Before my experience at hospice, I was under the impression that I would be caring for individuals who were actively dying. I assumed this experience would include bathing, passing meds, providing comfort and education to the patient and families present. I also assumed that most of these patients would be unable to communicate their own needs and that I would have to rely on nonverbals to determine comfort level. I expected patients to have several family members present, since I was under the impression that this would be a majority of individuals who were facing end of life. Providing palliative care based on the patient's immediate needs is one summary of my hospice clinical. Next, educating family members on what the patient is experiencing and how to help, rather than hurt their circumstances. Lastly, medicating the patients to keep them at a comfortable pain level, to ensure adequate rest and healing during this period of time.

Something that really stood out to me during my experience at hospice was the amount of education that family members really need to completely understand their family's diagnosis and what care is appropriate for them. During my clinical, we had a patient admitted that was experiencing severe pain and anxiety. She had pitting edema and pus seeping out of her lower extremities. The patient was heavily sedated and unable to communicate to the nurse. The nurse made sure to educate the family member on fluid overload and what the patient was experiencing. After the nurse returned to the room, the family member had stated that they had given the patient sips of sprite. The nurse then had to reeducate and explain that the patient was at risk for aspiration and that it was very dangerous. The family member stated that she thought the patient was dehydrated so anything that she could get down would be beneficial. The nurse then had to reexplain that the patient was already experiencing severe fluid overload and that these fluids were doing more harm than good. Eventually the family began to understand the severity of their family member's condition. The education is very important in hospice because it is important to think about what is most comfortable for the patient depending on what stage they are in.

One thing that really changed after this clinical experience was my opinion on what hospice really is. I always thought that hospice was a place for individuals who were actively dying, to receive comfort care and medications until they were no longer suffering. I quickly learned that hospice is much more. Hospice is symptom control for all patients admitted. Most of the patients were not actively dying and were there to get their symptoms resolved so they could return to their care facility or home. This also involves medicine changes. If a patient needs to have their medications changed before returning home or being placed in a facility, they may be put on hospice until an available spot opens. Hospice is also a break for families. Many of these family members are caregivers for their loved ones. Hospice gives these family members the opportunity to take a step back and allow someone else to provide for their loved one and enables them to truly be there to support their family member. A lot of the patients were able to express their needs and their comfort levels and some even provided their own care. I now see hospice as something much more than just providing care for patients who are actively dying.

I think this clinical is very impactful considering most individuals, including myself, have family members or individuals they know who have depended on hospice for comfort care. Hospice is much different than what we see in hospitals. These patients are advocated for entirely. The nurses are looking out for specifically what will bring their patient the most comfort during this time. Family members may think that a certain intervention is best for their family member, when in reality, things are much different on hospice care. My opinion on what hospice is has dramatically changed. In the future I think I have a much better understanding of what hospice is/does and will have a better idea of patients that would benefit from it. I think seeing what hospice care is has also given me a better understanding of circumstances where my family has made the decision to bring hospice in. Sometimes family members must let go in a loved one's physical care in order to properly care for themselves and be able to emotionally support their family member. It is more important for the family to get to be there for the patient as family, than it is for them to be there as a caregiver. I also learned a lot about expectations when a patient is actively dying. It is very important to be aware and able to educate to the family members during this time, because it is a new and often intimidating phase of life that is much different. One thing that I learned was that when an individual is actively dying, it is very common for their appetite to decrease. As family members, it can be very difficult to accept, but it is important to look at what the patient's body is wanting, and not what we are wanting. Force feeding patients can cause a feeling of being bloated and uncomfortable to the patients. Their bodies are not able to digest food the same and the stomach is very likely to reject food during this phase. I think this is very easy to overlook as a caregiver because we think we are helping the patient by getting them to eat more. In reality, these patients' digestive system is shutting down and they need us to be aware of this because in certain circumstances, the patients are unable to advocate for themselves.

Overall, I think that this clinical experience taught me a lot about hospice and the services they provide for their patients. Hospice sometimes aides in patients' rehabilitation, and in other circumstances is the comfort in times of passing. Hospice educates family members, but also supports them while they are also going through a very difficult time. I feel a lot more respect for hospice nurses and the strength they must have to be able to advocate in times

where everyone may be disagreeing with them. This can be a very sensitive time for patients and family members, and it is not an easy task to have to be the one to tell a family that what they may think is best for the patient, is making them more uncomfortable.