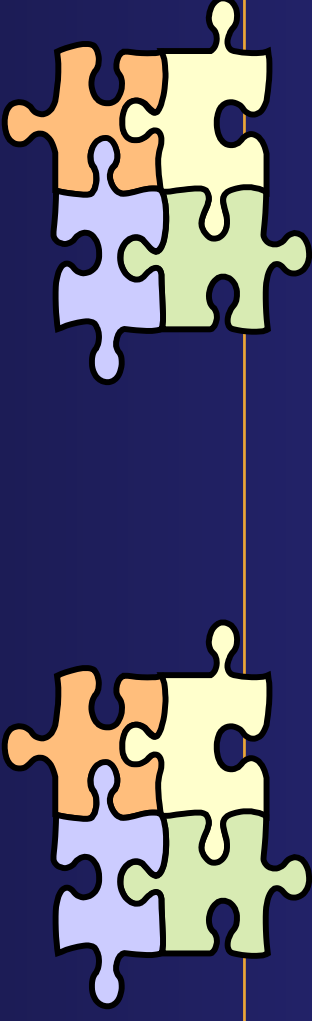




Nursing Management of the Multiple Myeloma Patient

**Regina A. Swift, RN
Clinical Research Coordinator
Multiple Myeloma and Bone Metastasis
Los Angeles, CA**

Decipher the Puzzle Pieces



- Clarify existing symptoms and conditions
- Compile knowledge of treatment side effects in relation to the existing symptoms
- Actions are based on what is problematic for the patient as well as what is necessary to maintain sufficient bodily functions.

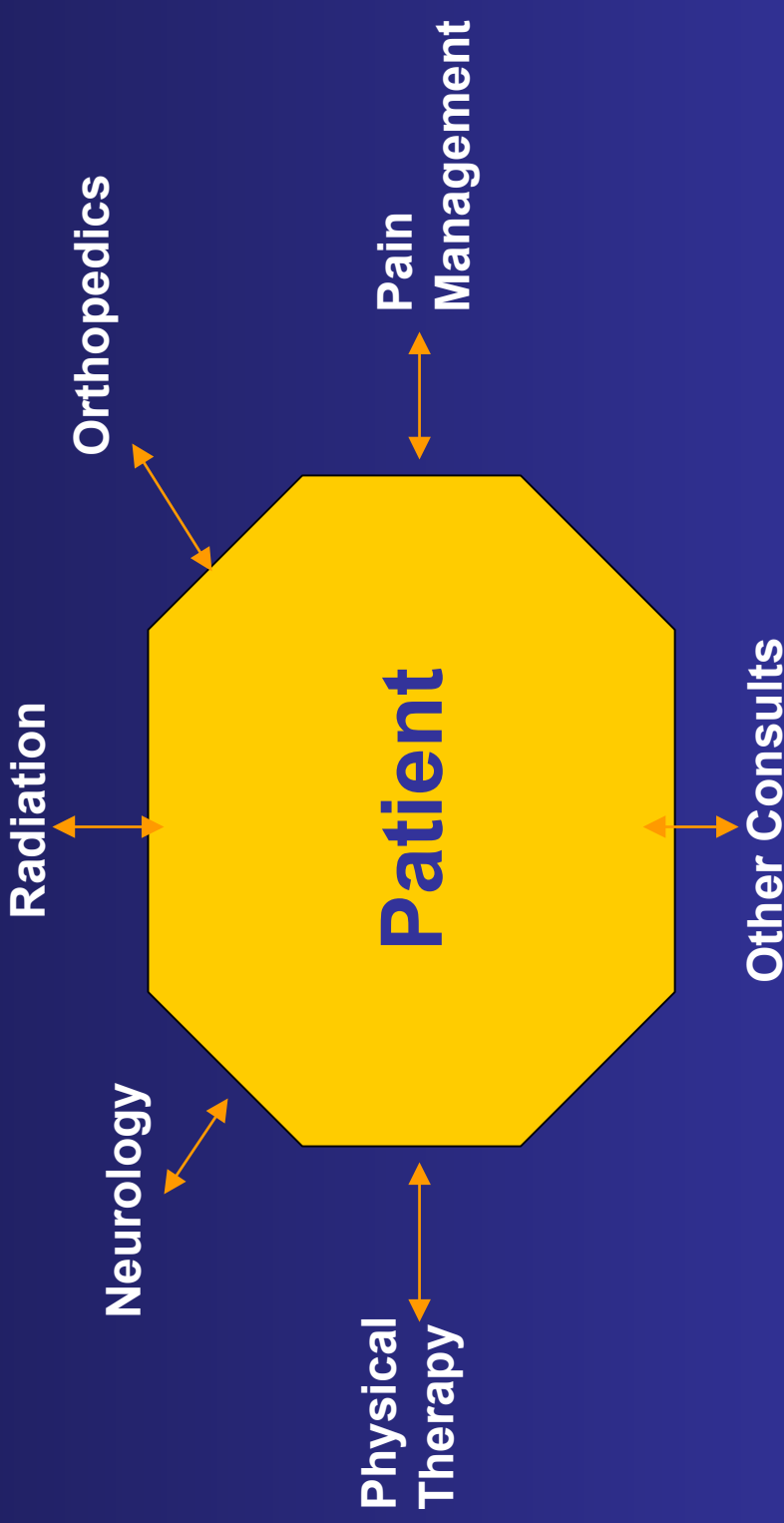
Common Characteristics of Multiple Myeloma Patients

- Bone Pain (66%) / Fractures
- General Malaise / Fatigue
- Neutropenia
- Recurrent Infections
- Anemia
- Hypercalcemia (25% to 30%)
- Renal Insufficiency (25% to 40%)

Review for Pre-Existing Conditions

- **Cardiac Status**
- **Neuropathies and their severity**
- **Constipation**
- **Ambulation / Performance status**
- **Diabetic**
- **Allergies**
- **List of concomitant medications**

Multidisciplinary Approach



Bone Pain / Fractures

- **Skeletal Survey to assess for baseline bone involvement**
- **MRI to rule out spinal cord involvement if symptomatic**
- **Radiation to treat solitary plasmacytoma**

Bone Pain / Fractures (contd.)

- Radiation for pain control and relief
- Surgical intervention for unstable areas at risk for fracture
- Kyphoplasty or Vertebroplasty to reduce vertebral compression fractures
- Bisphosphonates to maintain strong bones

Fatigue

- **Multiple factors contribute to fatigue such as anemia, pain etc.**
- **Provide patients with alternative solutions (i.e.; physical/occupational therapy, restructuring of daily activities)**
- **Supportive measures as needed (i.e.; growth factors, psycho-social intervention)**

Neutropenias & Recurrent Infections

- Frequent monitoring of CBC during treatments and prn
- Neupogen support
- Prophylactic Antibiotics for Dental work or other invasive procedures
- IVIG as deemed necessary by MD
- Education regarding good hand washing techniques etc.

Anemia's Thrombocytopenia's

- **Frequent monitoring of lab values based on patients trend and treatment plan**
- **Procrit, Aranesp or Neumega support as deemed necessary by physician**
- **Transfusal support as necessary**
- **Educating patient on required limitations if necessary**

Renal Complications

- Knowledge of patient and their baseline renal function
- Is the patient usually a urine secretor of their myeloma protein
- Assess a 24 hour urine for UPEP and creatinine clearance
- Assess for other contributory factors for change in renal status (i.e.; Antibiotics)

Renal Complications (contd.)

- Encourage patients to keep well hydrated
- IV hydration as needed
- Referral to Nephrologists
- Dialysis if necessary

Treatment Related Complications

- **Nausea / vomiting: anti-emetics, small frequent meals, rule out other potential contributing factors such as ulcers**
- **Constipation / diarrhea: stool softeners, laxatives, anti-diarrheals, rule out if necessary infectious process such as C-difficile for diarrhea and assess for bowel obstruction for constipation.**

Patient History

- **59 Year old dermatologist**
- **Progressive anemia**
- **Bone pain**
- **Multiple lytic bone lesions**
- **Hypercalcemia**
- **Elevated paraprotein levels**
- **Dx: stage IIIa multiple myeloma**

Treatment History

- Zometa for bone involvement and hypercalcemia
- 4 cycles VAD chemotherapy
- High dose Melphalan
- Autologous PSCT

Progression

1 Year Post Transplant

- Rising paraprotein levels
- Worsening lytic bone disease
- WBC 3.4
- Hgb 10.0 gms/dL
- Platelets 100,000
- Grade 1 neuropathy from Vincristine



**Thank
YOU!**