Assess for the presence of risk factors, both major and minor or contributing

- Increasing age
- African American race
- Residence in North America, northwestern Europe, Australia, and on Caribbean islands
- Positive family history
- Diet rich in red meat, high fat
- Sedentary lifestyle
- Inflammation, genetics and infections may play a role but are inconclusive

Source: ACS at [http://www.cancer.org/docroot/CRI/content/CRI_2_4_2X_What_are_the_risk_factors_for_prostate_cancer_36.asp](http://www.cancer.org/docroot/CRI/content/CRI_2_4_2X_What_are_the_risk_factors_for_prostate_cancer_36.asp) Last Medical Review: 10/29/2008/Last Revised: 08/25/2008

Are Risk Factors Present?

- NO
- YES

DRE and PSA according to risk profile

Are positive findings present?

- NO
- YES

Monitor for presence of signs/ symptoms:
- Asymptomatic with Early disease
  - Blood in urine and semen
  - Signs of bladder outlet obstruction (BOO) as disorder advances
  - s/s of mets (lymph nodes, bone, lungs and other organs)

Initiate client education for Health Seeking Behaviors to identify:
- Maintain ideal body weight & exercise frequently
- Eat more fish, limit red meat, eat fruits and vegetables
- Seek consultation at age 40 if high risk, for DRE and PSA level, otherwise being at age 50
- Discuss s/s to report

Initiate the plan of care for a Risk for Ineffective Therapeutic Regimen management:
- Discuss course and progression of disease and its management
- Explain that “watchful waiting” may be considered but the NCI reports that Men with localized cancer who underwent radical prostatectomy were less likely to have their cancer spread and less likely to die than men who were managed by "watchful waiting."
- Discuss sites of prostate cancer metastasis and risk for recurrence.
- Explain diagnostic work-up, TRUS, biopsy, Gleason scoring
- Review treatment strategies; surgery, EBRT vs. seed implant, hormone therapy and chemotherapy
- Discuss use of PSA testing to identify recurrence if elevating following treatment
- Discuss complications of prostate cancer; urinary incontinence vs. BOO, pain with bone mets, impotence, depression & teach s/s to report
- Review Periodic follow-up for s/s of recurrence

Follow collaborative plan of care for a client with prostate cancer

See BPH algorithm
See renal failure algorithm
See cancer care algorithm
Surgical care algorithm
## Collaborative Problem

**OUTCOMES/BENCHMARKS:**
- No complaints of BOO, hematuria, blood in semen
- No lymphadenopathy, bone pain, pleural effusion
- Bone scan, CT chest and abdomen, lymph node dissection negative

### Potential Complication: Prostate cancer metastasis (mets)

- **ASSESS s/s of Prostate cancer metastasis**
  - pain, hematuria, Ureteral and/or bladder outlet obstruction, urinary retention, chronic renal failure, urinary incontinence
  - leg edema from lymph node involvement
  - Anemia, bone marrow suppression, weight loss, pathologic fractures, spinal cord compression, and symptoms relating to bony or soft-tissue metastases.

**Assess for contributing factors:**
- high-grade cancer
- Capsular penetration or margin positivity at the time of prostatectomy.
- Biochemical failure/recurrence

**Monitor for presence of:** Prostate cancer metastasis
- Monitor CBC to identify myelosuppression
- Monitor results from pathology report for Gleeson score
- Monitor urinalysis for s/s of infection, protein
- Monitor PSA levels for elevations indicating recurrence
- Monitor surgical report to identify locally advanced spread
- Monitor bone scan & chest/abd CT, TRUS results to identify mets

**Additional assessment includes monitoring from presence of complications**
- Initiate review of systems and physical exam to identify complications of pleural effusions; obstruction of the bladder outlet, myelosuppression and bone mets

### DO

**Perform nursing actions that minimize metastasis**
- Provide therapy according to stage
- Expect client to undergo surgical resection of prostate if cancer is not too advanced followed by radiation therapy
- Expect the use of testosterone deprivation in metastatic disease to reduce pain
- Orchiectomy if cancer is advanced and spinal compression is observed
- administer prescribed hormone therapy or chemotherapy according to agency protocol
- Prepare client for radiation therapy as ordered & monitor for side effects
- Teach client precautions if radioactive seed implants are used

**Performs nursing actions to control contributing factors**
- Provide cancer care to address side effects of chemo/radiation and surgery, pain, fatigue, nausea, myelosuppression, DVT, depression, caregiver role strain, protein calorie malnutrition, pathological fracture, constipation, urinary retention and incontinence

### CALL

- Call MD for recurrence, complications of pleural effusion, myelosuppression, bladder outlet obstruction, & pain refractory to treatment
- If present, ensure adequate ABCs, provide supportive care and contact ready response team and MD

Susan McCabe revised 10/1/08