World Academy of Science, Engineering and Technology
International Journal of Nursing and Health Sciences
Vol:19, No:02, 2025

Intensive Care Experience of Providing Palliative Care for a Terminal Lung Cancer Patient

Authors : Ting-I Lin

Abstract : Objective: This article explores the nursing care experience of a 51-year-old terminal lung cancer patient admitted to the intensive care unit (ICU) following an upper right lobectomy. The patient initially sought emergency treatment due to worsening cough and dyspnea. A sudden deterioration led to the placement of an endotracheal tube. Follow-up CT scans and chest X-rays revealed a mass in the upper right lung with metastases to the lungs, liver, bones, and adrenal glands. The patient underwent a right upper lobectomy and a wedge resection of the right middle lobe. Biopsy staging: T4N3M1c s/p. Methods: During the care period, the nurse continuously monitored physiological data, conducted observations, direct care, interviews, and physical assessments, and reviewed the patient's medical records. The nurse collaborated with the critical care team and the palliative care team to conduct a comprehensive evaluation using Gordon's Eleven Functional Health Patterns. Key health problems identified included pain related to postoperative cancer resection and invasive devices, fear of death due to rapid disease progression, and altered tissue perfusion associated with hemodynamic instability. Results: Postoperatively, the patient experienced pain from the surgical wound and increased dyspnea due to widespread metastases, often presenting with confusion. Adjusting the dosage of pain medication reduced the patient's discomfort, with Morphine 8mg in 0.9% N/S 60ml IV drip q6h prn and Ultracet 37.5 mg/325 mg 1# PO q6h. The FLACC pain score decreased from 7 to below 3. After respiratory training, the endotracheal tube was removed, and the patient's breathing stabilized at 16-18 breaths per minute. Body temperature remained between 35.8°C and 36.1°C, with a mean arterial pressure of 60-80 mmHg. Conclusion: The critical care team, together with the palliative care team, held a family meeting to address not only the patient's care but also the emotional well-being of the family. By facilitating open visiting hours and fostering expressions of love and gratitude, the patient and family were able to strengthen their emotional connection and reduce anxiety from severe to mild. The family expressed no regrets. After the patient was transferred to the general ward, ongoing care continued with genuine empathy, compassion, and religious support, offering end-of-life care that helped the patient and family through the final stage of life.

Keywords : multiple metastases, lung cancer, palliative care, nursing experience
Conference Title : ICCN 2025 : International Conference on Cancer Nursing
Conference Location : Paris, France
Conference Dates : February 17-18, 2025

Open Science Index, Nursing and Health Sciences Vol:19, No:02, 2025 publications.waset.org/abstracts/190785.pdf