ATI: Video Case Study Palliative and Hospice Care

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3/4/2022

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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?

There are many interventions a nurse can ensure that the client receiving palliative and hospice care is kept comfortable. These interventions include pharmacological and nonpharmacological interventions. Pharmacological interventions that a nurse can administer with a doctor's orders include opiates, scopolamine, diuretics, benzodiazepines, and antiemetics. Opiate use is for pain relief for the client. Scopolamine is prescribed for breathing as fluid can accumulate in the airway, and this drug reduces the salivation process. Patients with excess fluid in the body can benefit from diuretics. Benzodiazepines are an intervention for use in clients with fear and anxiety. Antiemetics are a nursing intervention for nausea and vomiting from opioid use or the illness. Nonpharmacological therapy is oxygen therapy, placing the patient in a semi-fowlers position, massage for pain relief and relaxation, music, and Reiki healing. The psychosocial and spiritual comfort of the client's needs is vital for optimal treatment. Examples of these comfort measures include visiting with loved ones. For spiritual comfort, measures can differ between each religion/ person, so it is imperative to ask the client what they want during the dying process. There are many nursing actions for palliative and hospice care that focus on the client, but there are actions that the nurse needs to use for loved ones.

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

The nurse can support the client's loved ones by informing the family of the client's status and answering questions if the client gives permission. If applicable, the nurse can let loved ones participate in the client's care. These interventions give loved ones a sense of knowledge and

helpfulness during a difficult time of the dying process. The dying process can present many emotions for loved ones and the nurses caring for the client.

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

This student has interacted with clients undergoing the drying process. The dying process uncovers mixed emotions from upset to understanding. This nursing student felt a sense of understanding and relief that the patient died respectfully and comfortably instead of in fear and pain. This student felt sad as this student could not extend the client's life and help treat the disease process. This student felt that it is imperative to understand and control these emotions during client care.

Were the feelings or emotions adequately handled?

This student had feelings of sadness and understanding while caring for a patient during the dying process. This student felt that the emotions while interacting with the client and the client's loved ones are adequate. The student found that focusing on the thought that the client is not in pain increases the ability to control these emotions. Communication with the client and their loved ones helped relieve their emotions.

Was there adequate communication with the ill person?

The student made sure to communicate with the dying as much as possible. Communication included stating the student's name and explaining nursing interventions used. The client slept a lot because of the pain relief, but the student understood that the client might still hear what was said. The student ensured to be respectful during the difficult time for the client and the client's loved ones.

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

The client's feelings about nursing actions are unclear. The client did not respond to nursing actions as the client slept or was unconscious during every nursing action. The student did reposition the patient frequently so the client would be comfortable during this process. The student understood that the dying process could be overwhelming and frightening to the client, so it is imperative to be respectful during interactions, even if the client is sleeping/ unconscious.

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

Interacting with this client taught the nurse how important it is to understand the student's feelings and the client's and their loved ones. The student does not believe that the nursing interactions could be improved as the client is comfortable and unconscious. The student communicated with the client and the client's loved ones respectfully as the student understands how complex the dying process is from a family member's perspective.