

Destiny Houghtlen
Hospice Clinical

1. The main theme of hospice is to ensure the patients can be comfortable at the end of their life. They also ensure the family can be as comfortable as they possibly can during these hard times.

1a. I was not sure what to think of when it came to this clinical. I thought that it would mainly be extremely sick people that are at the end of their life. There were some people that were at the end of their life, and they had been expected to pass away within the next couple days. There was one patient that was there to give the caregiver a break. This patient was able to do almost everything alone. I expected there to be more patients than there were on the floor. I also expected there to be more nurses on the floor than there are.

1b. My experience went well, and I was able to learn about how hospice works during both day shift and night shift. I followed the nurses around and I was able to see how they pull medications and how they do their assessments. The nurses were all very helpful and they made sure I was able to see everything they had to do.

2. Something that stood out to me during my experience is in hospice the use of something called subcutaneous buttons. According to journal of pain and symptom management, “ Subcutaneous (SC) drug administration offers a minimal invasive alternative to oral drug administration for symptom control, preferably when oral intake of drugs is severely limited (e.g., due to dysphagia, vomiting or impaired consciousness).¹ It is less invasive than intravenous administration and less painful than intramuscular injections,² which complies with the comfort-oriented considerations of hospice and palliative care, provided only drugs well-tolerable for SC administration with measurable effect are applied”. These are used in the hospice setting instead of using IVs to give medications. They must have one subcutaneous button for each medication. They are not able to mix medications in the subcutaneous buttons. They have to label the buttons with their initials, the date, and the medication. This is inserted into a fatty area of the body, and they put Tegaderm down to ensure it stays in place. I was able to see two of these inserted. Both subcutaneous buttons were inserted into the same patient. This patient was not able to take medications by mouth and the slurry method was not working for her. The slurry method is where they mix some water with the PO medication and then it is pulled up into a syringe, then it is inserted into the patient's mouth. It sits in the buccal area and massages into the gum so it would absorb into the patient's system. At this point the patient was not able to get the medication to absorb into her check. This meant she was not getting the full effects of the medication which is why she was switched to the subcutaneous button. The family did have to give permission for this to happen and then most of her normal medications were discontinued. The goal was to ensure the patient is comfortable until she was to pass. They gave the patient pain medication through the subcutaneous button to keep the patient comfortable. The nurse inserted the button into her legs, and they would just stay there so they were available to give the medication through. They leave it in, so the patient does not have to get poked multiple times a day. I thought this whole process was extremely interesting because I had never heard of this being done before. The nurse was kind enough to explain it all to me and the family was kind enough to let me watch the process.

3. The staff were very kind, and they were all willing to explain things that were going on to me. They asked me questions and I was able to ask any questions that I had. I think this was one reason my experience went well. I was nervous about the idea of people passing away and it being an overall sad environment, but the staff made it a good experience. They explained how everyone passes away at some point in life and it is their job to ensure these patients can pass peacefully. This helped ease most of my thoughts. I knew the person was sick and hospice is a place that is there to help the families and the patient through a tough time. My belief is that hospice is an amazing thing. It is awful that people are extremely sick and passing away, but they do not have to suffer through pain and agony as this is occurring. That is what is important and why most people are in hospice. They are at the end of their life but they do not want to suffer as they are nearing the end of life. Hospice is where they get medications to ensure they are comfortable as this occurs. This experience has enhanced my knowledge with everything I was able to witness and be a part of. I learned how they give their medications in hospice which is

usually PO medication, subcutaneous buttons, or slurry. They ensure their patients are comfortable the whole time they are in the hospice center. The assessments are different compared to the ones that are done in the hospital. They do not have to do vitals and a physical assessment every couple of hours. They do assessments when the patients first arrive on the unit to get a baseline. I was able to see how they do admission because they got one while I was in clinical. I was able to see how these people are taken care of on the unit, and I was able to see how their families are taken care of.

4. This experience has changed my way of thinking. I now know how the hospice unit works, and I have a better idea of what the nurses do for the patients. I was able to see the patients and their families, which gave me more of an idea of what these people are going through. I cannot understand how they are feeling but I was able to see how it works and how some of them respond. I would not say the idea of this process bothered me; I just was not sure what to expect. Once I was on the unit, I was able to get more of an idea and I think these nurses are amazing for what they do. I feel as though even though they are doing an amazing thing personally I would be too emotional to do this every day. The families are sometimes very emotional, and I think I would also get emotional after caring for a patient for a few days or more once the time came for them to pass. One thing I did think was awful is that when a patient is a transition patient, which means they predict the patient passing away within seven to fourteen days, they usually must pay out of pocket to stay in the hospice unit. It costs \$325 a day to stay on this unit, which I feel like this can be extremely stressful for the patient and their family.

5. In conclusion, I was able to learn a lot from this clinical and I enjoyed being able to learn exactly how hospice works. The nursing staff were all very welcoming and amazing. They were all willing to show me things that they were doing, and they would invite me to watch anything that I had never seen. I enjoyed this clinical, and it was extremely eye opening for me personally.

Resources: Wernli U, Dürr F, Jean-Petit-Matile S, Kobleder A, Meyer-Masseti C. Subcutaneous Drugs and Off-label Use in Hospice and Palliative Care: A Scoping Review. *J Pain Symptom Manage*