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Hospice reflection journal 6/23/23

1 a.) Some of my expectations for this clinical is for it be eye opening, lots of grief and sadness, and that it's a place for people to come at the end of their life. By eye opening I mean learning what all a nurse does to take care of a patient in the last stages of their life. Lots of grief and sadness is something that I expected because patients come here when they have come to terms with their family members are going to pass and this is the place that allows them to do so peacefully. As for this is a place when people come to end of life, I initially believed people would come in who had a few days or weeks left to live and would stay here until they passed. However, I learned that is not always the case, and they also offer respite care once a month for caregivers to allow them a break. Or they even offer home respite services if needed.

1 b.) It was interesting to see the lengths that the nurses go to just to make patients more comfortable. In the hospital they have bag baths with non-rinseable soap but in hospice they allowed family members to bring in what they wanted for their loved ones, and you just made it work. But you had the time to offer that one-on-one care and really take care of the patient and their family. As for medication passing it is recommended that family members bring in the home medication, and then the nurse has to verify the medication, dose, route, everything and then label it with a green sticker. If anything didn't match, whether it was the dose or the route, it was marked with a red sticker and was not allowed to be given. The nurses would have to call distribution company and tell them what drugs they needed, and they would be dropped off that night. If they needed something expedited, it would take about 2-3 hours. This is a lot different than the hospital and calling down to pharmacy.

2.) Something that stands out about my experience is the fact that they used what they call buttons to give medication, instead of given injections. These buttons would be placed in the arms or legs preferably but were also able to be placed in the abdomen. Once one was placed it could remain there for up to 48 hours and was signed, dated, and listed the medication given. Only one medication was allowed to be given per button because they do not flush them. Something else that I also found interesting is the way they give medication, because they can give medicine for more than just their intended purposes. An example of this is Haldol, which is an anti-psychotic drug, however in hospice they can give this drug for nausea, vomiting, and even hiccups.

3.) Going into this experience I was extremely nervous because the last time I was up there was when my grandmother passed away. From that experience I just remember whoever her nurse was took the time to clean and comb her hair and make her look beautiful and at peace. Once I was on the floor and had the tour and was told about the patients, I knew that this was my chance to possibly have that same impact on someone else's life. This experience changed the way that I think about patient care. Bathing a patient, combing their hair, or even rinsing/cleaning their teeth, are such simple things that can make such a huge difference in both the patient's life as well as their families. I also had the opportunity to talk with a family and you could tell that they

just wanted someone to talk to. This increased my knowledge of the fact that sometimes just being present and allowing someone to talk and feel heard can have such an impact on their life and maybe make a hard time a little bit easier for them.

4.) Thinking back to the hospice clinical, we did get some new admissions and we got to watch that process. The only thing that did bother me was the fact that the one new patient couldn't talk and only moaned in pain when you moved them. But we still had to obtain vital signs and do a quick head to toe. I would say I felt more awkward and unsure about obtaining their vitals because normally patients will stick their arm out for you to get their blood pressure or at least reply to you. Regardless of that fact though, it was important information to gather and will change my outlook on it. Because that is something important that could change how we choose to take care of that person.

5.) Overall, I felt that it was a great experience. Initially I was nervous but, in the end, I wasn't and was glad for the experience. It opened my eyes to the behind-the-scenes care that the nurses provide, which was more in depth than I had initially thought. I think it is important to learn about these community resources and believe that it will make me a better nurse when caring for patients.