

Metastatic Spinal Cord Compression (MSSC) case study

Voiceover 0:00:08 - 0:00:13	Rapid listening, evidence based cancer Learning on the go Presented by eviQ education.
Lisa McLean 0:00:19 - 0:00:51	Hi and welcome to rapid listening. I'm Lisa McLean from eviQ Education. Today we hear from Brooke Barrett, a registered nurse working at the Princess Alexandra Hospital in Queensland. Brooke was exposed to her first patient with metastatic spinal cord compression as a young nurse and shares with us her experience and how this has shaped her career. Identifying, treating and caring for patients with such a critical condition. This case study podcast accompanies the metastatic spinal cord compression Rapid learning available on education.eviq.org.au .
Brooke Barrett 0:00:54 - 0:01:49	Hi, my name is Brooke. I'm a registered nurse working in radiation oncology at the Princess Alexandra Hospital, Queensland. My primary role currently is looking after both adult and pediatric patients undergoing radiation therapy. I have been a registered nurse for just over two years, and I started my nursing career in the oncology graduate program where I worked for the first six months in the oncology ward, followed by another six months working in the Oncology Day care unit. I have since worked the last 12 months in the radiation oncology department. Throughout my nursing career, I've looked after a few patients with spinal cord compression. The first patient I can recall providing nursing care for was in the first few months of my graduate nursing year working in the oncology ward. The patient had been admitted with spinal cord compression with symptoms of increasing lower back pain, numbness to the lower extremities as well as bladder and bowel changes.
Brooke Barrett 0:01:50 - 0:03:22	I can remember being a frightened young nurse looking after a patient with such a critical condition, being so unsure about how to appropriately care for them. However, being exposed to this so early in my career has enabled me to complete thorough patient assessments and even recognise patients with potential symptoms of spinal cord compression and helped them seek early diagnosis and

management. This had helped me when I came across another patient later on in my graduate nursing year with suspected spinal cord compression. I was working in the Oncology Daycare unit when a patient with a past medical history of lung cancer had presented for their regular chemotherapy regime and had reported a new onset of lower back pain with worsening intermittent numbness to their legs. The patient could not recall any event that could have resulted in an injury to that area. And they have been taking regular analgesia with minimal relief, and they couldn't identify anything that made the symptoms better or worse. With these signs and symptoms, I became immediately concerned of the possibility of spinal cord compression. Given I'd had previous exposure to a patient with similar symptoms, I immediately notified the treating team for an urgent review and organized for some analgesia. I reassured the patient and explain the need of further investigations with those particular symptoms. I advise the patient that they should avoid mobilizing alone if possible, and provided them with the nurse Call Bell and asked them to notify me if they needed anything or if the pain or symptoms worsened. After the training team reviewed the patient, they were sent for a CT scan of the spinal column, and a malignancy was identified in the lumbar spine.

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They were admitted under their medical oncologist and commenced on regular dexamethasone and anticoagulants as well as chartered PRN analgesia. They were also for an urgent radiation oncology consult for potential radiation therapy and planning. The overall outcome for this patient was that they underwent radiation therapy to the lumbar spine for local control and they had relief of their symptoms from this. From these particular experiences, I have learned the importance of educating patients and potential signs and symptoms of spinal cord compression, as well as performing full, comprehensive patient assessments for early diagnosis and intervention. Being able to be involved with the initial diagnosis of a patient with spinal cord compression has helped me to understand the patient's whole journey from initial presentation to diagnosis to treatment, as well as provide proficient nursing care from both the medical and radiation oncology perspective. Since these particular patients, I've been involved in the care of a pediatric patients with spinal cord compression and provided care for them during their course of radiation therapy. They were diagnosed with Ewing's

sarcoma in the T spine, and we're due for a combination of chemotherapy and radiation therapy for treatment. However, due to increasing pain to their T spine and MRI was performed, which demonstrated disease progression causing spinal cord compression.

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As a result of this diagnosis, the pediatric patient required urgent radiation treatment with my experience from past adult patients with spinal cord compression, I was able to understand the pediatric patients initial journey and diagnose and provide necessary education and information regarding the diagnosis and radiation therapy management. It also helped that I've had experience with previous spinal cord compression because it allowed for me to focus on providing the pediatric patients and their family with the additional emotional support that they required. Thank you for listening.

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