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Abstract

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Full Text

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Abstract: This report summarizes the nursing experience of one terminal-stage patient with type 2 diabetes mellitus complicated by advanced malignant tumor. The patient had multiple physical and psychological symptoms, including anorexia, nausea and vomiting, pressure injury, and low mood; conventional palliative nursing alone had limited efficacy in improving these symptoms. On the basis of routine palliative support, traditional Chinese medicine nursing based on syndrome differentiation was provided, including oral administration of Chinese herbal medicine, moxibustion, herbal tuina, auricular acupoint pressing with vaccaria seeds, five-tone therapy, emotional intervention, and individualized dietary guidance. After the interventions, the patient's discomforts such as nausea, vomiting, and constipation were alleviated, and the patient's ability to express emotions improved. The patient finally passed away peacefully on June 24. Integrated traditional Chinese and Western medicine hospice care can effectively reduce the physical and mental suffering of terminal-stage patients and improve quality of life at the end of life.

Keywords: nausea and vomiting; anorexia; supportive therapy for malignant tumors; hospice care; nursing

A Case Report on Hospice Care of a Patient with Diabetes Combined with Malignant Tumor

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Abstract: This report summarizes the nursing experience of one patient with type 2 diabetes mellitus complicated by advanced malignant tumor in the terminal stage. The patient suffered from multiple physical and psychological symptoms including poor appetite, nausea and vomiting, pressure injuries and low mood, and conventional palliative nursing alone had limited effects on symptom relief. On the basis of routine palliative support, syndrome differentiation-based traditional Chinese medicine nursing was carried out, including oral Chinese herbal medicine, moxibustion, herbal tuina, auricular point pressing with vacaria seeds, five-tone therapy, emotional intervention and individualized dietary guidance. After intervention, the patient's discomforts such as nausea, vomiting and constipation were relieved, and the ability to express emotions was improved. The patient passed away peacefully on June 24. Integrated traditional Chinese and Western medicine hospice care can effectively alleviate physical and mental suffering of terminal patients and improve their quality of life at the end of life.

Key words: Nausea and vomiting; Anorexia; Supportive therapy for malignant tumors; Palliative care; Nursing

Malignant tumors are a serious disease type, with relatively high morbidity, severely reducing quality of life. When the disease progresses to the advanced stage, it may be accompanied by failure of multiple organ functions and malnutrition, which aggravates the patient's physical and mental pain and stress, and further adversely affects the disease condition and treatment. To reduce patients' physical and mental suffering and improve physical and mental comfort, it is necessary to choose a relatively high-quality nursing method for the patient. Combined application of hospice care and high-quality nursing can achieve better outcomes, facilitating improvement of negative emotions and quality of life, with relatively high satisfaction.

Hospice care is a high-quality nursing method that is scientific and humanized; it can significantly alleviate negative emotions and strengthen death education, enabling patients to adopt a correct attitude toward death, meet their physical and mental needs as much as possible, and allow them to spend the final stage of life peacefully, with dignity and comfort. In hospice care, the patient is fully respected and enabled to fully understand their own disease condition, so that arrangements for matters after death can be made appropriately; the patient's reasonable needs are met as much as possible, and their regrets are minimized. Hospice care strengthens family members' concern and emotional support, reducing the patient's physical and mental suffering as much as possible,

thereby improving satisfaction. Hospice care provides comprehensive care for the patient's spiritual, social, psychological, and physical needs, which can reduce the sensation of pain, reasonably meet nursing needs, improve quality of life, and allow the patient to complete life with dignity. [1]

1 Case Data

1.1 Timeline

The patient was female, 87 years old. In 1999, she developed dry mouth, polydipsia, polyuria, increased food intake without obvious cause, and no obvious weight loss. She was diagnosed with type 2 diabetes mellitus and was given metformin 0.5 g TID orally for glucose-lowering therapy; her blood glucose was still acceptably controlled. In 2024, she was admitted to our department because of large fluctuations in blood glucose. After comprehensive treatment including glucose lowering, blood pressure lowering, and lipid lowering, insulin aspart 30 was administered by subcutaneous injection, 20 units before breakfast and 22 units before dinner. Two months before admission, the patient developed nausea, vomiting, acid reflux, heartburn, and decreased appetite; insulin aspart 30 was adjusted to 10 units before breakfast and 10 units before dinner.

1.2 Patient Information

On March 24, 2025, the patient was admitted to our department through the outpatient clinic mainly because of "a pulmonary shadow found more than 2 years ago and abdominal distension for more than 3 months." Symptoms on admission: the patient was alert, had abdominal distension, ate little, had aversion to heat, no sweating, fatigue, white sputum with difficult expectoration, low back pain, and an indwelling urinary catheter. Daily urine volume was about 800 ml, and the urine was clear. Pressure injury had appeared 3 months earlier. Past history: history of hypertension for 34 years; she took levamlodipine maleate 2.5 mg QD orally, and blood pressure fluctuated at 130-150/65-80 mmHg. Seventeen years earlier, she had had bradycardia and a cardiac pacemaker implanted; the pacemaker had been replaced once 12 years earlier. She had a history of old cerebral infarction for more than 3 years, with residual weakness of the right lower limb, and took one tablet of ginkgo leaf tablets TID orally. She had a history of hyperlipidemia for 21 years and took atorvastatin calcium tablets orally for lipid lowering. She had a history of insomnia for 21 years and took eszopiclone 10 mg QN orally to aid sleep. She had a history of hyperuricemia for 7 years, occult coronary atherosclerotic heart disease for 7 years, reflux esophagitis, and took omeprazole enteric-coated capsules orally. She had a history of pulmonary shadow for more than 2 years, a history of urinary system infection for more than 3 years, urinary retention, and neurogenic cystitis, with an indwelling urinary catheter for more than 3 years. Allergy history: cephalosporins.

1.3 Physical Examination

Physical examination on admission: the patient was alert and mentally responsive. Breath sounds in both lungs were clear, and no dry or moist rales were heard. Scattered red rashes and erythema were visible on the skin over the whole body, with no jaundice. Heart rate was 78 beats/min, regular. Bowel sounds were 3–4 times/min. An old pressure injury measuring 3×4 cm was visible in the sacrococcygeal region; the local skin was pink, with no obvious purulent or bloody secretion. Mild pitting edema was present on the dorsum of both feet, more severe on the right side. Inspection: abdominal appearance: the patient's abdomen was flat. Abdominal wall: varicose veins were visible on the abdominal wall. Visceral palpation: there was no tenderness on palpation of the liver; the liver margin was enlarged. Abdominal percussion: the left abdomen was tympanic, and the right abdomen was dull.

1.4 Diagnosis

Four diagnostic methods of traditional Chinese medicine: the patient was alert, obese in build, had a bright complexion, gray-white hair, clear and fluent speech, and steady breathing. The tongue was enlarged and pale red, with a white and greasy coating; the sublingual collaterals were not tortuous, and the pulse was knotted and intermittent. Western medical diagnosis: malignant tumor—supportive treatment; traditional Chinese medicine diagnosis: accumulation disease; syndrome differentiation: liver depression and spleen deficiency syndrome.

1.5 Therapeutic Interventions

Western medical treatment: gastric and intestinal mucosal protection, promotion of digestion, nutrition, lipid lowering, blood pressure lowering, anticoagulation, and symptomatic treatment for insomnia. Supportive traditional Chinese medicine interventions: oral Chinese medicine, with treatment principles of clearing the liver and strengthening the spleen; moxibustion with mugwort sticks at Zhongwan, Shenque, and Weiwanzhixia points to harmonize the stomach and stop vomiting, and to improve nausea and vomiting; abdominal massage with Chinese medicine ointment to regulate qi and unblock the collaterals, promote intestinal peristalsis, and relieve constipation. After the above integrated Chinese and Western medicine interventions, the patient's nausea and vomiting were alleviated, and constipation improved. Traditional Chinese medicine nursing: avoiding wind and cold, maintaining a cheerful mood, regulating diet, and paying attention to rest. End time of traditional Chinese medicine treatment: June 20, 2025.

2.1 Nursing Assessment

2.1.1 Physiological Assessment

Metabolic disorders caused by end-stage tumors led to abdominal distension and frequent nausea and vomiting. In addition, because of reduced food intake, slowed intestinal peristalsis, and constipation, the patient's comfort in eating and defecation was severely affected. Continuous tumor consumption of the body's energy resulted in generalized fatigue, decreased physical strength, and inability to turn over independently.

2.1.1.1 BADL Barthel Index Scale (barthel index) BADL generally uses the Barthel Index scale for assessment, evaluating 10 basic activities of daily living: eating, grooming, dressing, bathing, controlling urination, controlling defecation, using the toilet, climbing stairs, activity, and bed-chair transfer. According to the total score, ADL is divided into the following levels: 100 points indicates normal ability in activities of daily living; 60 points and above indicates good function and basic self-care in daily life;

60–40 points indicate moderate functional impairment and the need for assistance; 40–20 points indicate severe functional impairment and obvious dependence in daily life; below 20 points indicates complete disability and complete dependence in daily life.[2] This patient's BADL score was 0, indicating complete disability and complete dependence in daily life.

2.1.1.2 Venous Thromboembolism Risk Assessment Scale for Medical Inpatients In the Padua score, risk factors are classified according to the scoring results as follows: age ($\geq$ 70 years, heart failure and/or respiratory failure, acute myocardial infarction and/or ischemic stroke, acute infection and/or rheumatic disease, obesity (body mass index ($\geq$ 30 kg/m²), and ongoing hormone therapy are assigned 1 point for each of the above six risk factors; recent ($\leq$ 1 month) trauma or surgery is assigned 2 points; active malignant tumor, or previous local or distant metastasis, and/or chemotherapy or radiotherapy within 6 months, previous venous thromboembolism, reduced mobility, and thrombophilic tendency are assigned 3 points for each of the above four risk factors. The risk factors present in hospitalized patients are evaluated according to the corresponding scoring criteria, and all scores are added and graded; a total score $\leq$ 4 is considered the low-risk group, and a total score ($\geq$ 4) is considered the high-risk group.[3] The venous thromboembolism risk assessment for this medical inpatient was 13 points, placing the patient in the high-risk group.

2.1.1.3 Risk Assessment Scale for Catheter Dislodgement in Hospitalized Patients According to the scoring results of the catheter dislodgement risk assessment, the risk of catheter dislodgement is divided into Grade I, Grade II, and Grade III. A Grade I score $\leq$ 8 indicates the possibility of catheter dislodgement; a Grade II score of 8–12 indicates that catheter dislodgement is likely to occur; a Grade III score $\geq$ 12 indicates that catheter dislodgement may occur

at any time.[4] In this case, the risk assessment score for catheter dislodgement in the hospitalized patient was 7 points, indicating the possibility of catheter dislodgement.

2.1.1.4 Patient Pressure Injury Risk Assessment Scale The Braden assessment scale includes six items, involving influencing factors such as sensory perception, mobility, activity, and skin moisture. Each item is scored 1–4 points, while the “friction and shear” item is scored 1–3 points. The total score of the scale is 6–23 points; the likelihood of pressure injury decreases as the score increases.[5] In this case, the patient’s pressure injury risk assessment score was 13 points, indicating moderate risk.

2.1.1.5 Morse Assessment Scale The Morse fall assessment scale obtains a total score by accumulating assessment contents across six dimensions and then classifies the risk level accordingly. History of falls: 0 points for no history of falls, 25 points for a history of falls; number of medical diagnoses: 0 points for no diagnosis, 15 points for at least one diagnosis; use of ambulatory aids: 0 points for no need for ambulatory aids, bed rest, or assistance by others; 15 points for use of a cane or walker; 30 points for use of furniture for support; intravenous infusion/indwelling heparin lock: 0 points for none, 20 points for present; gait: 0 points for normal, bed rest, or wheelchair mobility; 10 points for weakness; 20 points for impaired function; cognitive ability: 0 points for normal ability to assess one’s own capacity, 15 points for forgetting limitations or overestimating one’s own ability. A total score ()24 indicates low risk, 25–44 indicates moderate risk, and ()45 indicates high risk.[6] In this case, the Morse assessment score was 25 points, indicating low risk.

2.1.2 Psychological Assessment Admission psychological assessment: The patient was depressed, pessimistic in speech, unwilling to communicate, and had obvious negative emotions. Emotional counseling and Five-Tone therapy were implemented as interventions. On reassessment on April 10, 2025: the patient was willing to communicate with family members and medical staff, could actively express anxiety, sadness, and other emotions, and gradually accepted the current disease status.

2.1.3 Social Assessment Admission social assessment: The patient was in the terminal stage of disease, relied on caregivers for daily care, and was highly emotionally dependent on the companionship and concern of family members. Family support was key to alleviating the patient’s sense of loneliness. During nursing care, emphasis was placed on patiently listening to the patient’s needs, appropriately guiding negative emotions, fully respecting the patient’s subjective wishes, and making every effort to meet the patient’s physical and psychological needs, helping the patient complete the final journey calmly and with dignity. Reassessment on April 10, 2025: the patient was willing to communicate in

depth with family members, could actively express inner needs, and the role of family support was fully brought into play.

2.2 Nursing Diagnosis

The nursing diagnosis results for this patient were as follows: nutritional imbalance, below the body's requirements: related to continuous consumption by hepatic malignant tumor, nausea, vomiting, and insufficient intake; constipation: related to long-term bed rest, low food intake, and slowed intestinal peristalsis; impaired physical mobility: related to generalized weakness caused by tumor consumption, inability to turn over independently, and activity limitation; risk of deep venous thrombosis: related to advanced malignant tumor, long-term bed rest, and Padua score of 13 points (high risk); risk of pressure injury: related to loss of activity ability, long-term bed rest, and Braden score of 13 points (moderate risk); risk of catheter dislodgement: related to the patient's disease status, level of consciousness, and emotional state.

fluctuation, and a catheter dislodgement risk score of 7 points (Grade I risk); anticipatory grief, related to the individual's premonition of possible loss of life.

2.3 Nursing Plan

Based on the patient's actual condition, the following nursing plan was proposed: improve discomfort related to eating and maintain nutritional intake as much as possible; keep bowel movements unobstructed and relieve constipation; maintain a comfortable body position and prevent complications associated with prolonged bed rest; implement thrombosis-prevention measures to avoid the occurrence of deep venous thrombosis; provide proper skin management to prevent pressure injury; properly secure all types of catheters to avoid adverse events such as catheter dislodgement; carry out emotional intervention for hospice care, alleviate pessimistic emotions, and enable the patient to calmly accept the disease prognosis and pass through the terminal stage with dignity.

2.4 Nursing Measures

Nutritional imbalance: intake lower than the body's requirements. In accordance with the physician's orders, integrated traditional Chinese and Western medicine interventions were carried out. Chinese herbal medicine was administered orally to clear the liver and strengthen the spleen and to relieve nausea and vomiting. The principle of small, frequent meals was followed; light and easily digestible foods were selected; nutritional indicators such as food intake and albumin were closely monitored; symptomatic treatment was provided promptly when vomiting was obvious; and a quiet, comfortable dining environment was created. Constipation: abdominal massage with Chinese herbal ointment was implemented, and clockwise abdominal rubbing was performed to promote intestinal peristalsis; abdominal distension was assessed; laxative

medications were used as needed according to the physician's orders; abdominal warmth was maintained; bowel characteristics and frequency were observed; and stool volume was recorded. Impaired physical mobility: the patient was assisted in changing position at regular intervals and placed in a comfortable functional position; passive limb exercises were carried out; all procedures were performed in a concentrated manner to reduce frequent movement and ensure the patient's comfort to the greatest extent. Risk of deep venous thrombosis: the Padua score was 13 points, indicating high risk for thrombosis. Lower-limb assessment was performed daily, with observation of skin temperature, color, and swelling; passive lower-limb exercises were provided regularly. Risk of pressure injury: the Braden score was 13 points, indicating moderate risk. The patient was assisted with turning over at regular intervals to avoid prolonged local tissue compression; the skin was kept clean and dry; sweat and excretions were cleaned promptly; the bed unit was kept flat and dry; bony prominences were protected; and a whole-body skin assessment was performed daily. Risk of catheter dislodgement: the catheter dislodgement risk score was 7 points (Grade I). All types of catheters were properly secured; an appropriate length for movement was reserved; catheters were clearly labeled; ward rounds were strengthened; education was provided to the patient and family members; the patient's emotional agitation was observed; and protective measures were taken when necessary to prevent accidental extubation. Anticipatory grief: emotional counseling and traditional Chinese medicine emotional nursing such as the five-tone therapy were carried out; the patient's inner feelings were listened to patiently, the patient's thoughts were respected, and family members were encouraged to provide more companionship and communication. The concept of hospice care was popularized, guiding the patient to face the outcome of the disease, thereby alleviating fear and pessimism. After intervention, the patient's nausea and vomiting were reduced, dietary intake improved, constipation was relieved, and the patient was able to defecate independently. During hospitalization, no adverse events such as deep venous thrombosis or catheter dislodgement occurred. The patient's pressure ulcer measured 3.5×5.5 cm; exudation from the wound had disappeared, a pink wound surface was visible, and the pressure ulcer improved compared with before. On April 10, 2025, psychological reassessment showed that the patient's willingness to communicate had increased, the patient could actively express emotions, gradually accepted the terminal-stage status of the disease, and the emotional state improved, achieving the expected effect of integrated traditional Chinese and Western hospice-care nursing.

2.4.1 Nursing with Traditional Chinese Medicine Characteristics

2.4.1.1 Oral Administration of Chinese Herbal Decoction With the main therapeutic principle of soothing the liver and strengthening the spleen, and based on the patient's four diagnostic findings, the syndrome was differentiated as liver heat and spleen deficiency. Treatment was to clear the liver and strengthen the spleen. Modified Chaihu Shugan Powder combined with Wubei Powder was prescribed. The specific prescription was as follows: Bupleurum 9

g, white peony root 30 g, chuanxiong rhizome 12 g, stir-fried immature bitter orange 12 g, tangerine peel 12 g, vinegar-processed cyperus 15 g, cuttlebone 15 g, Zhejiang fritillary bulb 12 g, calcined tile-ribbed ark shell 15 g, medicated leaven 15 g, scorched malt 15 g, areca peel 15 g, coptis 9 g, prepared evodia 5 g, persimmon calyx 12 g, and peucedanum 9 g. Method of administration: 4 doses, decocted in water; 1 dose daily, taken warm after breakfast and dinner.

2.4.1.2 Moxibustion with Moxa Sticks Treatment was to strengthen the spleen and stomach, reduce adverse qi and stop vomiting. The selected acupoints were Zhongwan (CV12) and Shenque (CV8). Operating steps: assist the patient into the supine position, fully expose the abdominal acupoint area, and assess whether the local skin has damage, redness, swelling, or rash. Ignite the moxa stick for moxibustion; keep the moxa stick 2–3 cm away from the skin, with the patient subjectively feeling warmth at the acupoint and absence of burning pain as appropriate. Perform twice daily. Course of treatment: continue until the patient's gastrointestinal nausea and vomiting symptoms are significantly relieved. Precautions: during moxibustion, observe the patient's response regularly, ask promptly about the sensation of warmth, and prevent burns; after moxibustion, keep the abdomen warm and avoid exposure to cold; if the patient develops excessive moxibustion manifestations such as dizziness, palpitations, or profuse sweating, stop the procedure immediately and have the patient rest supine.

2.4.1.3 Auricular Acupoint Pressing with Seeds Acupoint selection: spleen, kidney, shenmen, endocrine, sympathetic, lumbar vertebrae, and subcortex, to harmonize the zang-fu organs, generate fluids and moisten dryness, and improve the patient's xerostomia symptoms. Operating steps: assist the patient to assume a comfortable position and fully expose the auricle; disinfect the auricular skin from top to bottom using a 75% alcohol cotton swab and allow the alcohol to dry naturally. Use tweezers to pick up an auricular plaster containing adhesive and vaccaria seeds, and accurately apply it to the above-mentioned corresponding...

Yingxiang point location. Method: use acupressure, pressing the ear point opposite the abdomen with the thumb and index finger, with pressure ranging from light to heavy, until a sensation of heat, numbness, distension, and soreness (arrival of qi) appears locally in the auricle; avoid violent rubbing. Frequency and duration: replace the auricular point patch once every 3 days; administer acupressure to the patient 3–5 times per day, pressing each point for 1–2 min each time. Course of treatment: continue the intervention until the patient's symptoms of dry mouth and excessive drinking are relieved. Precautions: before the procedure, assess the skin of the auricle; if there is damage, oozing, or inflammation, pressing and patching are prohibited. The intensity of pressure should follow the patient's tolerance; in frail end-of-life patients, light stimulation is appropriate. Keep the auricle dry. Closely observe whether there is redness, itching, or allergic manifestation of the auricle; if discomfort occurs,

remove the auricular point patch immediately.

2.4.1.4 Chinese herbal ointment massage: The prescription is as follows: Roucongrong 30 g, Jianghoupu 30 g, Dahuang 18 g, Huomaren 40 g, Muxiang 10 g, Wuyao 30 g, Dingxiang 6 g, fried Baizhu 30 g. One dose daily, once per day, to improve the patient's constipation symptoms. Operating steps: assist the patient in taking a supine position, fully expose the abdomen, and assess whether the abdominal skin has damage, rash, or edema; apply the Chinese herbal medicine evenly and thinly to the abdomen. Technique: use clockwise palm-rubbing, with the umbilicus as the center; keep the palm closely attached to the abdominal skin, apply gentle and penetrating force, and slowly rub and push along the course of the colon, avoiding forceful pressing. Operating time: 10 min per session, once daily. Course of treatment: continue the intervention until the patient's bowel movements become regular and constipation is relieved. Health guidance: encourage the patient to drink small amounts of water multiple times; maintain daily water intake at 1500–2000 ml; closely observe and record the frequency of defecation, stool characteristics, color, and stool volume. Precautions: avoid abdominal wounds or areas of damaged skin during the procedure; pressure should be within the patient's tolerance, and heavy pressing is prohibited. Keep the patient warm during the procedure to prevent the abdomen from becoming cold. If the patient develops worsening abdominal pain, nausea, or other discomfort, stop the procedure immediately; observe the local skin for flushing, itching, and other manifestations of drug allergy, and discontinue promptly if they occur.

2.4.1.5 Five-tone therapy: For liver heat and spleen deficiency, music that clears and purges liver fire and strengthens the spleen and benefits qi may be selected. Suggested tracks: *Eighteen Beats of the Hujia* and *Ambush from Ten Sides*, once per day, which may improve the patient's poor appetite, abdominal distension, and other symptoms. Operating steps: assist the patient in taking a comfortable lying position; adjust the ward environment to reduce noise and interference from light; adjust the volume to a soft and appropriate level; place the player at the patient's side to avoid direct stimulation of the ear by sound. Mode of operation: passive listening. Operating time: once daily, 30 min of listening each time. Course of treatment: continue the intervention until the patient's abdominal distension is relieved and food intake improves. Precautions: carry out treatment when the patient's mood is stable; the volume should be based on the patient's subjective comfort and tolerance, and excessive volume causing irritability should be avoided. During listening, closely observe the patient's mental state and emotional responses; if restlessness, chest tightness, agitation, or other discomfort occurs, stop immediately. During treatment, ensure a quiet environment and reduce frequent movement of personnel.

2.4.2 Psychological counseling:

The patient was in the terminal stage of malignant tumor, with a long disease course and recurrent somatic symptoms. Long-term distress from nausea, abdominal distension, constipation, fatigue, and other discomforts, combined with pessimistic awareness of disease prognosis, led to low mood, few words at the early stage of hospitalization, and poor willingness to communicate actively. During nursing, listening first and empathic companionship were taken as the core. Communication was conducted during periods when the patient was relatively emotionally stable and had relatively mild somatic discomfort. During communication, speech was slowed and the tone was gentle; irritating language related to disease worsening and death was avoided, and more understanding, affirmation, and acceptance were provided. Patiently listen to the patient' s inner repression, anxiety, and helplessness regarding pain, allow the patient to vent negative emotions, and neither prohibit nor deny the patient' s sadness, so that the patient could obtain psychological release. In combination with the patient' s traditional Chinese medicine constitution characterized by liver heat and spleen deficiency and emotional stagnation, five-tone therapy was used during psychological counseling to soothe the liver and resolve constraint and to relieve irritability and depressive emotions. At the same time, psychological support from family members was strengthened; family members were encouraged to provide more companionship, more comforting touch, and more listening, so as to reduce the patient' s sense of loneliness and helplessness and strengthen emotional support from the family. Throughout nursing, the patient' s wishes and dignity were fully respected, and the patient' s emotional rhythm was honored. Communication was not forced, nor was guidance deliberately imposed. In a gradual and orderly manner, the patient was helped to accept the terminal state of the disease and to alleviate fear and resistance toward death. Through warm and sustained humanistic care and psychological intervention, the patient gradually became willing to communicate proactively with medical staff and family members, dared to express physical discomfort and psychological feelings, showed significant relief of negative emotions, was able to face disease progression calmly, and successfully achieved the nursing goals of peaceful end of life and dignified death.

2.4.3 Nutritional nursing:

Administer high-nutrient substances intravenously as prescribed by the physician, such as amino acids, to maintain body metabolism. Regularly evaluate nutrition screening and monitor nutritional indicators such as albumin and hemoglobin, and assess the incidence of nutritional risk. NRS-2002 includes three scoring items: age (0-1 point), nutritional status (0-3 points), and disease status (1-6 points); the total score is the sum of the scores for each item, and a total score () 3 points indicates nutritional risk.[8] The patient' s nutrition screening assessment score was 3 points, indicating nutritional risk. Provide nutritional support to the patient; dietary choices

Choose bland, high-protein, low-fat, non-irritating, easily digestible foods, ensuring that color, aroma, and taste are all satisfactory. At the same time, provide good oral care, and encourage more fresh vegetables and fruits as well as foods that enrich the blood. Dietary care: based on syndrome differentiation, select soft, semi-liquid foods that soothe the liver and strengthen the spleen:

2.4.3.1 Chinese Yam-Poria Porridge

Ingredients: Chinese yam 30 g, poria 20 g, japonica rice 100 g.

Preparation: Wash and cut the Chinese yam into pieces; grind the poria into powder. Put them into a pot together with the japonica rice, add an appropriate amount of water, and cook until the rice becomes a thick porridge.

2.4.3.2 Fingered Citron-Tangerine Peel-Lean Pork Porridge

Ingredients: fingered citron 10 g, tangerine peel 5 g, lean pork 50 g, rice 100 g.

Preparation: Wash the fingered citron and tangerine peel; mince the lean pork. Cook together with the rice to make porridge until fully cooked.

2.4.3.3 Pork Liver and Spinach Puree

Ingredients: pork liver 50 g, spinach 100 g.

Preparation: Wash and cook the pork liver; wash and blanch the spinach. Mash the two together into a puree; a small amount of salt may be added for seasoning.

2.4.4 Basic Care:

2.4.5 Prevention of Catheter Blockage and Complications

Catheter care: measure the upper-arm circumference every day; dynamically observe whether there is redness, swelling, bleeding, or exudate at the puncture site; closely check the patency of catheter blood return; strictly implement the standards for flushing and sealing the catheter as well as the routine catheter maintenance process. At the same time, provide ongoing education on catheter safety to the patient and caregivers. Patients with a PICC in place may begin hand-grip exercises 24 h after catheter placement and continue until the PICC catheter is removed. For hand-grip exercise, the ball should be squeezed to half its size, using the greatest finger grip strength to hold the grip ball.

For prevention of deep venous thrombosis of the lower limbs, considering the patient's prolonged bed rest and inability to move independently, standardized ankle-pump exercise instruction was implemented. The ankle-pump exercise includes three movements: instruct the patient to take a supine or semi-recumbent position in bed, with both lower limbs extended. Movement 1: point the toes toward the body, hold for 3 s after reaching the maximum angle. Movement 2:

slowly press the toes downward, hold for 3 s after reaching the maximum angle. Movement 3: perform circular movements centered on the ankle joint; the foot completes one set of 360° movements consisting of dorsiflexion, inversion, plantarflexion, and eversion, lasting 3 s. Completion of all three movements constitutes one set. The initial instruction time should be no less than 5 min to ensure that the patient has become proficient in the ankle-pump exercise method. [7]

During ankle-pump exercise, place the patient in a supine position. Dorsiflexion: the operator fixes the area above the patient's ankle joint with one hand and holds the patient's heel with the other hand; with the palm against the sole, slowly and gently push the patient's toes toward the head to produce ankle dorsiflexion, holding for 3-5 s after reaching the maximum range of motion. Plantarflexion: slowly push the patient's toes toward the sole to produce ankle plantarflexion (toe curling), holding for 3-5 s after reaching the maximum range of motion. Circumduction: after completing dorsiflexion and plantarflexion, add passive circumduction of the ankle joint, 10 times each clockwise and counterclockwise. Before and after ankle-pump exercise, gently massage and knead the patient's gastrocnemius and tibialis anterior muscles to promote blood circulation. [7]

For the high risk of catheter slippage, an anti-displacement warning label was hung at the bedside, and the catheter fixation status was checked continuously. The patient's level of consciousness, emotional fluctuations, and understanding of the catheter were assessed every 2-4 h, so as to identify promptly any tendency toward agitation or unconscious catheter removal. After informed consent from the family was obtained, protective restraints were applied. The skin color, temperature, capillary refill, and tissue perfusion of the restrained area were observed at regular intervals to avoid pressure injury. The therapeutic significance of catheter retention, the risk and harm of catheter slippage, and the importance of avoiding displacement and protecting the catheter during turning, moving, and nursing procedures were repeatedly explained to the patient and family, so as to avoid traction, twisting, or dislodgement and to ensure that the catheter remained safely in place and patent throughout the process.

2.5 Nursing Evaluation

After integrated Chinese and Western medical treatment, blood results on March 24 showed: albumin 33.4 g/L, hemoglobin 107 g/L. Repeat blood tests on April 1 showed: albumin 38.8 g/L, hemoglobin 107 g/L. The patient's nutritional indicators improved compared with before; bowel movements occurred on average once per day, and the patient's constipation symptoms improved. The patient had an end-stage malignant tumor with ongoing tumor consumption, fatigue, inability to turn over independently, and worsening limb pressure discomfort, muscle spasms, and activity limitation during hospitalization. Repeat color Doppler ultrasound on April 10 suggested no thrombus formation. During hospitalization, the patient's catheter remained patent and

in place throughout, with no slippage. The pressure injury area on admission was 3×4 cm, with purulent exudate visible on the wound surface. On April 10, the pressure injury area was 3.5×5.5 cm; purulent exudate on the wound surface had disappeared, and a pink wound bed was visible. The pressure injury improved compared with before. On April 10, 2025, psychological reassessment showed that the patient's willingness to communicate had increased, the patient could actively express emotions, gradually accepted the current end-stage disease status, and the emotional state improved.

3 Results and Follow-up

3.1 Results

3.1.1 Effect of Controlling Somatic Symptoms

For nausea and vomiting, the patient was instructed to comply with medical advice for moxibustion, abdominal massage, and eating small, frequent meals; the nausea and vomiting improved compared with before. For decreased appetite, dietary guidance was provided according to the patient's condition. Because of disease-related factors, the decreased appetite did not improve. For constipation, a traditional Chinese medicine ointment was applied for massage, and the patient was able to defecate once daily. The pressure-injury area measured 3.5×5.5 cm; the mucinous exudation from the wound had disappeared, a pink wound surface was visible, and the pressure injury had improved compared with before.

3.1.2 Improvement in Psychological State

After becoming aware of the illness, the patient had evident negative emotions such as anxiety, depression, fear, and despair, and refused to communicate. Through interventions such as psychological counseling by nursing staff and companionship from family members, the patient gradually accepted the current condition, was able to actively express personal needs, developed a more peaceful state of mind, and experienced reduced fear of death, thereby achieving calm acceptance of the terminal stage.

3.1.3 Family Support and Nursing Effect

Family members were able to actively participate in the patient's emotional nursing care, provide psychological support, and achieve emotional communication between the patient and family members. The family recognized the nursing concepts and measures of end-of-life care.

3.1.4 Quality of Life at the End Stage

During the period of end-of-life care, the patient consistently remained in a state of comfort, absence of pain, and dignity; did not receive invasive rescue

measures or excessive treatment; followed the principles of hospice nursing care; retained the patient's autonomy and dignity in life to the greatest extent; and successfully completed the final course of life.

3.2 Follow-up

Follow-up was centered on the patient's family. Follow-up was completed within 2 weeks after the patient's death. The family's grief gradually eased, and they were able to gradually accept the fact of the patient's death. Diet and sleep were generally normal. The family stated that through end-of-life care, the patient was able to pass away comfortably and with dignity, and they themselves also received sufficient psychological support, with no adverse psychological problems or care-related issues.

4 Discussion

This patient had diabetes complicated by end-stage malignant tumor, with a complex condition and considerable difficulty in clinical nursing. On the basis of routine hospice nursing care, syndrome differentiation and intervention using traditional Chinese medicine were combined. According to the patient's syndrome type of liver heat and spleen deficiency, individualized interventions such as oral administration of traditional Chinese medicine, moxibustion, massage with traditional Chinese medicine ointment, auricular acupoint pressing with pills, five-tone therapy, and emotional counseling were carried out. These achieved simultaneous improvement in somatic symptoms and psychological nursing, effectively alleviated the patient's nausea and vomiting, constipation, and dry mouth discomfort, reduced anticipatory grief, lowered the incidence of clinical complications, and improved the patient's comfort and dignity at the end of life. Integrated Chinese and Western medicine nursing methods are gentle and highly safe, are more suitable for frail patients at the end stage, and reflect favorable advantages in clinical application.

This case study has certain limitations. It is only a single-case report, the sample size is small, and there are large differences in individual conditions, tolerance, and symptoms; therefore, the research results cannot be fully applied to all patients with advanced tumors at the end of life. Its generalizability is limited, and it lacks support from large-sample controlled data.

Nevertheless, this case still has certain clinical reference value. For terminal patients with malignant tumors, Western medical symptomatic nursing measures alone are relatively limited, whereas integrated Chinese and Western medicine hospice care can improve somatic symptoms, regulate visceral functions, stabilize psychological status, and reduce complications in multiple respects. It provides practical ideas that can be used for reference in symptom management, complication prevention, and humanistic care for clinically similar complex end-stage patients, and has positive significance for enriching the integrated Chinese and Western medicine hospice nursing model.

5 Case Characteristics and Advantages

5.1 Characteristics

Traditional Chinese medical therapies were integrated into the care of the terminal patient, forming a distinctive model with strong humanistic concern and philosophical depth. Its core lies in hospice care that shifts from “treating disease” to “putting people first.” Traditional Chinese medical therapies do not exist as an alternative “anticancer” measure, but as an advanced and humanized hospice nursing technology. Traditional Chinese medicine characteristic therapies permeate every link of nursing care, allowing hospice care to manifest its greatest distinctive features and value at the end point of life.

5.2 Advantages

Traditional Chinese medicine (TCM) treatment offers a large number of therapeutic approaches that effectively alleviate disease symptoms. It improves patients’ quality of life, with the goals of relieving pain and promoting comfort; this is highly consistent with the core philosophy of hospice care. Through the warmth of TCM moxibustion therapy, the touch of massage, and attention to diet, these humane lifestyle interventions—far more than cold instruments and tubes—allow patients to feel respected and cared for, and help preserve their final dignity in life.

6 Directions for Further Effort and Implications

Based on the patient’ s condition, an individualized nursing plan should be formulated, and comprehensive, precise health education should be carried out. Interventions involving emotions, diet, exercise, and lifestyle should be implemented to improve nursing quality. For patients with malignant tumors in the terminal stage, hospice-care principles should be adopted, shifting the goal from cure to comfort. Nursing should focus on psychological support, family care, and comfort care; corresponding management should be provided according to the patient’ s symptoms, thereby improving quality of life.

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Patient informed consent: Public disclosure of the case report was approved with the informed consent of the patient or the patient's family.

Conflict of interest statement: The authors declare that there are no conflicts of interest in this article.

Note: Figure translations are in progress. See original paper for figures.

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