

Nursing Experience in the Intensive Care of a Lung Cancer Patient with Pulmonary Embolism on Extracorporeal Membrane Oxygenation (ECMO)

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Abstract : Purpose: This article explores the intensive care nursing experience of a lung cancer patient with pulmonary embolism who was placed on ECMO. After a sudden change in the patient's condition and a consensus reached during a family meeting, the patient underwent withdrawal of life-sustaining equipment and received palliative care in collaboration with a palliative care team. Methods: The nursing care period was from October 20 to October 27, 2023. Data was collected through observation, physical assessment, listening, family meetings, and medical record review. Gordon's 11 functional health patterns were used to identify health problems, revealing issues such as pain, fear of death, and altered tissue perfusion. Results: The patient was admitted to the hospital due to fever, lower back pain, and painful urination. During hospitalization, the patient suddenly became unwell, leading to cardiac arrest and multiple resuscitations. After ECMO placement, the patient was transferred to the intensive care unit, where a pulmonary embolism was diagnosed via vascular CT scan. The sudden change in the disease, combined with severe pain from a compression fracture and the unexpected discovery of terminal lung cancer, caused emotional distress, including crying withdrawal, and uncertainty about further treatment. Conclusion: During the care period, the medical team and palliative care team collaborated to adjust pain medications, manage symptoms, and initiate targeted lung cancer therapy, alleviating physical discomfort and pain. By applying the unique functions of nursing and the four principles of palliative care, the patient received positive encouragement. Family members, along with social workers, spiritual care providers, psychologists, and nutritionists, were invited to provide multidisciplinary care, reducing anxiety and fear. After reaching a consensus, ECMO and life-sustaining equipment were withdrawn, allowing the patient and family to receive higher-quality care and exercise autonomy over end-of-life decisions.

Keywords : intensive care, lung cancer, palliative care, ECMO

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