

ATI: Video Case Study Palliative and Hospice Care

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How can the nurse 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?

A nurse can ensure that a client receiving palliative care is comfortable by caring for their physical, spiritual, and emotional needs.

Comfort measures for hospice clients include pain/discomfort management, use of prayer or other religious support, and managing mental and emotional distress. The dying process is very hard on the body, so the nurse should use pharmacological and nonpharmacological measures to ensure comfort. Many hospice clients use their religion to relieve anxiety during the dying process. Ways to manage mental and emotional distress are providing a relaxing mood, physical touch, calming music, and just being there with the client.

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

The nurse can provide support for the loved ones of the dying client by educating them on the dying process and allowing them to grieve. Active listening, answering questions, therapeutic touch, and eye contact are ways that the nurse can comfort those experiencing grief.

What feelings occurred when interacting with a person with a life-limiting illness?

The feelings that occurred when interacting with a person on hospice were fear, sadness, grief, and anger. The person was a loved one of mine, and it was a very emotional and challenging time. The hospice nurse provided extensive education and comfort throughout the dying process.

Were the feelings or emotions adequately handled?

The feelings and emotions were adequately handled and appropriate for the situation. The client's family must be well taken care of not to cause more anxiety and stress to the dying person. An excellent exercise for families experiencing the loss of a loved one is talking about memories of good times.

Was there adequate communication with the ill person?

The ill person was not awake and oriented to time, place, or situation.

How did the person with the life-limiting illness feel during their interactions?

The person with the life-limiting illness could not explain how they felt during the dying process. The dying client did show some physical ways that they were at peace, like squeezing a hand and making eye contact.

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

The interactions were significant between the loved ones, the medical staff, and the dying client. There was no room for improvement, and the nurse created a very comforting and safe environment.