



Knowledge Regarding Oncology Emergencies Among Nurses at a Tertiary Cancer Center, Nepal

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ABSTRACT

Background: An oncology emergency is any acute, potentially morbid or life-threatening event directly or indirectly related to a patient's tumor or its treatment. Skilled nurses play an important role in prevention, early detection, and management of these crises. This study aimed to assess the level of knowledge regarding oncologic emergencies among nurses working at a tertiary cancer center in Nepal.

Methods: A descriptive cross-sectional study was conducted among 122 nurses working at B.P. Koirala Memorial Cancer Hospital (BPKMCH). A non-probability purposive sampling technique was used. Data were collected for two weeks using a self-administered structured questionnaire. Data were analyzed using SPSS version 22 with descriptive statistics (frequency, percentage, mean, and standard deviation) and inferential statistics (chi-square test).

Results: The age of the respondents was ranged from 20-47 years with a mean and standard deviation of 29.94±5.135. The majority of the respondents' level of education was a bachelor's degree in nursing (78.7%) and 1-5 years of experience (57.4%). Only 17.2% had received oncology nursing-related in-service education. The highest percentage of respondents had a good level of knowledge regarding febrile neutropenia 67(54.9%), followed by tumor lysis syndrome 57(46.7%) and a moderate level of knowledge regarding superior vena cava syndrome 65(53.3%) and spinal cord compression 51(41.8%). Overall, 44.3% of the respondents had good, 43.4% had moderate and 12.3% had a poor level of knowledge regarding oncologic emergencies.

Conclusion: Less than half of the respondents had good knowledge regarding oncologic emergencies. The concerned authority should strengthen continuing education, in-service training, and access to evidence-based policies and protocols to improve nurses' knowledge and support quality care for patients with cancer.

Keywords: Cancer; Nurses; Oncology emergencies; Febrile neutropenia; Tumor lysis syndrome; Superior vena cava syndrome; Spinal cord compression.

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INTRODUCTION

Oncology emergencies refer to acute clinical situations that occur as a consequence of malignancy or its treatment and may require immediate intervention. [1, 2] The increasing incidence and mortality associated with cancer represent major challenges for health systems worldwide. [3] An underlying malignancy or a complication of cancer treatment can result in acute and potentially life-threatening conditions in patients with cancer. [2]

Oncology nurses are an essential component of cancer care. Up-to-date knowledge and appropriate assessment skills are required to ensure the safety of patients receiving oncology care. [4] Evidence-based knowledge and practice are important for early recognition and appropriate management of oncologic emergencies. Previous literature has identified gaps in nurses' knowledge and preparedness regarding the nursing care of patients experiencing oncologic emergencies. [5, 6] Further research is therefore needed to support high-quality care through locally relevant resources and updated clinical practices. [7]

Knowledge of oncologic emergencies is required for

prompt interventions that may prevent serious morbidity and mortality. Specialized and skilled human resources are important for minimizing risks to patients with cancer and improving the quality of oncologic nursing care. [8] A previous study identified oncology emergencies as an important learning need among oncology nurses. [9]

The major oncologic emergencies considered in the present study were superior vena cava syndrome (SVCS), spinal cord compression (SCC), tumor lysis syndrome (TLS), and febrile neutropenia (FN). These conditions require timely recognition and appropriate nursing assessment and management. Therefore, this study aimed to assess the level of knowledge regarding oncologic emergencies among nurses working at a tertiary cancer center in Nepal and to examine the association between overall knowledge and selected respondent characteristics.

METHODS

A descriptive cross-sectional study was conducted to assess knowledge regarding oncologic emergencies among nurses at B.P. Koirala Memorial Cancer Hospital (BP-

KMCH), a national-level tertiary cancer hospital situated in Bharatpur-7, Chitwan, Nepal. The hospital is a referral cancer center providing comprehensive cancer services including preventive services, chemotherapy, radiation therapy, oncological surgery, and palliative care. At the time of the study, 267 nurses were working in various departments of the hospital, with a substantial proportion routinely caring for patients with cancer.

The study population consisted of nurses working at BP-KMCH. A non-probability purposive sampling technique [10] was used, and 122 nurses were included in the study. Nurses who had been working with patients with cancer for at least six months were eligible for inclusion.

A self-administered structured questionnaire was used to collect data. The validity of the instrument was maintained through a review of the relevant literature, consultation with subject experts, and modification of the questionnaire according to their suggestions. Pre-testing was conducted among 10% of the sample size in the same setting, and those respondents were excluded from the final study.

The questionnaire assessed knowledge regarding the concept and management of major oncologic emergencies, including SVCS, SCC, TLS, and FN. Data were collected over a period of two weeks.

Ethical approval was obtained from the Institutional Review Committee (IRC) of BPKMCH. Written informed consent was obtained from all respondents before participation. Confidentiality and privacy of the participants were maintained throughout the study.

Data were entered, coded, and analyzed using the Statistical Package for the Social Sciences (SPSS), version 22. Descriptive statistics including frequency, percentage, mean, and standard deviation were used to summarize the data. Inferential analysis was performed using the chi-square test to assess associations [11] between the overall level of knowledge and selected respondent characteristics. Statistical significance was considered according to the study's specified criterion.

RESULTS

Among the 122 respondents, more than half, 64 (52.5%), were aged 20–30 years. The age ranged from 20 to 47 years, with a mean $\pm$ standard deviation of 29.94 ± 5.135 years. The majority of respondents, 96 (78.7%), had a bachelor's degree in nursing, while 26 (21.3%) had PCL nursing education. Most respondents, 89 (73.0%), were married. Regarding religion, 114 (93.4%) were Hindu. Brahmin/Chhetri was the most frequently reported ethnic group, accounting for 75 (61.5%) respondents.

The largest proportion of respondents, 54 (44.3%), worked in the surgery ward, followed by the medicine ward, 41 (33.6%). Most respondents, 70 (57.4%), had 1–5 years of professional experience. Only 21 (17.2%) respondents had participated in in-service education related to oncologic emergencies. More than half, 74 (60.7%),

Table 1. Socio-demographic characteristics of respondents ($n = 122$)

Category	Frequency	Percentage
Age (years)		
20–30	64	52.5
30–40	52	42.6
40–50	6	4.9
Mean $\pm$ SD	29.94 $\pm$ 5.135	
Min (max)	20 (47)	
Education		
PCL nursing	26	21.3
Bachelor's in nursing	96	78.7
Marital status		
Married	89	73.0
Unmarried	33	27.0
Religion		
Hindu	114	93.4
Buddhist	5	4.1
Christian	3	2.5
Ethnicity		
Brahmin/Chhetri	75	61.5
Madhesi	9	7.4
Dalit	10	8.2
Janajati	26	21.3
Muslim	0	0.0
Others	2	1.6

reported that policies or protocols regarding oncologic emergencies were available in the hospital.

Table 2. Professional characteristics of respondents ($n = 122$)

Category	Frequency	Percentage
Working ward		
Medicine	41	33.6
Surgery	54	44.3
Radiation ward	5	4.1
Urgent care	2	1.6
ICU	20	16.4
Professional experience		
Less than 1 year	10	8.2
1–5 years	70	57.4
5–10 years	25	20.5
10–15 years	12	9.8
More than 15 years	5	4.1
In-service education		
Yes	21	17.2
No	101	82.8
Availability of policies/protocols		
Yes	74	60.7
No	48	39.3

Most respondents, 119 (97.5%), correctly identified the meaning of an oncologic emergency. Regarding SVCS,

Table 3. Knowledge regarding the concept of oncology emergencies and superior vena cava syndrome (SVCS) ($n = 122$)

Statement	Frequency	Percentage
Concept		
Oncologic emergency means an unpredictable situation due to malignancy or its treatment requiring immediate intervention	119	97.5
SVCS		
SVCS is most common in lung cancer	115	94.3
Signs and symptoms		
Face and neck swelling	106	86.9
Upper-extremity swelling	98	80.3
Dyspnea at rest or on exertion	100	82.0
Venous drainage from the upper part of the body is compromised	81	66.4
Management and assessment		
Upright position	103	84.4
Oxygen administration	93	76.2
Cardiac assessment	113	92.6
Pulmonary assessment	113	92.6
Neurologic assessment	48	39.3
Renal assessment	69	56.6
Radiological assessment	43	35.2
Corticosteroid and diuretics	104	85.2
Avoid upper-extremity blood pressure measurement and venipuncture	106	86.9

Table 4. Knowledge regarding spinal cord compression (SCC) ($n = 122$)

Statement	Frequency	Percentage
SCC is a condition in which the spinal cord is compressed by tumor	111	91.0
Common site of SCC is thoracic	23	18.9
Signs and symptoms		
Back pain	109	89.3
Coldness of affected area	60	49.2
Motor and sensory/neurologic deficits	101	82.8
Paralysis of affected site	89	73.0
Muscle atrophy (in later stage)	51	41.8
Management		
Neurological assessment	93	76.2
Pain management should be prioritized	65	53.3
Corticosteroid and diuretics as immediate pharmacologic intervention	72	59.0
Bladder and bowel care should be prioritized	109	89.3

115 (94.3%) correctly identified lung cancer as a common cancer associated with SVCS. Face and neck swelling was identified by 106 (86.9%), upper-extremity swelling by 98 (80.3%), dyspnea at rest or on exertion by 100 (82.0%), and compromised venous drainage from the upper body by 81 (66.4%). Regarding management, 103 (84.4%) identified an upright position and 93 (76.2%) identified oxygen administration as appropriate immediate interventions. Cardiac and pulmonary assessments were each identified by 113 (92.6%) respondents.

Most respondents, 111 (91.0%), correctly identified SCC as a condition in which the spinal cord is compressed by a tumor. Only 23 (18.9%) correctly identified the thoracic region as the common site. Back pain was identified

by 109 (89.3%), motor and sensory/neurologic deficits by 101 (82.8%), paralysis of the affected site by 89 (73.0%), and muscle atrophy as a later feature by 51 (41.8%). Neurological assessment was identified as important by 93 (76.2%) respondents, while 109 (89.3%) identified bladder and bowel care as a priority.

Most respondents, 110 (90.2%), correctly identified the meaning of TLS, and 86 (70.5%) identified that TLS commonly occurs 24 hours to 7 days after chemotherapy. Hyperkalemia was identified by 111 (91.0%), hyperuricemia by 106 (86.9%), hypocalcemia by 100 (82.0%), and hyperphosphatemia by 98 (80.3%). Regarding management, 109 (89.3%) identified treatment of hyperkalemia, 102 (83.6%) identified maintenance of hydration, and 99 (81.1%) identified dialysis as an important treatment for

TLS complications.

The majority of respondents, 104 (85.2%), correctly identified neutropenia as a condition characterized by a decreased neutrophil count. Febrile neutropenia was identified as commonly occurring in hematological cancer by 120 (98.4%) respondents. A total of 100 (82.0%) correctly identified the nadir period as 7–14 days, and 112 (91.8%) identified live vaccines as contraindicated. Regarding signs and symptoms, 104 (85.2%) identified an absolute neutrophil count of ≤ 500 cells/mm³ over the next 48 hours, while 84 (68.9%) identified a single oral temperature above 38.3°C. Infection prevention measures were identified as a priority by 112 (91.8%) respondents.

Overall, 54 (44.3%) respondents had a good level of knowledge regarding oncologic emergencies, 53 (43.4%) had a moderate level, and 15 (12.3%) had a poor level of knowledge.

There was no statistically significant association between overall knowledge and age, education, working ward, experience, or in-service education. However, a statistically significant association was reported between overall knowledge and the availability of hospital policies/protocols regarding oncologic emergencies ($p = 0.006$).

DISCUSSION

The findings of this study showed that 52.5% of respondents were in the 20–30-year age group, with ages ranging from 20 to 47 years and a mean $\pm$ SD of 29.94 ± 5.135 years. Most respondents (78.7%) had a bachelor's degree in nursing, while 21.3% had PCL nursing education. The highest proportion of respondents (44.3%) worked in the surgery ward. Only 17.2% had participated in oncology-related training, whereas 60.7% reported the availability of policies or protocols regarding oncologic emergencies.

A cross-sectional survey conducted in Muscat in 2022 reported that 25.8% of respondents had received an oncology nursing education course and 13.7% had received an educational course about neutropenia. [9] The lower proportion of respondents receiving oncology-related in-service education in the present study indicates a potential gap in continuing professional development.

In the present study, 97.5% of respondents correctly identified the meaning of oncologic emergencies. Oncology emergencies have been described as clinical situations secondary to malignancy or its treatment that may have potentially catastrophic consequences without successful intervention. [2] Although knowledge of the general concept was high, knowledge across individual emergencies was variable.

The study found that 53.3% of respondents had a moderate level of knowledge regarding SVCS. Earlier literature emphasizes the importance of recognizing high-risk patients, coordinating diagnostic procedures, assessing body systems, and administering appropriate therapy when caring for patients with SVCS. [12] These areas are

important components of nursing assessment and early intervention.

Regarding SCC, 41.8% of respondents had a moderate level of knowledge. A multidisciplinary review of metastatic spinal cord compression emphasized the importance of adequate recognition of clinical features that indicate SCC. [13] Another study among trainee doctors reported gaps in knowledge and teaching regarding metastatic SCC, suggesting that this emergency may remain insufficiently emphasized in professional education. [14]

The present study showed that 46.7% of respondents had good knowledge regarding TLS. Previous consensus guidance emphasizes identification of high-risk patients and early recognition of TLS so that appropriate treatment can be initiated promptly. [15] More recent nursing literature likewise emphasizes knowledge of risk factors and clinical features to improve prevention and management of TLS and reduce complications. [16]

Knowledge regarding FN was comparatively better, with 54.9% of respondents demonstrating a good level of knowledge. A previous study assessing nurses' knowledge about FN reported important gaps in knowledge and emphasized the need for qualified health professionals with theoretical, practical, and evidence-based knowledge to manage FN. [17] Another study reported poor knowledge among many nurses regarding infection-prevention care practices for chemotherapy-induced neutropenic patients, reinforcing the importance of continuing education in this area. [18]

Overall, only 44.3% of respondents had a good level of knowledge regarding oncologic emergencies, while 43.4% had moderate knowledge and 12.3% had poor knowledge. Previous literature has also identified shortages in nurses' knowledge regarding oncology emergencies and highlighted the need for competency in recognizing and managing these conditions. [5, 19] The present study further found a statistically significant association between overall knowledge and the reported availability of policies/protocols ($p = 0.006$). This finding suggests that institutional access to structured guidance may be relevant to nurses' knowledge; however, the cross-sectional design does not establish causality.

CONCLUSIONS

Based on the findings of this study, less than half of the respondents had a good level of knowledge regarding oncologic emergencies. Knowledge was relatively better for febrile neutropenia and tumor lysis syndrome, whereas important gaps remained regarding superior vena cava syndrome and spinal cord compression. A significant association was observed between overall knowledge and the reported availability of institutional policies/protocols.

The concerned authority should place greater emphasis on regular in-service education, continuing professional development, and accessible evidence-based poli-

Table 5. Knowledge regarding tumor lysis syndrome (TLS) (*n* = 122)

Statement	Frequency	Percentage
Concept		
TLS means a fatal metabolic complication of cancer therapy occurring when a large number of tumor cells are rapidly destroyed	110	90.2
TLS commonly occurs after 24 hours to 7 days of chemotherapy	86	70.5
Signs and symptoms		
Hyperkalemia	111	91.0
Hyperuricemia	106	86.9
Hyperphosphatemia	98	80.3
Hypocalcemia	100	82.0
Abdominal pain and distension	52	42.6
Management		
Hydration should be maintained	102	83.6
Hyperkalemia should be treated	109	89.3
Hyperuricemia should be treated	102	83.6
Hyperphosphatemia should be treated	90	73.8
Hypocalcemia should be treated	90	73.8
Calcium gluconate, allopurinol and diuretics are essential drugs	91	74.6
Dialysis is an important treatment for TLS complications	99	81.1
Complications		
Acidosis	91	74.6
Renal failure	103	84.4
Cardiac arrest	77	63.1
Acute respiratory distress syndrome (ARDS)	63	51.6

Table 6. Knowledge regarding febrile neutropenia (FN) (*n* = 122)

Statement	Frequency	Percentage
Meaning and concept		
Neutropenia is a condition in which neutrophil count is decreased	104	85.2
Commonly present in hematological cancer	120	98.4
Nadir period means 7–14 days	100	82.0
Live vaccine is contraindicated	112	91.8
HIV infection patients are at greater risk	84	68.9
Acute leukemia patients are at greater risk	108	88.5
Patients with myelodysplastic syndrome are at greater risk	62	50.8
Patients with low baseline blood cell count are at greater risk	91	74.6
Signs and symptoms		
Absolute neutrophil count is ≤ 500 cells/mm ³ over the next 48 hours	104	85.2
Fever as a single oral body temperature of $> 38.3^{\circ}\text{C}$ (101°F)	84	68.9
Two consecutive readings of $> 38^{\circ}\text{C}$ (100.4°F) sustained over 1 hour	78	63.9
Shivering	77	63.1
Chills/rigors	88	72.1
Management		
Absolute neutrophil count can be raised by a drug that raises granulocytes	115	94.3
Infection prevention measures must be prioritized	112	91.8
Drug commonly used in FN is vancomycin	87	71.3

cies and protocols concerning oncologic emergencies. Such measures may strengthen nurses' preparedness for early recognition and management of acute complications among patients with cancer and contribute to improved quality of nursing care.

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REFERENCES

Table 7. Overall level of knowledge regarding oncologic emergencies ($n = 122$)

Level of knowledge	Frequency	Percentage
Poor Knowledge	15	12.3
Moderate Knowledge	53	43.4
Good Knowledge	54	44.3

Table 8. Association between overall knowledge regarding oncologic emergencies and selected variables ($n = 122$)

Variable	Category	Poor	Moderate	Good	χ^2	p
Age	20–29.9	7 (10.9%)	34 (53.1%)	23 (35.9%)	7.230	0.124
	30–39.9	6 (11.5%)	17 (32.7%)	29 (55.8%)		
	40–49.9	15 (12.3%)	54 (44.3%)	53 (43.4%)		
Education	PCL nursing	3 (11.5%)	11 (42.3%)	12 (46.2%)	0.052	0.974
	Bachelor's in nursing	12 (12.5%)	42 (43.8%)	42 (43.8%)		
Working ward	Medicine	5 (12.2%)	17 (41.5%)	19 (46.3%)	4.32	0.586
	Surgery	7 (13.0%)	25 (46.3%)	22 (40.7%)		
	Radiation ward	1 (20.0%)	2 (40.0%)	2 (40.0%)		
	Urgent care	0 (0.0%)	0 (0.0%)	2 (100.0%)		
	CCU	2 (10.0%)	9 (45.0%)	9 (45.0%)		
Experience	< 1 year	1 (10.0%)	6 (60.0%)	3 (30.0%)	14.616	0.067
	1–5 years	7 (10.0%)	36 (51.4%)	27 (38.6%)		
	5–10 years	3 (12.0%)	7 (28.0%)	15 (60.0%)		
	10–15 years	3 (25.0%)	1 (8.3%)	8 (66.7%)		
	> 15 years	1 (20.0%)	3 (60.0%)	1 (20.0%)		
In-service education	Yes	6 (28.6%)	6 (28.6%)	9 (42.9%)	5.770	0.056
	No	9 (8.9%)	47 (46.5%)	45 (44.6%)		
Availability of policy/protocols	Yes	13 (17.6%)	36 (48.6%)	25 (33.8%)	10.092	0.006
	No	2 (4.2%)	17 (35.4%)	29 (60.4%)		

- [1] E. Martha, S. Janet, and E. Shirley. *Oncology Nursing*. 5 edition, 2007.
- [2] Venkatesh S. Katabathina, Carlos S. Restrepo, Sergio L. Betancourt Cuellar, Ricardo F. Riascos, and Christine O. Menias. Imaging of oncologic emergencies: What every radiologist should know. *RadioGraphics*, 33(6):1533–1553, 2013. doi:10.1148/rg.336135026.
- [3] Hyuna Sung, Jacques Ferlay, Rebecca L. Siegel, Mathieu Laversanne, Isabelle Soerjomataram, Ahmed Jemal, and Freddie Bray. Global cancer statistics 2020: Globocan estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA: A Cancer Journal for Clinicians*, 71(3):209–249, 2021. doi:10.3322/caac.21660.
- [4] D. Z. Kassem. Oncology nursing: Symptom management and oncology emergencies course. Master's thesis, Theses, Dissertations, and Projects, 2013.
- [5] D. C. de Oliveira, F. F. Lobo, G. P. Vieira, M. S. de Lima, P. M. dos Santos Filho, and N. J. Junior. Nurses' performance in the face of oncological emergencies: An integrative review. *Seven Editora*, 2023.

- [6] L. G. Ramos, V. M. Sabóia, and R. G. Fortini. O cuidado de enfermagem no atendimento de emergências oncológicas: Uma revisão integrativa. *Revista Enfermagem Atual In Derme*, 86(24), 2018.
- [7] M. Yates and A. Barrett. Oncological emergency admissions to the norfolk and norwich university hospital: An audit of current arrangements and patient satisfaction. *Clinical Oncology*, 21(3):226–233, 2009.
- [8] N. de Melo Manzi, N. Nárley Pires, C. Inocência Vasques, C. de Souza Custódio, G. P. Rezende Simino, and P. E. Diniz dos Reis. Nursing interventions related to the treatment of syndromic oncologic emergencies. *Journal of Nursing UFPE/Revista de Enfermagem UFPE*, 6(9), 2012.
- [9] Mohammad Al Qadire, C. A. Ballad, M. E. Al-jezawi, O. Al Omari, F. Alaloul, A. Musa, and S. Al Sabei. Nurses' knowledge of chemotherapy-induced neutropenia and its management: A cross-sectional survey. *Journal of Cancer Research and Clinical Oncology*, 149(7):2893–2901, 2023.
- [10] Bijay Lal Pradhan. *Sampling Techniques Using R*. Silkroad Institute of Research and Training, Kathmandu, Nepal, 1 edition, 2025.

- [11] Bijay Lal Pradhan, Nabaraj Poudyal, Amatya, and Prakash Bahadur. *Probability and Statistics*. KEC Publication and Distribution, 2020.
- [12] I. E. Stewart. Superior vena cava syndrome: An oncologic complication. *Seminars in Oncology Nursing*, 12(4):312–317, 1996.
- [13] A. J. Lawton, K. A. Lee, A. L. Cheville, M. L. Ferrone, D. Rades, T. A. Balboni, and J. L. Abraham. Assessment and management of patients with metastatic spinal cord compression: A multidisciplinary review. *Journal of Clinical Oncology*, 37(1):61–71, 2019.
- [14] F. M. Brooks, A. Ghatahora, M. C. Brooks, H. Warren, L. Price, P. Brahmabhatt, S. De Vauvert, C. John, E. Farnworth, E. Sulaiman, and S. Ahuja. Management of metastatic spinal cord compression: Awareness of nice guidance. *European Journal of Orthopaedic Surgery & Traumatology*, 24:255–259, 2014.
- [15] P. Tosi, G. Barosi, C. Lazzaro, V. Liso, M. Marchetti, E. Morra, A. Pession, G. Rosti, A. Santoro, P. L. Zinzani, and S. Tura. Consensus conference on the management of tumor lysis syndrome. *Haematologica*, 93:1877–1885, 2008.
- [16] E. M. Durfee. Tumor lysis syndrome. *Critical Care Nurse*, 42(3):19–25, 2022.
- [17] R. A. Silva, Y. T. de Moraes Ramos, M. R. da Silva Santiago, M. T. de Lima, N. R. de Souza, M. B. Barros, and M. Bushatsky. Evaluation of nurses knowledge about febrile neutropenia in children with cancer. *Ciência, Cuidado e Saúde*, 19:e52839, 2020.
- [18] A. Ayele, Y. Tsige, and A. Boka. Nurses' knowledge and care practices for infection prevention in chemotherapy-induced neutropenic patients. *International Journal of Africa Nursing Sciences*, 19:100604, 2023.
- [19] S. Udaykar, M. Udaykar, and M. Shinde. Effect of self-instructional module regarding oncology emergencies on knowledge among nurses. 2018.

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