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Stein Hospice Reflection Journal
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Stein Hospice was a nice clinical break from 1 South although, it was not what I had expected it to be. When I thought of hospice, I thought that this is where a lot of terminally ill patients had gone to when they were actively passing. When I got there, I was surprised as I expected the unit to be full but instead there was only seven patients on the unit, three of which were only there for a 5-day respite stay. The nurse that I had shadowed for the day informed me that this has changed due to COVID-19 and that normally they have waiting lists for patients to get onto the unit. I thought that this was crazy, especially for those who are actively dying to have to be wait listed for end of life care. Due to the limited number of patients our day was pretty relaxed.

Due to the circumstances of the patients on the unit the day consisted mainly of rounding on patients, in which we completed rounds every hour. On the hospice unit the main goal is to keep the patients comfortable for as long as possible. The nurse I had shadowed for the day and I were responsible for caring for three of the seven patients on the unit. Each patient was medicated heavily for pain related issues and so most of our patients had slept throughout the day. I had expected the unit to be busier since these patients were in the dying process, I figured there would be more care involved for them but later found out this was the complete opposite. Since the patients are experiencing so much pain, we limited the amount of turning that we are normally expected to do on a two-hour basis to very minimal. As not turning them can create a lot of issues and in terms more pain, turning them can be just as bad/painful for these individuals.

One of the patients on the unit had been experiencing some nausea and vomiting while I was there for the clinical day, this was not uncommon for her, but they thought that they had it under control at that time. We had

completed a bed bath and full bed linen change and I was able to sit with the patient for about a half an hour or a little more to monitor the patient for aspiration of emesis. During the time that I was sitting with the patient I had observed some delusions that end of life individuals often may experience. The patient had begun repeating words such as “six” and “basket” over and over again and was unable to respond to me when I asked what she had meant. They were controlling her nausea and vomiting with Haldol which I found out is not just an antipsychotic medication and it is common for hospice to use this medication as a control of nausea/vomiting. The nurse administered Haldol, which was ineffective, so she had received an order for a one-time dose of Zofran from the doctor which worked great.

The same patient as I had stated before always was a great educational experience. This patient had a chest tube in both of her lungs, a surgical drain (the nurse was unable to determine what this drain was for), JP drain, nephrostomy tubes in both kidneys, catheter, and an ostomy. This made it difficult for turning the patient side to side, but we were able to work around them. It was neat to be able to see all these different tubing’s as I had never seen a chest tube placed before. I cannot imagine that she is comfortable in this state and is the likely reason for her pain, nausea, and vomiting. What is the quality of life for a patient like this?

This experience was great, and I feel like I had learned a lot from the nurse I was precepting. I thought the care would be more hands on, but I was able to learn a lot about the end of life care and all the changes these patients experience. I think it is great that we get to shadow the end of life process as most of us have not seen this we can really learn a lot from it. A lot of the skills that we use at the hospital on med-surg units are often not used in the hospice setting as the primary goal is for patient comfort. This experience has changed my beliefs on end of life as I had learned a lot about the body changes and slowed process as someone is in a terminal state. The care in hospice compared to med-surg floors are much different and if in a setting like this again, I would focus my care on comfort.