Clinical Nursing Experience in Managing a Uterine Cancer Patient with Psychogenic Shock During the Extracorporeal Membrane Oxygenation (ECMO) Weaning Process

Authors: Syue-Wen Lin

Abstract: Objective: This article discusses the nursing experience of caring for a uterine cancer patient who experienced cardiogenic shock and was weaned off ECMO. The patient was placed on ECMO due to cardiogenic shock and initially struggled with anxiety caused by the physical discomfort from the disease and multiple medical devices, as well as the isolation in the ICU and restrictions on physical activity. Over time, the patient was able to wean off ECMO and perform daily activities and rehabilitation independently. Methods: The nursing period was from January 6 to January 9. Through observation, direct care, interviews, physical assessments, and case reviews, the intensive care team and bypass personnel conducted a comprehensive assessment using Gordon's 11 functional health patterns. The assessment identified three main nursing health problems: pain, anxiety, and decreased cardiac tissue perfusion. Results: The author consulted a psychologist to employ open communication techniques and empathetic care to build a trusting nurse-patient relationship. A patient-centered intensive cancer care plan was developed. Pain was assessed using a pain scale, and pain medications were adjusted in consultation with a pharmacist. Lavender essential oil therapy, light music, and pillows were used to distract and alleviate pain. The patient was encouraged to express feelings and family members were invited to increase visits and provide companionship to reduce the uncertainty caused by cancer and illness. Vital signs were closely monitored, and nursing interventions were provided to maintain adequate myocardial perfusion. Post-ECMO, the patient was encouraged to engage in rehabilitation and cardiopulmonary training. Conclusion: A key takeaway from the care process is the importance of observing not only the patient's vital signs but also their psychological state, especially when dealing with cancer patients on ECMO. The patient's greatest source of comfort was the presence of family, which helped alleviate anxiety. Healthcare providers play multiple critical roles as advocates, coordinators, educators, and counselors, listening to and accepting the patient's emotional responses. The report aims to provide clinical cancer nurses with a reference to improve the quality of care and alleviate cancer-related discomfort.

Keywords: ECMO, uterine cancer, palliative care, Gordon's 11 functional health patterns

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