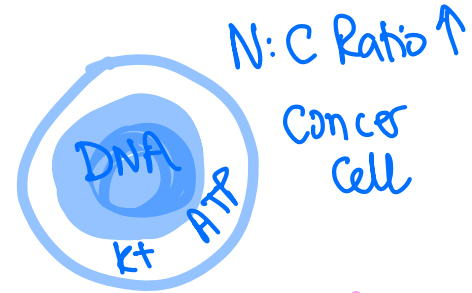
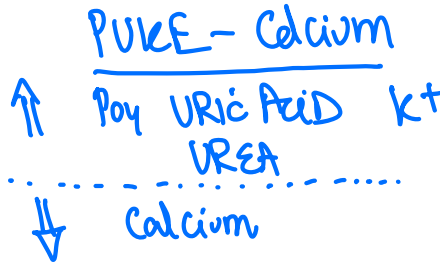


# Oncological Emergencies

Tumor lysis syndrome: BURKITT lymphoma, A.L.L

- 1  $P_{O_2} \uparrow$
- 2  $K \uparrow$
- 3 URIC ACID  $\uparrow$
- 4 HYPOCALCEMIA



DNA #: URIC  
Acid +++

## Nursing interventions

1. Monitor urine output per hour
2. Monitor KFT, electrolytes and IVF amount given
3. Monitor Uric acid levels
4. Document timing of DOC:
5. Schedule on hemodialysis on physician orders



AKI: S. CREATININE  $\uparrow$  1.5-1.9 Times OVO baseline ~ 48 HOURS

U. output ↓ < 0.5 ml/kg/hr x 6 HOURS

# SIADH

H<sub>2</sub>O ↑↑ → Na ↓ :  $\frac{<125 \text{ meq/L}}{\text{SEIZURE}}$

## Causes

1. Oat cell cancer of lung
2. CNS infections
3. Legionella pneumophila

dilutional Na ↓  
CNS irritability

## Interventions

1. Restrict water intake
2. Observe for any personality changes or odd behaviour
3. Monitor sodium levels and if level approach dangerous levels then inform physician

4. Document timing of giving DOC

↓  
TOLAPARTAN

gradual

\* 3% saline  
CORRECTION of Na ↓: 6-8  
↑ meq/day

# Disseminated intravascular coagulation

Causes:

1. Sepsis : MC

2. Viper bite

Hemotoxic

3. Obstetric causes

ABRUPTIO PLACENTAE

4. Waterhouse freidschen syndrome

N. meningitidis

Adrenal CRISIS

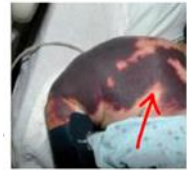
(distributive shock)

5. AML



M3 AML, APML

acute Promyelocytic leukaemia : Rx: ATRA : all-Trans - Retinoic acid



Consumptive Coagulopathy

Clinical features of DIC

1. Bleeding from IV sites
2. NG tube bleeding
3. Hematuria
4. Epistaxis
5. Hypotension ✓
6. AKI ✓
7. Multi organ dysfunction:  $\geq 2$  organ malfunction

blood loss

Screening: DIC: Fibrin degradation products

Simultaneously

Nursing interventions

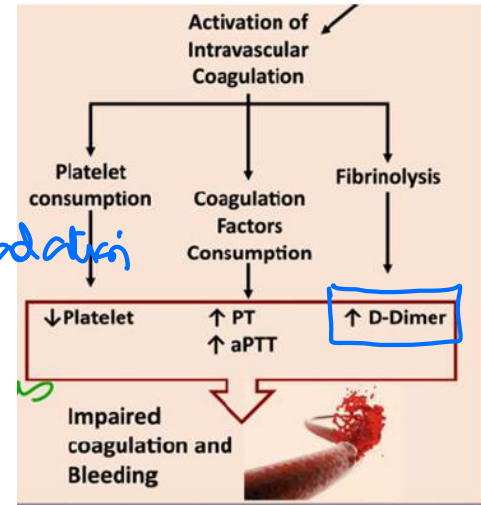
1. Document report of coagulation
2. Document timing of giving heparin and FFP
3. Vasopressor of choice in septic shock
4. First line intervention in septic shock
5. Strict asepsis to be maintained

NE

Saline

platelet  $\leftarrow$  BT = 2-9 min  
 5,7 Extrinsic  $\leftarrow$  PT = 11-16 sec  
 8,10 Intrinsic  $\leftarrow$  aPTT = 30-45 sec

PT ↑ BT ↑ aPTT ↑ : DIC



## SVC syndrome

Lung cancer

**Oat** cell ca lung  
CENTRAL location

SVC compression

Congested facial appearance

Elevated JVP

=

facial plethura

Intervention is radiotherapy

\* To shrink the Tumor

## Spinal cord compression

Ca breast  
Ca prostate

OSTEOBLASTIC  
SECONDARIES

Pathological fracture

=

Lancinating pain and paraplegia :

NERVE ROOTS

Intervention is **steroids** with radiotherapy and chemotherapy