RKMVERI MSC CCST ONCO CRITICAL CARE SYLLABUS SEMESTER IIIcourse duration: 20 weeks

| Course | Course Code | Credit |
|---|-------------|--------|
| Infection Control | CO301 | 2+1 |
| Malignant Patient Care | CO302 | 2 |
| Paediatric malignancies | CO303 | 2+1 |
| Nursing Management | CC304 | 2 |
| Psycho-Social Aspects of Nursing Care | CC305 | 2 |
| Cancer Treatment Modalities and TECHNICIAN'S Role | CC306 | 2 |
| Chemotherapy and radiotherapy | CC307 | 2 + 2 |
| Total | | 18 |

| | | □ Infection control: |
|--|--------|--|
| Shall involve posting in microbiology department & round with infection control nurses | CO301 | Process of infection, risk of hospitalization, nosocomial infections- prevention and control of infection in acute, longterm care facility and community based care Standard safety measures |
| ICU POSTING | CO 302 | Care of Patients With Specific Malignant Disorders Malignancies of G.I. system-oral, oesophagus, stomach, rectal,liver & pancreas, care of ostomies/stoma Respiratory malignancies Genito urinary system malignancies- prostate Bladder, renaltesticular malignancies, Gynecological malignancies-cervix, uterus, ovary |

| | | Hematological malignancies-Lymphomas, Leukemias. |
|------------|-------|--|
| | | Malignancies of musculoskeletal system |
| | | Endocrine malignancies |
| | | □ Skin |
| | | Head and Neck -brain tumors |
| | | □ Other malignancies – Breast cancer, AIDS related |
| | | Malignancies(Kaposi's Sarcoma) |
| | | |
| | | Cancer Emergencies |
| | | Disseminated intravascular coagulation(DIC), Malignant played offusion |
| | | Malignant pleural effusion Nacylestic gardiae tampanede and centic check |
| | | Neoplastic cardiac tamponade and septic shock spinal and compression |
| | | spinal cordcompression |
| | | Superior vena cava syndromeMetabolic emergency: hyper and hypo calcemia |
| | | Metabolic emergency: hyper and hypo calcemia Surgical emergency |
| | | □ Urological emergency |
| | | □ Hemorrhage |
| | | Organ obstruction |
| | | □ Brain metastasis |
| | | |
| HAEMATOLOG | CO303 | Paediatric malignancies |
| Y POSTING | | |
| | | □ Leukemia, Lymphoma, Neuro- blastoma |
| | | Wilm's tumor, Soft tissue sarcoma, Retinoblastoma |
| | | Nursing Management of children with Paediatric |
| | | Malignancies |

| DIETICIAN | CO304 | Nursing Management of Physiological Conditions and |
|-----------|-------|--|
| OPD | | Symptoms |
| | | Of Cancer Patient |
| | | □ <u>Nutrition</u> : - effects of cancer on nutritional Status and |
| | | its consequences:-Anemia, Cachexia, Xerostomia, |
| | | mucositis, Dysphagia , nausea and vomiting, constipation, |
| | | diarrhoea, electrolyte imbalances, taste alterations |
| | | |
| | | □ Impaired mobility: Decubitus ulcer, pathologic fractures, |
| | | thrombophlebitis, pulmonary embolism, contractures, |
| | | footdrop |
| | | Other symptoms |
| | | Dyspepsia & hiccup, dyspnoea |
| | | |
| | | |
| | | |
| | | □ Anxiety & depression, insomnia |
| | | □ Lymph edema |
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| PAIN CLINIC POSTING | CO305 | Psychological responses of patients with cancer Psychosocial assessment – |
|---------------------------|-------|---|
| | | Crisis intervention, coping mechanisms Stress management, spiritual/cultural care and needs Counseling: individual and family Maximizing quality of life of patient and family |
| | | Ethical, moral and legal issues- End of life care Grief and grieving process Bereavement support Care of Nurses who care for the dying. |

| | | Cancer Treatment Modalities and TECHNICIAN'S Role |
|---|-----------|---|
| OT POSTING | CO30 6 | Surgery Principles of surgical oncology Current surgical strategy, Determining surgical risk Special surgical techniques Pre-intra-postoperative nursing care Acute and chronic surgical complications Future directions and advances |
| CHEMOT HERAPY DAY CARE POSTING | CO307 | Chemotherapy Principles and classification of chemotherapeutics Pharmacology of antineoplastic drugs- Mechanism of action, Absorption, protein binding, Bio-transformation, excretion, common side effects, drug toxicity Calculating drug doses, Therapeutic response to chemotherapy-Tumor variables, drug resistance, Safety precautions |
| RADITHERAP Y POSTING AND BRACHY OT | 1 WEEK | Radiation Therapy Physics of radiotherapy Types of ionizing rays Radiation equipments:Linear accelerator, cobalt, Implants,Isotopes, Types of therapies: Oral, Brachy therapy, tele therapy, selectron therapy Effects of radiation on the body tissue, Radiation biology – cell damage hypoxic cells, alteration of tumor kinetics. Approaches to radiation therapy – External radiotherapy Internal radiotherapy – unsealed, Sealed sources. Effectiveness of radiotherapy-Radiosensitivity, treatment effects Complications of radiotherapy Radiation safety: Standards of Bhaba Atomic Research Centre(BARC) |

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PROCEDURES TO BE OBSERVED (Each practical session corresponding to the theory paper as appropriate):

- 1. Chemotherapy
- 2. Radiotherapy Brachytherapy Low Density Radiation, High DensityRadiation.
- 3. Interstitial implantation
- 4. Bio-therapy and Gene therapy
- 5. Teletherapy Treatment planning
- 6. Bone marrow aspiration and biopsy
- 7. Biopsy tissue
- 8. FNAC Fine Needle Aspiration Cytology and biopsy
- 9. Tracheostomy
- 10. Thoracentesis
- 11. Paracentesis
- 12. Lumbar Puncture
- 13. Arterial Blood Gas
- 14. Nerve Block
- 15. Chest tube insertion
- 16. Intercostal drainage
- 17. CVP monitoring

Procedures Performed

- 1. Screening for cancer
- 2. Assessment of pain
- 3. Assessment of Nutritional status
- 4. Care of Tracheostomy
- 5. Endotracheal intubation
- 6. Gastric gavage
- 7. IV cannulation
- 8. Care of surgical flaps
- 9. Care of ostomies
- 10. Blood transfusion and component therapy
- 11. Counseling
- 12. Practice standard safety measures
- 13. Care of dead body and mortuary formalities

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All candidates have to make a journal club presentation each week to qualify for taking up the examination.