

PROTOCOL FOR: Superior Vena Cava Syndrome: Care of the Patient

**SUPPORTIVE DATA:** The syndrome is due to obstruction of the superior vena cava (SVC), leading to impaired venous return from the head, neck, upper extremities and thorax to the heart.

Oncologic emergencies display symptoms that progress along a continuum and the goal is to identify and intervene early before a true emergent situation develops.

**DESIRED PATIENT  
OUTCOMES:**

Patients are assessed for signs and symptoms of oncologic emergencies.

Interventions are implemented promptly before a true emergent situation develops.

**CLINICAL ASSESSMENT  
AND CARE:**

Assess Risk Factors: Patients at risk are those with:

- a. Diagnosis of lymphoma, germ cell tumors, lung cancer, breast cancer
- b. Central venous catheter
- c. Previous radiation therapy to the mediastinum

Assess for signs and symptoms of SVC Syndrome, including:

- a. Facial swelling or feeling of facial fullness, periorbital edema, edema in breast/thorax (early signs)
- b. Neck and thoracic vein distention, swelling of the neck and arms (early signs)
- c. Cough, hoarseness, stridor, dyspnea (early signs)
- d. Headache, irritability (late signs)
- e. Visual disturbances (late signs)
- f. Dizziness, changes in mental status (late signs)

Notify physician for:

- a. Pain - most important early distinguishing sign. All new reports of back pain should be investigated
- b. Motor weakness
- c. Loss of sensation to light touch
- d. Loss of sensation to deep pressure
- e. Incontinence of urine/stool retention
- f. Paralysis

**MANAGEMENT** includes:

- a. Treat underlying condition (radiation therapy, chemotherapy, surgical removal of central venous catheter)
- b. Pharmacologic agents (Steroids, diuretics, thrombolytic therapy)
- c. Assess ventilatory status for S/S of distress (increased rate, stridor, increased anxiety, increased dyspnea)
- d. Monitor tissue perfusion and edema (face, neck, chest, arms, S/S venous distention)
- e. Assess neurologic status (increased confusion, lethargy, vertigo, blurred vision, severity of headaches)
- f. Intervene to decrease symptoms of SVC syndrome

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- Avoid venipuncture of BP in upper extremities
- Remove rings and/or restrictive clothing
- Elevate head of bed, elevate extremities as needed and provide ROM exercises
- Avoid Valsalva or other "straining" activities
- Institute bleeding precautions for patients being treated with anticoagulation therapy
- Provide skin care and safety measures due to impaired functional status/mental status/neurological status

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 6/01

REVISION DATES: 3/02