

**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.

## Module Report

Tutorial: Video Case Studies RN 2.0

Module: Palliative and Hospice Care



Individual Name: Kathleen Serrano

Institution: Lakeview CON

Program Type: BSN

### Overview Of Most Recent Use

	Date	Time Use	Score
Case	3/5/2021	35 min 46 sec	N/A
Palliative and Hospice Care	3/5/2021	6 min	100.0%

### Case Information:

#### Case - History:

		Total Time Use: 36 min
Case	Date/Time	Time Use
Case	3/5/2021 3:38:58 PM	35 min 46 sec

### RN Palliative and Hospice Care Test Information:

#### RN Palliative and Hospice Care Test - Score Details of Most Recent Use

	Individual Score	Individual Score
COMPOSITE SCORES	100.0%	
RN Palliative and Hospice Care Test	100.0%	

#### RN Palliative and Hospice Care Test - History

		Total Time Use: 6 min	
	Date/Time	Score	Time Use
RN Palliative and Hospice Care Test	3/5/2021 3:45:00 PM	100.0%	6 min

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?
  - i. The main focuses of a nurse throughout palliative/hospice care are controlling pain, providing comfort, and making sure the client passes with dignity. A nurse can make sure the client receives constant comfort by giving massages, raising the bed's head, providing extra blankets and pillows, utilizing supplemental oxygen, practicing meditation, and delivering music therapy. Providing education, answering questions, and good communication with the client's family is also crucial, especially when the care shifts to the family during the final moments of a patient's life. The comfort measures mentioned prior are known as nonpharmacological. Also, a nurse can provide comfort to clients by requesting medications through providers. Some common medications that nurses administer in palliative/hospice care are Ativan, morphine, Haldol, and Tylenol for various reasons such as pain, agitation, anxiety relief, and fever reduction. The psychosocial and spiritual comfort of the client is imperative. Nurses can provide psychosocial and spiritual comfort by showing empathy, contacting a spiritual support person, requesting pet therapy, providing support, comforting touches, active listening, participating in prayer with the client, and music and image therapy.
  
- b. How can the nurse provide support for the family/loved ones of the dying client?

Nurses can support these families by allowing religious rituals, providing privacy, offering counseling and therapy, contacting a spiritual support person, contacting a social worker, showing compassion and empathy, and asking family members if they need anything. Some other ways to support these families are emotional support, contacting the provider, and simply answering questions.

- 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?
    - i. My grandfather on my dad's side passed away almost three years ago. He had terminal gall bladder cancer, and by the time his provider caught it, cancer had spread to a majority of his body. Despite going to chemotherapy and receiving some chemical injections to help his body fight off cancer, the treatment was unsuccessful.

Shortly after he stopped receiving treatment, he ended up having a stroke. After my papa had the stroke, he could not function by himself, and his body and mind quickly declined, so he was put on hospice care at home. It was heartbreaking to see him that way because he could barely speak, had to wear a diaper because he was incontinent, and was just a shell of the man that he used to be. Until this point, I do not think I have ever been so distressed, sad, terrified, or confused in my life. I can remember it so vividly because he was skin and bones, pale, delirious, and in a tirade of pain and confusion. When he looked at me, his eyes did not light up like they used to because he had no idea who I was; I was just a stranger. The fact that he could not even recognize me, his “little princesa” destroyed me. He passed overnight after suffering for almost two weeks, and he looked the most peaceful I had seen him in months. This experience has been one of the most challenging incidences I have ever been through, and it broke my heart. I was so sad and in denial when my papa passed away, but in a sense glad because he was no longer suffering and confused. Even though this happened years ago, it is ingrained in my mind and something I will never forget for weeks after he passed. I could still hear his moans of pain and his garbled speech. It took me a while to cope and progress through my grief, but I know now that he is at rest and peace forever.

- b. Did you feel equipped to adequately handle the feelings and emotions that were present?
  - i. No, I did not feel equipped to experience all of the negative and tumultuous feelings and emotions during my papa’s last few weeks, especially not his last day, which was the worst as he was in so much pain. As I mentioned in the previous question, it took a lot of time and effort to process everything and progress through grief. It had been a harrowing experience seeing a loved one, so ill and delirious. Honestly, the only individuals who could adequately handle their feelings and emotions are hospice/palliative, interprofessional healthcare teams. Sometimes even these interprofessional healthcare teams are not prepared to handle their emotions and feelings, especially when connecting with dying clients and their families.
  
- c. Did you feel equipped to adequately communicate with the person who had a life-limiting illness?
  - i. Unfortunately, since my papa could not talk due to having a stroke, it was almost impossible to communicate with him. In addition to that, he did not recognize who I was, which made everything, especially communication, even harder. He could hear everything I was saying, but his brain could not comprehend it, and I was unrecognizable to him. Being able to communicate with people who have life-limiting illnesses adequately is a quality gained through experience and time, and I had neither. It was completely unexpected that the communication would be so inadequate with my papa until I attempted to speak with him.

- d. How do you think the person with a life-limiting illness felt during their interactions?
  - i. My papa most likely felt confused, angered, distressed, and he was in horrible pain. He could not communicate, could barely understand who any of us were or what was said, and he had lots of morphine and other drugs in his system. He felt much frustration, too, just from how he would flail around when he could and throw things once in a while. He looked distressed even in his sleep. It was tough to interact with my papa because the stroke had damaged his body and body function. The family and hospice nurse had to evaluate best when to administer morphine and other drugs as he could not tell us when he needed anything.
  
- e. Could the interactions have been improved in any way? How?
  - i. I am unsure if anything could have improved the interaction as my papa could not speak, could not comprehend much, and mostly moaned in pain when awake. The stroke had caused severe issues in his mental and cognitive abilities as well as his physical ability. His body was weak, fragile, and he could barely move around besides frenzied flailing because he did not understand what was happening and was frustrated and distressed. If my grandpa had been cognizant and able to move around well enough, this would be a different story with various improvements when reflecting. However, in my papa's case, I do not believe anything was improvable. A possible improvement that the interprofessional team could have made was explaining that my papa's interactions would prove complicated due to the stroke. It deteriorated most of his mind and bodily function

**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
<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?

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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
<b>Response</b>	No response completed	Response is adequate	Response is well developed	Response is well developed	

		assignment with superficial thought and preparation; doesn't address all aspects of the task.	assignment that addresses all aspects of the task; lacks full development of concepts.	assignment that fully addresses and develops all aspects of the task. Response is factually correct, reflective and substantive contribution.	
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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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<b>Response</b>	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 do you think the person with a life-limiting illness felt during their interactions?

Criteria	Unacceptable 0 Points	Acceptable 1.5 Point	Good 2 Points	Excellent 2.5 Points	Points
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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