



The Unique Supportive Care Needs of a Mother With Acute Myeloid Leukemia During Treatment

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Acute myeloid leukemia (AML) is an aggressive cancer of the blood that is linked with poor survival. The disease requires immediate intensive chemotherapy treatment that leaves patients hospitalized for at least one month and often longer, depending on their supportive care needs. Mothers undergoing treatment for AML may benefit from having attention paid to their supportive care needs during that time.

At a Glance

- The fluctuating health of many patients with cancer, particularly those who care for young children, may further intensify their stress levels during hospitalizations.
- Hospitalizations should include vigilant nursing and supportive care measures.
- Many resources are available for families dealing with a parent's diagnosis of cancer.

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Acute myeloid leukemia (AML) is a disease of the blood and bone marrow that is fatal if not treated emergently (Pulte, Gondos, & Brenner, 2010). Patients with AML typically receive inpatient induction chemotherapy during the course of one week, then remain hospitalized for at least one month because of treatment-associated complications, such as neutropenic fever, anemia, and thrombocytopenia. Patients commonly experience fluctuating levels of health, and they may have the potential to become ill quickly (Button & Chan, 2014). Patients' labile health may

exacerbate what is already a stressful experience (Danhauer et al., 2013). Therefore, the hospitalization period for the patient diagnosed with AML must include vigilant nursing and supportive care measures.

Case Study

J.C., a 43-year-old mother of four children, was diagnosed with AML seven months ago. Her initial induction chemotherapy treatment was complicated by infectious colitis and fungal pneumonia, which left her hospitalized for more than 45 days. She was discharged and returned

to the hospital two weeks later to begin consolidation chemotherapy; she learned that her disease had relapsed. In addition, she was exhibiting new and concerning symptoms, including visual changes and a constant dull headache. A lumbar puncture confirmed the presence of blast cells in her cerebrospinal fluid. She then began another induction treatment that was administered in conjunction with intrathecal chemotherapy for the AML that now also involved her central nervous system.

J.C. confided to her nurse that she felt nervous about everything. The goal of her treatment was to get her into remission long enough to receive a transplantation, but J.C. was wary. She shared that she had a cousin with AML who received a transplantation and then died soon afterward. She did not know what was best for her; the induction treatments were awful, she said, and she was not sure that the transplantation would be any better. J.C. told the nurse that she was tired of being so sick and that she missed being at home with her children. Her twins just started kindergarten, but she did not have the opportunity to put them on the bus. Her middle daughter also just started high school, which J.C. referred to as a tough time; she said she does not feel able to be there for her daughter like she wants to be.

J.C.'s second induction was complicated by pneumonia. She was again hospitalized for 44 days for supportive care measures as her counts recovered and the infection was managed with IV antibiotics. This hospitalization took an immense toll on her hope.

Patient Assessment

Nurses caring for J.C. noted that she was continually down and even distraught at