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?

The nurse can ensure that the client is receiving palliative/hospice care comfortably by becoming the clients manager and advocate. This is also a way the nurse can provide

psychosocial and spiritual comfort. The nurse can accomplish these tasks by considering the family in any means and providing non-pharmacological and pharmacological care. An example of these may include morphine for pain, or something as simple as a massage for pain. The nurse could also position the client more comfortably, play music and of course always assess the patient for any comfort status needed.

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 by considering them in the care. This means the family of the dying client is kept up to date of the clients health status and what has been done so far by each and every member of the health care team. The nurse could also ask if the family is religious/spiritual and either bring in the church preacher (if requested) or help any other way he/she can for their needs.

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

Some feelings occurred that interacted with a person with a life-limiting illness were a lot. For example, feeling nervous and confused, all at once because someone you love or cared for will soon not be here any longer. Also feeling upset and angry all at once with being nervous and scared because you do not want them to go and it all feels so unfair.

Were the feelings or emotions adequately handled?

The feelings and emotions were not handled well off of first emotional reaction. This resulted in shutting everyone off and being “difficult” for awhile. However, overtime with acceptance things got simpler. Everyone will respond differently either with anger, sadness, or even no response at all. Everyone is different and the stages of grief can be met differently by anyone.

Was there adequate communication with the ill person?

The communication was as adequate as the health care team could manage. The patient was mainly unresponsive later on in hospice care and could barely respond to anyone. However, the communication was adequate enough to the patient and families standards and was very proper in care.

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

At the beginning of the interaction, the patient was very harsh and mean. Before the patient had this life-limiting illness they were pretty out going and easy to get along with. The life-limiting illness changed the patient into a state of denial and anger, which resulted in harsh and mean interactions. The patient was not comfortable with what was going on with the life-limiting illness and did not know how to handle it. Overtime, the interactions got easier as the patient started to accept what was happening.

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

The interactions could have been changed to a more therapeutic and empathic way. For example. The health care team realized the patient was undergoing stress with the whole process, so a few things with the care could have been improved. A few examples would be sitting down with the patient and letting them talk out their feelings or just simply spending a couple minutes a day just sitting with the patient so they do not feel alone in this scary process.