Mallory Jamison Stein Hospice Reflection Journal CDG 6/18/25

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    a. My expectations for the hospice clinical were that it would be a lot different than a standard hospital floor. I expected that the patient load would probably be lower and that the care load would be lower as well. That is, I expected that there would be no IV medications and that they would mostly be oral as able, intramuscularly or subcutaneously. I also expected that the hospice unit would be more focused on palliative care such as pain management, and that these patients would mostly be as they are and be free to be comfortable as they please. By saying they will mostly be as they are, I mean that I expect that these patients will probably look like you and I, free of any extensive equipment like a tracheostomy, ventilator, or anything like that. With that being said, my expectations were met. In the inpatient hospice unit, nurses can have the same patient load as on a standard hospital floor which I didn't expect, and the overall patient load was actually more than I expected which I was glad I got to see. Medications were oral or subcutaneous as I expected, but in "button" or "slurry" form which I had never heard of. According to Hospice of the Piedmont, a button is the insertion of a very small needle into the subcutaneous tissue instead of into a vein, which is attached to a short, thin tube secured to the body in order for patients to receive medications if they cannot swallow (Hospice of the Piedmont, 2025). Also, there weren't any chronic care items like tracheostomies as I expected, however there were more wound related equipment items than I expected such as JP drains, chest tubes, sutures and staples. From the naked eye, the patients mostly did look the same as you'd see on a standard hospital floor which is what I expected as well.
    b. Three descriptive sentences that summarize my experience at the Hospice clinical are that this experience taught me that patients that need close monitoring such as combative patients have access to baby monitors so that the nurses can watch them without needing a sitter; they typically do not have sitters unless a volunteer comes in and offers to sit with the patient. I also learned about the various changes that the body goes through when progressing towards death, such as that some parts may feel cold and other parts may feel warm due to the hypothalamus (the temperature regulator of the brain) slowing down. Third, another thing I experienced to summarize my time at this clinical is the administration of assessment tools I had never heard of before such as the Palliative Performance Scale to determine functional ability, or a similar assessment, the Karnofsky Performance Status scale to look at functional ability in more chronic patients such as cancer patients.

2. Something that stood out about my experience is learning about different wishes that the patient and/or their family may have for their body following death. Of course, I know that these are things that need to be discussed and of which Hospice helps with planning for such, but I was not entirely aware of the different options that are available. For example, during my clinical, there was a patient that wanted to be donated to Wright State University following their

death. I find this interesting and intriguing that individuals would be willing to do such, such as to allow for students' learning experiences in anatomy classes for example. Another patient wish that in specific really stood out to me was one of them that wished to be an immediate burial with no embalment, however they were to go to either Kentucky or Pennsylvania, and it was to be within three hours. This had the nurses, nursing assistants, and I wondering how they were going to make it within that time frame and the specific reason for doing such. Furthermore, I wondered if this was for a certain religious/cultural reason and how they decided on such. The nurse went over the protocols that they follow in these types of situations with me, such as for the Wright State University donation there was a number to call in that patient's chart and for the patient wishing to not be embalmed they were to call Toft Funeral home. There is also an on-call coroner as needed such as on nights or holidays when one is not working.

3. Something that affected the way I think about the experience is that they have different equipment to better suit patients in these types of conditions. For example, rather than only having a standard vitals machine, they also have a temporal thermometer and a wrist blood pressure cuff. My original beliefs/ideas were that they wouldn't have these things, as prior to the experience I didn't have the judgement to realize that something as simple as getting vitals may be different with these patients. With these being said, the experience enhanced my knowledge by showing me the various accommodations they have to be able to effectively care for Hospice patients. I never actually knew a wrist blood pressure cuff was a thing before this clinical. This did not change my belief as I already felt like Hospice was a good option for individuals such as if my family members were to need it, however it made me feel more sound in my beliefs because knowing that they have accommodations to make patients feel more comfortable, I would feel more comfortable in the event I were to have someone in my personal life in hospice.

4. The experience did not bother me as I have had experiences with death before in my work as a nurse aide. Rather than allowing it to make me feel sad, I try to look at it in a way that it makes me feel good to know that I was able to make them feel more comfortable. The experience could change my future actions because beforehand, I felt like I didn't know enough about Hospice to decide if I would like working in that type of unit. However, now, after learning more about hospice and thinking about how much I enjoyed it, I would consider working as a nurse in this environment since I haven't decided what type of nurse I want to be yet.

5. This experience showed me that Hospice is a good source for individuals with chronic illnesses to receive comfort and support during their final days towards death. Families of a loved one can also receive bereavement/grief support for a length of time following a loss, and have more freedom than they would in a standard hospital setting as they are allowed to stay the night with their loved one in Hospice. The staff made me feel comfortable by showing me around the unit and allowing me to answer call lights/assist with care. I understand that as a Hospice nurse, you have a much more close knit relationship with not only the patient, but their family as well, helping them through one of the hardest times of their life which is very rewarding. The staff was very open to answering questions, all of which lead to me having positive feelings about this experience.

Reference: Hospice of the Piedmont. (2025), *Subcutaneous medication infusions (Patient & family teaching sheet)*. https://hopva.org/subcutaneous-medication-infusions/