

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?

At the end of life, clients can be going through a large plethora of issues. As the client's number one advocate, the nurse should

be the first one to speak out on behalf of the client to see that the end-of-life stage is as comfortable as it can be. Many clients can be in tremendous physical pain. Palliative care is healthcare that is not on curing but solely focused on addressing that pain. Nurses should give pain medicine exactly as prescribed, which will be much higher for a client at the end of life. Nurses also need to assess the clients breathing as it may also be more difficult. If they are having trouble breathing they may need to be repositioned or they may need supplemental oxygen. Depending on their cognition level, clients near the end of life may also be experiencing tremendous amounts of fear and anxiety revolving around death. Just being there to listen to them may be therapeutic. A nurse may also refer them to a counselor specializing in these scenarios to help the client better. The nurse could also connect the client with the hospital's chaplain to discuss their spiritual anxieties about dying.

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

A nurse should always be aware of their client's religious beliefs or cultures, especially when they are foreign to that nurse.

Different cultures mourn the loss of loved ones in different ways, and nurses should do their best to be accommodating to them and not offend the family in this already challenging time for them. It has only become more difficult since the Coronavirus to care for the families while losing a loved one adequately. A close friend lost their father to COVID-19. He passed away in a hospital alone, two-hundred miles away from his family. They only got to say their last goodbyes over a phone. I can only hope that as we learn to handle this virus better as time goes on, heartbreaking situations like this one are not recurring.

- 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?

My experience was with a man in his mid-fifties who had suffered from a rapidly forming early-onset dementia. The man had a large happy looking family and a loving wife. There were also several different cancers spreading throughout his body which led to his hospitalization. The client was almost entirely nonverbal. He only really communicated through facial expressions and grunts. We had shown him a picture of his family, including his kids and grandkids. He was able to point out his wife. She later said that was the first time that he had recognized her in about a year. Dealing with this client and talking to his wife overwhelmed me with feelings of dread and sadness.

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

When I was handling the client, it was easy to put my emotions to the side. While feeding him, it was like feeding a toddler. He was pleasant and followed simple instructions well. However, when talking to his wife, where it seemed more difficult to grapple with these emotions. I did my best not to let it show the heartbreak I felt for her and her family.

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

Talking with the client, I tried to use a soft, calming voice. I was doing verbal cues to let him know when I was giving him each bite of food. The clinical nurse complimented my work, saying that he had eaten more than he had previous days. They were worried they would have to feed him using TPN. I do not believe the client understood any of the words I was saying. When I had given him his medications for the day, he chewed all of his pills up rather than swallowing them whole.

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

Sadly, I do not think he felt or thought anything during my interaction with him. He most likely never really understood who I was or that I was there to help him. On the other hand, his wife was very appreciative of all the help that we had done for her loved one.

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

The next time I encounter a dependent client, such as this one, I feel I will be much more comfortable in handling them. During med pass, I had to give the client a heparin shot in the belly. The client gave me an upsetting grimace from the pain of the subcutaneous shot. Since the client did not understand my explanation of what I was doing, he could not brace himself for it. His reaction made me hesitate a little while pushing the plunger down, which only prolonged the client's pain. If I had to do that again, I would want to be as efficient as possible to minimize the amount of time he experienced pain.

**ATI: Video Case Studies
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?

Criteria	Unacceptable 0 Points	Acceptable 1.5 Point	Good 2 Points	Excellent 2.5 Points	Points
Response	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.	
Clarity & Mechanics	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?

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Response	No response completed	Response is adequate assignment with superficial	Response is well developed assignment that addresses	Response is well developed assignment that fully	

		thought and preparation; doesn't address all aspects of the task.	all aspects of the task; lacks full development of concepts.	addresses and develops all aspects of the task. Response is factually correct, reflective and substantive contribution.	
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How did your interactions with the person who had a life-limiting illness make you feel?

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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?

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Could the interactions have been improved in any way? How?

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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