

Nursing Experience in Caring for a Patient with Terminal Gastric Cancer and Abdominal Aortic Aneurysm

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Abstract : Objective: This article explores the nursing experience of caring for a patient with terminal gastric cancer complicated by an abdominal aortic aneurysm. The patient experienced physical discomfort due to the disease, initially unable to accept the situation, leading to anxiety, and eventually accepting the need for surgery. Methods: The nursing period was from June 6 to June 10, 2024. Through observation, direct care, conversations, and physical assessments, and using Gordon's eleven functional health patterns for a one-on-one holistic assessment, interdisciplinary team meetings were held with the critical care team and family. Three nursing health issues were identified: pain related to the disease and invasive procedures, anxiety related to uncertainty about disease recovery, and decreased cardiac tissue perfusion related to hemodynamic instability. Results: Open communication techniques and empathetic care were employed to establish a trusting nurse-patient relationship, and patient-centered nursing interventions were developed. Pain was assessed using a 10-point pain scale, and pain medications were adjusted by a pharmacist. Initially, Fentanyl 500mcg with pump run at 1ml/hr was administered, later changed to Ultracet 37.5mg/325mg, 1 tablet every 6 hours orally, reducing the pain score to 3. Lavender aromatherapy and listening to crystal music were used as distractions to alleviate pain, allowing the patient to sleep uninterrupted for at least 7 hours. The patient was encouraged to express feelings and fears through LINE messages or drawings, and a psychologist was invited to provide support. Family members were present at least twice a day for over an hour each time, reducing psychological distress and uncertainty about the prognosis. According to the Beck Anxiety Inventory, the anxiety score dropped from 17 (moderate anxiety) to 6 (no anxiety). Focused nursing care was implemented with close monitoring of vital signs maintaining systolic blood pressure between 112-118 mmHg to ensure adequate myocardial perfusion. The patient was encouraged to get out of bed for postoperative rehabilitation and to strengthen cardiopulmonary function. A chest X-ray showed no abnormalities, and breathing was smooth with Triflow use, maintaining at least 5 seconds with 2 balls four times a day, and SpO₂ >96%. Conclusion: The care process highlighted the importance of addressing psychological care in addition to maintaining life when the patient's condition changes. The presence of family often provided the greatest source of comfort for the patient, helping to reduce anxiety and pain. Nurses must play multiple roles, including advocate, coordinator, educator, and consultant, using various communication techniques and fostering hope by listening to and accepting the patient's emotional responses. It is hoped that this report will provide a reference for clinical nursing staff and contribute to improving the quality of care.

Keywords : intensive care, gastric cancer, aortic aneurysm, quality of care

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