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Nurses and Radiation Therapists as Superheroes: A UNIQUE APPROACH TO CARING FOR KIDS IN RADIATION ONCOLOGY

By: Sofia Olivares, RN

“Hi! My name is Robert, I’m five and I have cancer in my brain!”

This was my first encounter with a pediatric patient in radiation oncology. I had just shifted from pediatrics to pediatric radiation oncology and had some reservations about whether or not I could weather the change. Could I handle it emotionally? Would I be a strong enough nurse for my patients and families? Seeing Robert’s contagious smile and sweet demeanor assured me I was in the right place.

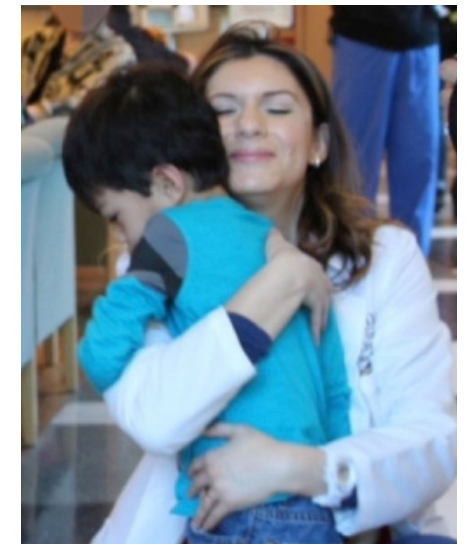
Radiation oncology nursing requires collaboration with the oncology teams from outside facilities (Radys Children’s Hospital, Kaiser Permanente, and Balboa Medical Center just to name a few), the UCSD radiation oncology team and UCSD pediatric anesthesia team. The nurse coordinates central line placement, chemotherapy schedules, assist with transportation, manage side-effects, and provides guidance

and support. The pediatric radiation nurse utilizes critical thinking skills along with knowledge of princesses, super heroes, popular cartoons, music, movies and fashion.

UCSD pediatric radiation oncology embraces family-centered care. In family-centered care the patient, family and clinicians work together to plan, educate and provide patient care. Clinicians involve parents, grandparents, siblings and friends in the patient’s experience. We encourage the family members to be involved in the child’s care. We ask the families to come along with the patient to the treatment room, to observe what is involved in the treatment setup, and most importantly to provide support to their child. In certain cases, we have the parents speak to their child over the microphone as the child undergoes treatment. We strive to create a safe, calm and trusting environment for both the patient and their parents. The staff also understand if the patients do not want to have family present, this is especially true for teenage and young adult patients who want to maintain a sense of control and independence. In addition, we allow parents to accompany their child to the treatment room if the child requires anesthesia for treatment. This allows for an extra layer of comfort and reassurance for the child. We advise the parents, grandparents and siblings that it is ok to hold their child’s/sibling’s hand and tell them you love



Sofia Olivares, RN is a Pediatric Radiation Oncology Nurse at the UCSD Moore’s Cancer Center and has been a pediatric nurse for over 12 years. She began her nursing career at UCLA Mattel Children’s Hospital and went on to become a circulating and scrub nurse at Children’s Hospital Los Angeles. After a year of working in the OR, she became a pediatric radiation nurse at CHLA and was awarded the Daisy Award. She moved to San Diego in 2010 and returned to UCSD as the pediatric nurse in radiation oncology. Sofia is a Certified Pediatric Hematology Oncology Nurse and is a member of the Association of Pediatric Hematology Oncology Nurses.



Sofia sharing a special moment with her patient

them as they fall asleep.

Being a pediatric radiation oncology clinician requires that one understand where the patient is in the course of the disease process. Is the patient newly diagnosed? Has the child been undergoing chemo therapy or other treatment prior to radiation? Or perhaps, the patient is under treatment for end-of-life care? Each of these stages requires a different approach to patient care. Tailoring care to the time cycle of the disease provides individualized meaningful and compassionate care.

We meet many children that are newly diagnosed with cancer. Typically, these patients and families have had minimal exposure to the hospital setting and staff. Many of them have endured multiple MRIs, CTs, surgeries, blood transfusions, chemotherapy within a short amount of time prior to arriving at radiation oncology. What they thought was a routine examination for a stomach ‘bug’ or sinus infection resulted in a devastating diagnosis of cancer. They are in shock and we must be prepared to handle and address their needs. The staff understand that the family and child may be overwhelmed and frightened. As the nurse, I coordinate with our social worker to meet with the family to assess their social, emotional and spiritual needs. I collaborate with the radiation therapists to coordinate appointment times that work best with the patients and families. In

addition, I keep in communication with the referring team and provide continuous updates on the patient’s treatment plan and response to treatment.

Unfortunately, like in the adult setting, we encounter many pediatric patients who are at the end-of-life and require radiation for palliation. Many times, these are patients who have undergone radiation in the past and return for additional treatment because of disease progression and the need for pain relief. The care team allows extra time for these appointments. Extra time is used to assist with positioning, for addressing medication needs, and sometimes, to be a shoulder to cry on. The nurse

serves as the advocate for the child as well as their parents.

I am honored to work with the UCSD radiation oncology team as a pediatric nurse. Our pediatric radiation oncologist, radiation therapist, anesthesiologists, administrative staff and social worker are invested in providing the best care possible to the pediatric population and families. The thought of becoming a pediatric radiation oncology nurse never crossed my mind in nursing school. Gratefully, my five-year-old patient Robert sparked a fire in my heart that will never fade and now I cannot imagine being anything other than a pediatric oncology nurse.

Pictured left to right: Mario Moreno, Radiation Therapy Technologist (RTT), Asim Billoo, RTT, Sarah Galbraith, RTT, Katie Newton, RTT



Maycie Whelan, RTT (left) Chelsea Klika, RTT (right)