

Cheyenne Kehr

In Patient Hospice

1. My expectations were to gain a further and deeper understanding for what in patient hospice provides for their patients. I work in a nursing home, this has allowed me to work alongside hospice nurses and have had the opportunity to see outpatient hospice care provided. However, I have never bear witnessed to the difference in care that in patient hospice provides. My expectations were met because I able to fully see and participate in the care of patients. Staffing was short so the RN I followed was the charge nurse as well as having to work the floor and take care of patients. She worked as a nurse for 29 years and has been working in hospice for the last 19 years. I watched my nurse give medication and assess patients. I helped to reposition patients and got to interact with patients as well as family members. I attended the health care meeting with all everyone apart of the hospice health care team as they assessed each patient on the unit and discussed follow up plans. I was able to watch treatments, IV antibiotics, and the insertion of subcutaneous button (which I have never even heard of).
2. I thought it was interesting in which hospice plays a part in health care. One man was not exactly fitting for hospice. He ended up there after being sent to the ER from a long-term facility. After the hospital stabilized him, the patient refused to go back to the long-term facility. Due to his diagnosis of CHF and his poor condition relating to his severe infection after knee surgery, he was sent to In Patient Hospice. This patient was not meeting hospice criteria; however, he has a follow up appointment later this week to determine if the surgeon would operate on his knee. Depending on the results of this appointment, the hospice care team said they would then determine a plan of action for his care.
3. Something that stood out to me was how much prayer was involved in hospice. After the team care meeting all participants stood up and joined hands as one employee said a prayer aloud.

One woman diagnosed with COPD was having shortness of breath and nausea. Her brother was in the room visiting and although the nurse had just administered a breathing treatment and PRN medication for nausea the patient was still having difficulty getting comfortable. Her breathing had become more rapid, she needed to sit up and lean forward. The nurse and I gave reassurance and both had our hands on her rubbing her back and shoulder trying to calm her through this episode of dyspnea. She then looked at her brother and said pray for me. He joined us and put his hands on her, we all were gather around her, and he said a prayer. Almost immediately the patient's breathing had calm and she was able to sit back and get comfortable. She said, "See, I need that."

I personally am not religious or direct my faith in God. However, I have always respected the religion and faith/beliefs of others. I have not experienced such a forward admittance of faith in the workplace such as hospice coworkers saying a prayer together after team meeting. I have never been asked to prayer with patients and/or family members before. Although these experiences were new to me, I went to hospice with an open mind and did not have difficulty participating in these events. I realize that as a nurse our duty is to our patients and their needs. Taking a minute to silently stand in prayer to comfort this patient was not awkward or uncomfortable to me; oddly enough, it felt like the right thing to do. I may not share beliefs with my patients, but that does not mean I cannot support my patient by being present and participating. I believe the holistic approach is best when healing people; this involves their spiritual beliefs.

4. This experience in no way bothered me, it gave me a better understanding of the type of care hospice provides. The type of care and compassion that goes into this specific nursing profession. Comfort Care is more than the changing of medications, comfort care encapsulates the full holistic view of the patient and their needs. Hospice involves the physical, mental, emotional, spiritual, and nutritional aspects of a person's life. The doctors were actively participating in addressing the problems and needs of every patient on the floor. The health care team consisted of doctors, nurses, aides, volunteers, case management, social worker, and spiritual guides. Each and every team member worked respectively and cohesively together to provide optimal care to these patients. I have much respect for the people who work with patients in the end stage of life.
5. My overall feelings were enhanced on what already knew and presumed hospice to be. Even though I do not think I will work in hospice I thought this experience was necessary and provided a new sense of respect for workers in this particular area of profession.