

A Lung Cancer Patients with Septic Shock Nursing Experience

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Abstract : Objective: This article discusses the care experience of an 84-year-old male patient with lung cancer who underwent thoracoscopic right lower lobe resection and treatment; the patient's disease history was comprehensive, he had high blood pressure, and he had diabetes. Cancer treatment, postoperative pain management, and wound care and healing treatment take into account the needs of the nursing care process. Methods: The nursing period is from February 10 to February 17, 2024. Difficulty in sputum clearance has led to shortness of breath and hemodynamic instability, which further exacerbates anxiety and fear about re-intubation. During the nursing process, pain management strategies, including both pharmacological and non-pharmacological methods, are implemented to alleviate postoperative pain and encourage active participation in rehabilitation. Strict aseptic wound dressing procedures and advanced wound care techniques are employed to promote wound healing and prevent infection. Due to septic shock, dialysis is used to alleviate symptom worsening. Considering the patient's cancer condition, the nursing team provides comprehensive cancer care tailored to the patient's physical and psychological needs. Given the complexity of the patient's condition, including advanced cancer, palliative care is also incorporated to relieve discomfort and provide psychological support throughout the nursing process. Results: Through a comprehensive health assessment, the nursing team fully understands the patient's condition and develops a personalized care plan based on the patient's condition. The interprofessional critical care team provides respiratory therapy and lung expansion exercises while addressing the patient's psychological status and pain management and vital sign stabilization needs, resulting in a comprehensive approach to care. and the use of lung expansion exercises and a high-frequency chest wall oscillation vest successfully improved sputum drainage and facilitated weaning from mechanical ventilation. Additionally, the integration of vital sign stabilization, cancer care, pain management, wound care and palliative care ensures that the patient is fully supported throughout his recovery, ultimately improving his quality of life. Conclusion: Lung cancer and septic shock present significant challenges to patients, and the nursing team not only provides critical care but also addresses the unique needs of patients through comprehensive infection control, cancer care, pain management, wound care, and palliative care interventions. These measures effectively improve patients' quality of life, promote recovery, and provide compassionate palliative care for terminally ill patients. Nursing staff work closely with family members to develop a comprehensive care plan to ensure that patients receive high-quality medical care as well as psychological support and a comfortable recovery environment.

Keywords : septic shock, lung cancer, palliative care, critical cancer

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