Changing Symptoms in the Patient with Cancer: Information for Hospice Nurses

Bronwyn Long, RN, DNP, ACHPN®, AOCNS®

Disclosures

Bronwyn Long has no real or perceived conflicts of interest that relate to this presentation.

Objectives

1. Describe disease progression in people living with cancer
2. Identify changes in a cancer patient’s condition
3. Review ten cancer symptoms
4. Discuss ten oncologic emergencies
5. Discuss management of fungating tumors and fistulas
“You have cancer”

- "You have cancer"
- War on cancer
  - Fight, battle
  - Win, lose
- Simultaneous care: curative and palliative
- Transition to hospice
  - "Ready" for hospice
  - "Giving up"
- Fear of dying
  - Pain, dyspnea, suffering, being a burden

Research: Simultaneous Care

- Effects of introducing palliative care early after diagnosis to patients with NSCLC, n=151
- Experimental group: early palliative care integrated with standard cancer care
- Control group: cancer treatment only
- Functional Assessment of Cancer Therapy—Lung scale (FACT-L)
- Results:
  - Early palliative care led to improvements in quality of life and mood
  - Less aggressive care at end-of-life
  - Longer survival by 3 months

Cancer: Key features

- Healthy cells mutate and become abnormal
- Abnormal cells do not die
  - Uncontrolled growth
  - Spread throughout the body via blood and lymph systems
  - Metastases
- Metastatic cancer is not curable
  - All chemotherapy and radiation therapy is palliative
- Cancer’s nature is to continue to grow
  - Hospice patients’ cancer continues to grow
  - National Cancer Institute, 2013
Ten New Symptoms or Changes in Cancer Symptoms

- Cancer Pain
- Constipation
- Diarrhea
- Nausea/Vomiting
- Dyspnea
- Confusion/Delirium
- Worry/Fear/Anxiety
- Sadness/Depression
- Anorexia/Cachexia
- Myoclonus

Cancer Pain

- Cancer growth, ineffective pain management, worry/anxiety, sadness/depression
  - Tools: Pain medication/opiates, NSAIDs, adjuvants
  - Evaluate the patient’s use of pain medications
  - Non-medication interventions: repositioning, relaxation techniques, distraction, music, prayer or spiritual reading
  - Visits from hospice team members including volunteers, pets
  - Personal cares
- Pain may worsen or lessen over time
- Good pain management can prolong life
Constipation

- Dry, hard stools and straining during BMs
- Bloating and swelling of abdomen
- Cramping, nausea, vomiting, reflux/heartburn
- Pain medicine/opioids

Goal: BM every 3 days

- Fluids: 6-8 glasses of fluid daily, including warm fluids
- Fiber: Fruits, vegetables, whole-grain cereal, muffins
- Exercise: Walking
- Tools: Laxatives and stool softeners
  - Reinforce importance
  - Fear of diarrhea or incontinence

Diarrhea

- Runny or watery stools
  - Fecal incontinence
    - Embarrassing, upsetting to patient and family
- Cramping, abdominal distress
- Sudden urge to defecate, often with little warning
- Cancer can interfere with nutrient absorption and bowel function
  - Abdominal metastases
  - Dehydration
  - Tools: Loperamide/Imodium, opiates, tincture of opium

Nausea/Vomiting

- Regurgitation of food and/or fluids
- Dry heaves
- Medications, worry/anxiety, cancer pain
- Environment
  - Stuffy room
    - Open a window, turn on a fan to increase air circulation
    - Feeling hot or flushed
    - Encourage removal of blankets or layers of clothing
- Reluctance to take anti-nausea medications
  - Tools: Haloperidol/Haldol, Lorazepam/Ativan, Prochlorperazine/Compazine, Ondansetron/Zofran, Omeprazole/Prilosec
Dyspnea
• Difficulty catching breath, air hunger
• Panting, gasping, breathing hard or fast
• Inability to speak without becoming winded
• Sitting forward with hands on knees or leaning over bedside table
• Anxiety/fear/worry
  – Reposition patient to sit up, lean across pillow or table
  – Pursed lip breathing
  – Open a window, place small fan blowing air across face
    • Relaxation techniques
    • Tools: Opiates, benzodiazepines

Confusion/Delirium
• Foggy thinking
• Unable to follow commands
• Speaking nonsensically
  – Sudden confusion
  – Sudden unawareness of surroundings
  – Changes in attitude: suddenly angry or withdrawn
  – Unable to recognize familiar people
  – Unable to be comforted
• Fall risk
  – Tools: Haloperidol/Haldol; caution with benzodiazepines
  • Undertreated pain?

Worry/Fear/Anxiety
• Fear associated with symptoms
  – Not being able to breathe, running out of air
  – Being in pain
  – Unrelieved nausea
  – Incontinence
• Existential distress
  – Why me?
  – Why now?
  – What will happen to me when I die?
Sadness/Depression

• Situational depression associated with disease and death
  – Normal grieving
  – Life closure
• Suicidal ideation
  – Thoughts of “ending it all,” bursts of anger, disgust with self, sudden refusal to have visitors
  – Tools: Ketamine infusion, Methylphenidate/Ritalin

Anorexia/Cachexia

• Loss of appetite
  – Food does not taste good
  – Early satiety/feel full after one or two bites
• Cancer robs the body of nutrients to feed the growing tumors
  – Muscle wasting
  • Upsetting for patients and family members
  • “Pushing” food not helpful
• No or few restrictions on food toward end of life
  – Pleasure of tasting favorite foods
  – Refusal to eat or drink

Myoclonus

• Twitching or jerking
  – May be caused by high doses of pain medication/opiates
  • Note: Not caused by too much pain medication
  – Neurologic causes
  – Can be painful for the patient
  – Often upsetting to the family
  • Tools: Lorazepam/Ativan, other benzodiazepines
Do you have the tools/medications you need?

Enlist the support of your team: social worker, chaplain, nursing assistant, volunteers, attending MD, medical director

Ten Oncologic Emergencies
- Cardiac tamponade
- Disseminated intravascular coagulation
- Hypercalcemia
- Increased intracranial pressure
- Malignant pleural effusion
- Sepsis and septic shock
- SIADH
- Spinal cord compression
- SVC syndrome
- Tumor lysis syndrome

Medical emergencies in the acute-care setting
Intensive symptom management in the hospice setting
**Oncologic Emergencies**

- Life-threatening
- Can hasten death in hospice setting
- Scary to staff
- Upsetting to patient and family
- Aggressive symptom management and supportive care

**Encourage Your Hospice Team:**

- Report any unusual symptoms or concerning observations
  - Role is not to identify the oncologic emergency but to alert team that something is happening to the patient
- Use therapeutic presence
  - Familiarity to the patient and family can have a calming influence
- Focus on comfort
  - Positioning, gentle touch, soothing voice

**1. Cardiac Tamponade**

- Fluid buildup in the sac surrounding the heart; compromises heart’s ability to pump
  - Increased dyspnea
  - Other symptoms: Cold sweats, confusion, hoarseness, dizziness, fainting, coughing, difficulty swallowing, difficulty lying down
- Interventions: Reposition patient, relaxation techniques
- Risk factors: Primary cardiac tumors, mesothelioma, myocardial invasion by lung or breast cancer, lymphoma, mediastinal irradiation
2. Disseminated Intravascular Coagulation (DIC)

- Body loses ability to clot properly, resulting in hemorrhage
- Clotting and bleeding at the same time
  - Tachycardia
  - Other symptoms: Signs of bleeding/clotting
- Interventions: Supportive care, have dark towels available in the event of hemorrhage
- Risk factors: Sepsis, mucin-secreting adenocarcinomas, hematologic malignancies

3. Hypercalcemia of Malignancy

- Bone breakdown releases extra calcium into the bloodstream
  - Weakness, fatigue, thirst, frequent urination, bone pain
  - Other symptoms: Decreased muscle reflexes, anorexia, nausea, vomiting, constipation
- Dehydration makes it worse
- Interventions: Position patient for comfort, help patient and family manage frequent urination
- Risk factors: Breast cancer, multiple myeloma, squamous cell lung cancer

4. Increased Intracranial Pressure

- Skull does not expand to fit brain enlarged by tumors or increased cerebrospinal fluid (CSF)
- Brain may herniate or compress down the spinal column
  - Severe headache relieved by vomiting
  - Other symptoms: Blurred or double vision, weakness in arms and legs
- Interventions: Position patient for comfort, help patient and family remain calm
- Risk factors: Brain tumors, leukemia, DIC, cranial irradiation
5. Malignant Pleural Effusion

- Fluid with cancer cells in it fills the pleural space
  - Increased dyspnea
  - Other symptoms: Cough, chest pain
- Interventions: Reposition patient, relaxation techniques, help patient and family remain calm
- Risk factors: Lung cancer, breast cancer with lung metastases, lymphoma, mediastinal irradiation, certain chemotherapy agents

6. Sepsis and Septic Shock

- Systemic response to infection
  - Fever or chills, sometimes with rigors
  - Other symptoms: Rapid heart rate, rapid breathing
- Interventions: Help the patient be warm or cool by adding/subtracting layers of blankets or clothing, help the patient sit upright, position a small fan to create a cross breeze
- Risk factors: Granulocytopenia, hematologic malignancies, malignancy-related immunosuppression

7. Syndrome of Inappropriate Anti-Diuretic Hormone (SIADH)

- Malfunction of fluid balance that can lead to water intoxication and cerebral edema/brain swelling
  - Headache
  - Other symptoms: Confusion, irritability, disorientation, combativeness, seizures, coma
- Interventions: Relaxation techniques, help patient and family remain calm
- Risk factors: Small cell lung cancer
8. Spinal Cord Compression (SCC)

- Tumor or a blood clot presses on the spinal cord, interfering with neurologic function
  - New back pain or motor weakness in legs
  - Other symptoms: Constipation, difficulty urinating, loss of bladder and bowel control, numbness and tingling in arms, legs, fingers, or toes
- Interventions: Skin care and positioning in bed; may render patient bedbound
- Risk factors: Spinal tumors, bony mets, breast cancer, lung cancer, prostate cancer, multiple myeloma, renal cell carcinoma, lymphoma

9. Superior Vena Cava Syndrome

- Compression of major blood vessel that returns blood to the heart from the head, neck, and arms
  - Dyspnea and facial, neck, and arm swelling
  - Other symptoms: Confusion, chest pain, protruding blood vessels, facial swelling, visual disturbances, hoarseness
- Interventions: Relaxation techniques, help patient and family remain calm; steroids
- Risk factors: Lung cancer (especially small cell lung cancer), lymphoma

10. Tumor Lysis Syndrome (TLS)

- High potassium + high uric acid + high phosphate + low calcium at the same time caused by the destruction of rapidly growing tumors
  - Fatigue, malaise, muscle cramps
  - Other symptoms: Varies by electrolyte
- Interventions: Relaxation techniques, help patient and family remain calm
- Risk factors: Leukemia, lymphoma, neuroblastoma, breast cancer, small cell lung cancer, some chemotherapy agents
Summary: Oncologic emergencies

- Many have similar symptoms
- Develop quickly
- Shorten time the patient and family expect they will have together
- Treatment options in hospice setting are mainly supportive care with aggressive symptom management

Malignant fungating tumors

- Malignant cutaneous lesions, tissue necrosis
  - Pain, discomfort ⇒ topical analgesia/morphine gel
  - Infection, foul odor ⇒ kitty litter, deodorizers, topical metronidazole/compounded gel
  - Exudate/drainage ⇒ dressing, pouching
  - Friable tissue/bleeding/hemorrhage ⇒ dark towels
  - Airway or blood vessel compression/obstruction ⇒ benzodiazepines
- Unsightly appearance
- Self esteem
  - Social isolation

Fistulas

- Abnormal opening between two or more body organs or spaces
  - e.g., small bowel and vaginal vault
  - e.g., esophagus and skin
  - e.g., bladder and skin
- Ostomy pouching technique
- Skin breakdown
  - Infection, foul odor ⇒ chlorophyll tablets, kitty litter, deodorizers, topical metronidazole
- Self esteem
  - Social isolation
Eyes and ears

- Other team members may spend more time with patients and family members
- Closer observation of symptoms and symptom relief, suffering, grieving, and family dynamics
  – “If you see something, say something”

Thank you for all you do!

QUESTIONS?

Bronwyn Long
Palliative Care and Oncology CNS
National Jewish Health
Denver, Colorado
longb@njhealth.org
303-270-2392