

Palliative Care Assignment

With ATI: Apply: Video Case Studies RN: Palliative and Hospice Care Instructions & Rubric

Key Concepts

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

Step 1: Access and Complete the Video Case Study and Post-Test ATI: Apply: Video Case Studies RN: Palliative and Hospice Care

This assignment requires that the student complete a video case study within ATI. The case study is titled "Palliative and Hospice Care". This case study can be found under the "Apply" tab, nested within the "Video Case Studies RN" module. Students should complete the case in its entirety. While completing the case students should reflect on the key concepts of the assignment (see above). After completing the case, students should complete the post-test to assess their understanding of the case. The student should take a screen shot of their test results and insert the screen directly below this paragraph. The screen shot should include the students name and test score.

Step 2: Further Assessment & Reflection

Students should answer each of the following questions. Students should provide their answers within this document, directly after each question.

1. What are some ways that the nurse can ensure that a client receiving palliative/hospice care is kept physically comfortable?

Palliative care can be defined as physical, emotional, and mental care provided by caregivers to reduce pain during a life-limiting illness. It is also called end-of-life care, where a person receives medical and spiritual care during the end stages of life. There are minute differences in palliative and hospice care. Palliative care is provided at the time of diagnosis, while hospice care is provided after the treatment is stopped. Nurses are at the first line of the healthcare team, providing care and compassion to patients. There are five ways a nurse can ensure physical comfort for a patient receiving palliative care: reducing pain, breathing problems, skin irritation, temperature sensitivity, and digestive problems.

Pain is a subjective feeling experienced by patients, and each person's pain tolerance is different. Nurses can ease patient's pain by administering medication like morphine. In addition, massaging and the application of heat or cold therapy can sometimes alleviate pain. Breathing problems are commonly experienced by patients with hospice care. A nurse can administer oxygen to the patient to decrease dyspnea. In addition, a nurse can place the patient in a semi-fowler's position and educate patients to take deep breaths, which can ease breathing problems. Skin irritation is another physical discomfort experienced by patients due to sleeping on a bed for a long time. A nurse can reduce skin irritation and sores by applying topical cream, ice packs and changing positions frequently every 2 hours. Braden score can also be used by nurses to monitor a patient's skin condition. Temperature sensitivity is another factor that patients are experiencing due to disturbance in homeostatic mechanisms. A nurse can help the patients by providing patients with heating or cooling blankets. A simple gesture of giving warm or cold water can help patients reduce temperature sensitivity. Digestive problems can

also be experienced by adults in hospice care because the gut slows down as a person gets older. A nurse can administer enema or medications like stool softener to help the patients. Drinking adequate fluids and a fiber-rich diet can also help in alleviating digestive issues like constipation.

2. What are some ways that the nurse could provide for the psychosocial and spiritual comfort of the client?

When a person experiences a near-death situation, it adversely affects their psychosocial and mental well-being. A nurse can provide a simple act of holding hands and showing empathy to patients, positively impacting psychosocial status. A nurse can use therapeutic communication techniques like listening, which can help patients feel cared for and uplift their mood. Music therapy can also do wonders and affects a patient's psychosocial condition positively. Some patients like to be around family and friends when they are at a near dying stage. A nurse can help patients by completing their wishes, for example, making appointments for family and friends. A nurse can spend time with the patient, which can help patients not feel alone and help them gain mental peace. Spiritual comfort can be provided by nurses by calling a pastor or saying a short prayer. A nurse can provide psychosocial and spiritual comfort by calling family members, for example, contacting grandchildren, help listen to religious music and, remembering good memories.

Furthermore, ordering patients' favorite food, chanting short prayers brings smiles and satisfaction in patients. A nurse can also offer reassurance, for example, a nurse reassuring that she will take care of the plants after the patients' life is over. A nurse can provide holistic care of the patients by not just administering medications but also providing compassion and care to promote the psychosocial and spiritual care of the patient. In summary, nurses can use the gift of touch and become holistic healers by supporting their religion in chanting prayers and calling priests. The nurse can use their critical thinking skills to understand patients' cues by frequent assessment and act accordingly.

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

Hospice care is a difficult time for patients and their families. The nurse can provide comfort to the patient's family members by adapting the ethical principle of veracity. For example, a nurse can honestly mention to family members that she can't imagine the pain they are going through of losing a loved one. The family members will appreciate the nurse's honesty, and they will establish trust in the relationship. A nurse can be an advocate and counselor, for example helping family members with grief counseling services. It is also essential for a nurse to clearly mention to their family members what they will expect when saying a final goodbye to their loved ones. A nurse can use the therapeutic technique of listening from the families. For example, if the family members have specific questions, a nurse can help schedule an appointment with the physician. A nurse can ask family members to spend time with the patients and make appropriate arrangements for them. Sometimes families are interested in pastoral care, and a nurse can help them by calling the pastoral services of the hospital. Giving them space and answering their questions genuinely is an effective way to support the family members. A nurse should have empathy for family members. It is indeed a tough time for patient's family members because they are not mentally ready to accept the loss of their loved ones. Sometimes family members are experiencing stress and grief regarding the medical care provided and its quality. A nurse can help reassure family members that their loved ones are receiving quality care. A nurse can help family members by being supportive, respecting their wishes if they are not against hospital policies, and adapting the principles of honesty to help provide support for patient's family members.

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

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

I got an opportunity to be a caregiver for my grandfather in his terminal stages of lung cancer. I was twelve years old, and my father gave me this devastating news on a Wednesday morning. I remember this incident because my summer vacation had just started and I was planning to visit my grandparent's house, which was two hours from my home. My father told me that he was diagnosed

with lung cancer and is in his last stages of life. The physician had told him that he could survive up to three months at the most, which was devastating news for all of us. My dad said that my grandparents will stay with us at the end of life because hospice care was not common in India. It was tough for me to initiate interaction when I saw my grandfather for the first time after diagnosis. I am very emotional when it comes to my grandfather because I am very attached to him. I was the first grandchild, and he used to love and care for me selflessly. I helped my parents and cared for my grandfather since it was my summer vacation. He had difficulty breathing, and hence I used to interact with him with gestures, and he sometimes explained to me by writing few words. It was tough for me to interact with him because I was scared that I might start crying in front of him.

My grandfather did not want any sort of treatment except pain medications when needed. I used to hold his hands and spend most of the time with him. My grandfather also has nocturnal dyspnea, and he used to wake up every two hours because of shortness of breath. To be very honest, I am emotional now answering this question. I did not know what words were appropriate at that time and how am I supposed to behave. I sometimes played cards with him, but due to fatigue, he could not play longer. Hence my interactions with my grandfather mainly were nonverbal, but deep in my heart, he felt helpless and hopeless from his gestures and facial expressions.

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

No, I did not feel that I adequately handled the feelings and emotions present while caring for my grandfather. The prime reason is, I was not prepared for my grandfather's death too soon. At that time, I was a child and not mature enough to handle the situation adequately. Although my parents took care of my grandfather, I was home most of the time due to my summer break and provided physical and emotional comfort to my grandfather. My grandfather had worked hard his whole life as a farmer, and he retired before few months. The diagnosis of lung cancer broke my grandfather's confidence, and he felt fragile physically and mentally. The pain and suffering he was going through were torturous for me to understand. My grandfather had a lot of pain when he

inhaled, and tears rolled his eyes when he took each breath. I used to sing in front of him as he always said that my voice is lovely and soothing to him. The side effects of pain medications made him hypothermic, and I helped him warmed up by massaging his hands and comforting him with a warm blanket. It was challenging for me to understand the feelings and emotions he was experiencing because his cancer was very aggressive and painful. The only thing I could do is to provide him with physical and emotional comfort, but the trauma he experienced was complicated for me to handle.

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

I did not feel that I was able to adequately communicate with my grandfather. I was not sure what to talk about with him and how to initiate the conversation. I was also not a mature adult, and sometimes I used to ask my parents questions like why my grandfather experienced so much pain in cancer. This was the first time in my family that I saw my loved one suffering in and near-death situation. This is another reason I could not adequately communicate. I always believe that every disease can be cured, so it was hard for me to understand why lung cancer was not curable. After two months, my grandfather's condition became worse, and he started bleeding from his orifices. I was highly disturbed emotionally, and I did not know what to talk about when I initiated the conversation. I chanted prayers sitting in front of his bed, which made him feel better. I did my best to provide care and comfort, but I concluded that I could not adequately communicate with my grandfather.

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

As mentioned above, I was the first grandchild and very attached to my grandfather. Our bond was unique and inseparable. I have memories of both of us playing, eating, and having a great time together. My grandfather had many wishes after retiring from his farm work and wanted to come to

my home to stay with us for a few months. That did not happen, and he was diagnosed with terminal lung cancer. It was tough for me to understand the emotions of the person suffering from a life-limiting illness. For example, my grandfather became angry because I did not comb his hair the way he wanted. It is pretty normal to experience frustration and a feeling of the burden for family members by patients. Most of the patients do not convey this, but they feel guilty because their family members must take care of them. They don't express their feelings that they are not able to cope with their terminal diagnosis. Nobody wants to die and be away from their family and this world. Patients suffering from lime-limiting illness feel they are not in use and burden their family, making them more stressed emotionally and mentally. Family members should convey to the patients that they are loved even in their critical condition. They are with them physically, emotionally, and financially during the last days of their life.

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

I think that my interactions with my grandfather could have been improved in many ways. As mentioned earlier, I was only twelve years old and not mature enough to fully understand his critical condition. My hope that he will get better was very strong and unrealistic. I told my mother that he will be completely cured of cancer. I could have used therapeutic communication techniques like listening and open-ended questions to know exactly his last wishes. I remember that he felt that he wanted to come to my home for vacation, but he came to get deceased in my house, which is heartbreaking. Although I provided physical comfort, I could not offer emotional and mental comfort, which is very important, especially in life-limiting illnesses. I want to mention that it is very difficult to understand the patients with the life-limiting disease even if I was a professional because the pain and emotional suffering cannot be conveyed by words. As a future practicing nurse, I would provide sympathy instead of empathy and treat the patients holistically as if they are like my family member. I should have focused on quality care and some alternative treatment to manage pain like ayurvedic medications and aromatherapy, which could help ease my grandfather's chest pain. From

the video case studies, I learned that scopolamine dries up secretions and can be used to relax my grandfather's breathing. In addition, lorazepam can be used to relieve my grandfather's anxiety. The caregiving experience of my grandfather will definitely help me understand the pain and grief the patients are experiencing. Still, honestly, it is next to impossible to thoroughly understand the patients who are experiencing near-death situations. Lastly, I would like to thank Professor Lawson, who allowed me to understand palliative care through this assignment in older adults.

Step 3: Rubric Review and Submission

Students should review their assignment utilizing the provided rubric to ensure they have successfully met the assignment requirements. Students should then submit this document to the Edvance 360 dropbox prior to the due date listed in the course syllabus.

Palliative Care Assignment
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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	0 Points	1.5 Point	2 Points	2.5 Points	Points
Response	No response completed	The student's submission demonstrates superficial thought and minimal preparation. The assignment does not address all aspects of the task.	The student's response lacks full development of the concepts. The assignment fully addresses all aspects of the task.	The student's response is fully developed. The assignment fully addresses all aspects of the task.	
Clarity & Mechanics	The student's response is unclear and unorganized. The student's response contains 5 or more errors in grammar, mechanics, or spelling.	The student's response is unclear or unorganized. The student's response contains 3-4 errors in grammar, mechanics, or spelling.	The student's response is clear and concise. The student's response contains 1-2 errors in grammar, mechanics, or spelling.	The student's response is clear and concise. The student's response is free of errors in grammar, mechanics, and spelling.	

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	0 Points	1.5 Point	2 Points	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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Clarity &	The student's	The student's	The student's	The student's response	

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

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	5 or more errors in grammar, mechanics, or spelling.	grammar, mechanics, or spelling.	mechanics, or spelling.	and spelling.	
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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)

points

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