

**ATI: Video Case Studies**  
**Palliative and Hospice Care**  
**-\*Screenshot required of results with student's name in the e360 dropbox**

Purpose:

- Definition of palliative care
- Definition of hospice care
- Purpose of palliative/hospice care
- The nurse's role in palliative/hospice care
- The role of the interprofessional healthcare team in palliative/hospice care

Directions:

- 1) Watch the video and reflect on the scenarios with ATI.
- 2) Complete the test and screen shot your compete results. Ensure your screenshot shows your name.
- 3) Answer the questions below

- a. *What are some ways that the nurse can ensure that a client receiving palliative/hospice care is kept comfortable? What are some ways that the nurse could provide for the psychosocial and spiritual comfort of the client?*

One way the nurse can ensure that a client receiving palliative/hospice care is kept comfortable is to provide pain relief or pharmacologic comfort. The role of palliative/hospice care is to provide comfort. In general, pain is not comfortable. With analgesics' administration, the client can experience less pain and focus on their family or spiritual thoughts. Of course, the response from the client in determining what is helpful is essential. Besides analgesics, the client may want non-pharmacologic comfort, like music. The client's preferences help their care.

Another way is to provide oxygen therapy to the client. Oxygen is one way to relieve dyspnea. Other methods to teach the client relaxation techniques or a simple maneuver of raising the head-of-the-bed to a position beneficial to the client. With less focus on breathing difficulty, the client can feel comfortable.

Of course, with the nurse involved in the multidisciplinary team, they can work towards the client's comfortable care wishes. The multidisciplinary team can decide how to make the client's wishes of comfort be evidence-based practice, legal, and accepted by all.

One way the nurse can provide for the client's psychosocial and spiritual comfort is to involve the client's religious leader as death is near or has been completed. The client and family's stress are reduced when their religious leader is involved. Religion is a step close to their supreme being. All of the rituals performed tend to bring the client and family closer to that being; a happy and safe place. The nurse must understand the customs and traditions needed for the client's transition and family's comfort.

There may be an advance directive that the client and family discussed and properly signed. It provides the satisfaction of the client's wishes and family acceptance.

*b. How can the nurse provide support for the family/loved ones of the dying client?*

The nurse can provide support for the family/loved ones of the dying client by introducing a professional who can render time to listen and offer non-biased psychologically and socially helpful decisions. That professional can be a psychologist, psychiatrist, social worker, or even a religious leader. Getting through the grieving process can be difficult but having someone to communicate with can be comforting. The nurse can also provide privacy between the dying client and family/loved-ones. Some family/loved ones rather have the nurse remain as feelings are expressed. No two situations are the same.

4) Individually reflect on a time you were involved with a person who had a life-limiting illness. This involvement could be as a professional caregiver or as a family member. Answer the following questions:

*a. How did your interactions with the person who had a life-limiting illness make you feel?*

How did I feel about the death of my father-in-law? The selfishness in me wanted him to live. The religiousness in me was happy that he made his transition. The medical knowledge in me understood the disease process and how it overwhelmed him. The family in me was supportive of my wife and her relatives. I have experienced death since childhood. At that time, it was scary. Now, it is not. I still have feelings of love and memories in my heart, but I know dad is deceased.

*b. Did you feel equipped to adequately handle the feelings and emotions that were present?*

Yes, I felt equipped to adequately handle the feelings and emotions that were present. My focus was mainly being strong to assist my wife and in-laws. Although he was not blood-related, I felt as if he was my dad. I understood the dying process.

*c. Did you feel equipped to adequately communicate with the person who had a life-limiting illness?*

Yes, I felt equipped to communicate with dad adequately. Putting my feeling aside and focused on whatever dad wanted was my part to help with the family. We spoke back and forth. Interestingly, as he approached his time of death, he became more talkative with his family. We all sang and talked to dad. Communicating was simplistic despite him nearing death.

*d. How do you think the person with a life-limiting illness felt during their interactions?*

I felt he was as happy as he could be as his family members were nearby. He talked, smiled, joked, and sung. He ate well. The nursing staff took good care of him. His pain was minimal due to analgesics given to him.

*e. Could the interactions have been improved in any way? How?*

No, I do not feel that the interactions could have been improved from any perspective. The relationship between dad and his surroundings was nearly perfect. His request and choices were met. His family members were there. The medical staff took good care of him. He ate well. The multidisciplinary team provided comfort for him, as well as for the family. The only way it could have improved was if his life had not ended.

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Palliative and Hospice Care  
Grading Rubric**

What are some ways that the nurse can ensure that a client receiving palliative/hospice care is kept comfortable? What are some ways that the nurse could provide for the psychosocial and spiritual comfort of the client?

<b>Criteria</b>	<b>Unacceptable 0 Points</b>	<b>Acceptable 1.5 Point</b>	<b>Good 2 Points</b>	<b>Excellent 2.5 Points</b>	<b>Points</b>
<b>Response</b>	No response completed	Response is adequate assignment with superficial thought and preparation; doesn't address all aspects of the task.	Response is well developed assignment that addresses all aspects of the task; lacks full development of concepts.	Response is well developed assignment that fully addresses and develops all aspects of the task. Response is factually correct, reflective and substantive contribution.	
<b>Clarity &amp; Mechanics</b>	Posts inappropriate, unorganized or rude content or contains 5 or more grammatical or spelling errors.	Communicates in friendly, courteous and helpful manner with 3-4 grammatical or spelling errors	Contributes valuable information to discussion with minor clarity or 1-2 grammatical or spelling errors	Contributes to discussion with clear, concise comments formatted in an easy to read style that is free of grammatical or spelling errors.	

How can the nurse provide support for the family/loved ones of the dying client?

Criteria	Unacceptable 0 Points	Acceptable 1.5 Point	Good 2 Points	Excellent 2.5 Points	Points
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How did your interactions with the person who had a life-limiting illness make you feel?

Criteria	Unacceptable 0 Points	Acceptable 1.5 Point	Good 2 Points	Excellent 2.5 Points	Points
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Did you feel equipped to adequately handle the feelings and emotions that were present?

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Did you feel equipped to adequately communicate with the person who had a life-limiting illness?

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How do you think the person with a life-limiting illness felt during their interactions?

Criteria	Unacceptable	Acceptable	Good	Excellent	Points
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	<b>0 Points</b>	<b>1.5 Point</b>	<b>2 Points</b>	<b>2.5 Points</b>	
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Could the interactions have been improved in any way? How?

<b>Criteria</b>	<b>Unacceptable 0 Points</b>	<b>Acceptable 1.5 Point</b>	<b>Good 2 Points</b>	<b>Excellent 2.5 Points</b>	<b>Points</b>
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**Did the student complete the ATI test, submit a screenshot with their name? \_\_\_ Yes (5 points) \_\_\_ No (zero points)**

\_\_\_/40 points