

Cancer and Oncological Emergencies



CANCER AND ONCOLOGICAL EMERGENCIES

ONCOLOGICAL EMERGENCIES

The patients with cancer may develop an emergent clinical situation due to the Cancer per se or as a complication of therapy.

Complications and Nursing Implications



- Oncologic Emergencies
- Syndrome of inappropriate antidiuretic hormone (SIADH) – due to excessive intravascular volume to increased ADH (common in bronchogenic cancers). Monitor the client for hyponatremia and low serum osmolality.
- Administer furosemide (Lasix), IV normal saline, and/or hypertonic saline as prescribed for severe hyponatremia.
- Spinal cord compression – related to metastases. Assess the client's neurological status, including motor and/or sensory deficits.

Administer corticosteroids as prescribed. Support the client during radiation therapy.

Complications and Nursing Implications



- **Hypercalcemia** – a common complication of leukemia; breast, lung, head, and neck cancers; lymphomas; multiple myelomas; and bony metastases of any cancer. Symptoms include anorexia, N, V, shortened QT interval, kidney stones, bone pain, and changes in mental status.
 - Administer isotonic saline, furosemide (Lasix), pamidronate, and phosphates as prescribed.
- **Superior vena cava syndrome** – results from obstruction (for example, metastases from breast or lung cancers) of venous return and engorgement of the vessels from the head and upper body.
 - Symptoms include periorbital and facial edema, erythema of the upper body, dyspnea, and epistaxis. Put the client in a high-Fowler's position to facilitate lung expansion.
 - High dose radiation therapy may be used for emergency temporary relief.
- **Disseminated intravascular coagulation (DIC)** – a coagulation complication secondary to leukemia or adenocarcinomas.
 - Observe the client for bleeding and apply pressure as needed. Avoid aspirin and NSAIDs.