A ccording to the American Thoracic Society (1999), dyspnea is characterized as the subjective experience of breathing discomfort that consists of qualitatively distinct sensations that vary in intensity. Dyspnea is difficult to define because it is a subjective sensation of breathlessness that occurs when the body’s need for ventilation exceeds its ability to meet the need (Foote, Sexton, & Pawlik, 1986). As with pain, dyspnea is what a patient says it is. Dyspnea has been described as fear, anxiety, depression, choking, feeling unable to catch one’s breath, or the inability to get enough air. Dyspnea is a distressing symptom that is perceived by the nervous system as a threat. As a result, people experience negative emotions (e.g., fear, anxiety) in response to negative stimuli (Banzett et al., 2000). The argument also exists that anxiety is a cause, not an effect, of dyspnea. Physiologic signs of dyspnea include pallor, cyanosis, tachypnea, and tachycardia. Other clinically accessible physiologic signs of dyspnea include nasal flaring, use of accessory muscles for breathing, and retraction of the intercostal spaces (Ripamonti & Bruera, 1997). Dyspnea-induced hypoxia may occur and cause confusion, cognitive impairment, and restlessness. Prompt and accurate nursing assessment of dyspnea can assist in identifying appropriate treatment interventions. Supplemental oxygenation and medications, along with treatment of the underlying cause of the dyspnea, may promote patient comfort. Nurses need to be skilled in assessing dyspnea experienced by patients with lung cancer and knowledgeable in implementing effective symptom management techniques.

**Key Words:** lung neoplasms, dyspnea, oxygen inhalation therapy

Dyspnea is a subjective sensation of breathlessness. This distressing symptom is experienced by many patients with lung cancer and often is accompanied by physiologic signs and symptoms, such as tachypnea, tachycardia, pallor, and cyanosis. Dyspnea-induced hypoxia may occur and cause confusion, cognitive impairment, and restlessness. Prompt and accurate nursing assessment of dyspnea can assist in identifying appropriate treatment interventions. Supplemental oxygenation and medications, along with treatment of the underlying cause of the dyspnea, may promote patient comfort. Nurses need to be skilled in assessing dyspnea experienced by patients with lung cancer and knowledgeable in implementing effective symptom management techniques.

In her research review, Cooley (2000) reported that patients with advanced lung cancer were 80% more likely to be short of breath compared to patients in other diagnostic categories. In fact, dyspnea was the most common symptom experienced by patients with lung cancer, as well as patients with advanced cancer regardless of the cancer site (Cooley). Unfortunately, dyspnea is underdiagnosed and inadequately managed because of a lack of recognition or availability of effective interventions. Despite the