Predictors of Unplanned Hospitalizations in Patients With Nonmetastatic Lung Cancer During Chemotherapy

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Unplanned hospitalizations in patients receiving chemotherapy for non-metastatic cancer disrupt potentially curative treatment regimens, significantly affect quality of life, and are costly to the patient and healthcare system. Efforts to identify patients at risk of requiring unexpected care are needed to prevent negative outcomes and improve care quality and value. Lung cancer is the second most commonly diagnosed cancer in Americans, with an average age of 70 years at presentation, and the leading cause of cancer deaths (American Cancer Society, 2016). Treatment typically includes combinations of surgical resection, chemotherapy, radiation therapy, targeted agents, and biotherapy, depending on histology, stage, and molecular characteristics. Extensive research has focused on identification of factors associated with increased risk of readmission postsurgery in this population (Hu, McMurry, Isbell, Stukenborg, & Kozower, 2014; McDevitt et al., 2013;