

Reflective Case Study Gerontology Assignment:

ATI: Nurse's Touch 2.0: The Communicator 2.0 Video Interaction: Client Comfort and End of Life Care

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April 22nd, 2022

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What was learned from this scenario?

This scenario helped the student learn that conflict and disagreements can arise between patients and their family members throughout palliative care. In this case, Audra's daughters seemed to have different approaches to their mother's end-of-life care. While Karrie wanted her mother treated with medication for the pain, Claire wanted to respect their mother's wishes of no pain medication. These types of conflict can cause stress and anxiety for the patient, the nurse, and other healthcare workers. The nurse in the case study reached out to the doctor for assistance, which was appropriate. The nurse reinforced to the sisters the mother's plan of care. This case study taught the student that it is essential to respect the patient's wishes and guide the family members in supporting those wishes.

Identify the biggest takeaways.

a) Explain the factors that influenced this decision.

The biggest takeaway from this scenario was how vital the nurses' role is during the end-of-life for patients and their families. The nurse plays the role of comforter, mediator, caregiver, and more. Another major takeaway was how much advocating is needed during palliative care for hospice patients. These patients cannot speak for themselves or do not have the energy to do so. Often, family members can overstep their boundaries by making decisions on behalf of the patient, regardless of how they feel. When families overstep, a nurse can intervene and remind the family that the patient's preferences come first. For example, the daughter Claire and Audra's sister disagreed about having the chaplain come in to speak with them. Ultimately, no one asked

the patient what she wanted first and foremost. Lastly, another major takeaway was that patients always have the right to decide for themselves if they are alert, oriented, and in the right state of mind. The right to medication, the right to refuse, the right to informed consent, and the right to treatment are all central ideas nurses must keep in mind. Putting the patient first while tending to the family can be challenging. Nurses should try their best to respect the family's wishes while prioritizing the patient's wants and needs.

What are some of the main problems or key issues expressed in the scenario?

One of the main problems expressed in the scenario was administering pain medication. Audra was visibly in much pain, which caused her daughters to worry significantly. Karrie pressed the call light and asked the nurse to bring her mother pain medication without consulting her mother's desires. Claire expressed how that was not what their mother wanted because she wanted to remember her final moments and not feel groggy. The sisters disagreed, which put the nurse in a difficult position. The nurse stressed the importance of respecting their mother's wishes during her final stages of life. Another critical issue was the fighting amongst the grandchildren in the room. The loud arguing caused Audra to feel anxious and did not allow her to get any rest. The nurse had to stress to the family how important Audra gets rest throughout the day. The nurse continued to put the patient's needs first while tending to the family's needs.

What were some of the challenging decisions the nurse needed to make?

a) Describe the rationale behind these decisions.

One of the challenging decisions the nurse had to make was during the situation with the grandchildren present. The grandchildren were noisy and arguing, disturbing the patient and her environment. The nurse had to step in to take away the stethoscope they were fighting over, as well as have a talk with the adult family members that it was time Audra got some rest. The

rationale behind this was to promote a peaceful, quiet environment for the patient and allow her to get the rest she needed. Another challenging decision the nurse made was to reach out to her coworkers for advice. The nurse did this for clarity and guidance over the situation. It allowed her to better care for her patient. The nurse got the answer she needed from the doctor about the patient's wishes and was able to handle the situation accordingly.

What factors influenced the nursing decisions and responses during the scenario?

- a) Explain the response.**
- b) How will a nurse respond if this scenario presents again in the future?**

Audra, the patient, was one factor that affected the nursing decisions and the responses. The nurse knew that she must provide Audra with autonomy and veracity while in her care. The nurse centered her decisions on Audra's wishes and responded accordingly to what she needed. The sisters were another factor that affected the nursing decisions and responses. The sisters added conflict and stress for the nurse, and the nurse had to reinforce boundaries, advocate for the patient, and redirect the focus back on the patient and her needs. For example, she reminded the sisters that they needed to ask their mother what she wanted to do regarding her pain medications. The last factor to consider is the nurse herself and her own biases. Nurses focus on putting their patients and their wishes first, regardless of the feelings of family members. The nurse felt torn in this situation and felt the need to reach out for help through co-workers, who guided her in continuing to put the patient first.

Have similar situations been experienced in current clinical rotations?

- a) How did nursing or others respond to the situation? Please explain.**
- b) Describe successful communication strategies used or experienced in the clinical setting.**

The student experienced a similar experience in current clinical rotations. The student followed a nurse taking care of a highly ill patient on the medical-surgical floor. The patient was

in poor health and needed to stay at the hospital for proper treatment after almost dying the night before. The patient was agitated and felt nothing could help him. The patient stated that if he was going to die, he wanted to die at home and not in a hospital bed. This decision made the patient's wife extremely upset. The patient's wife asked the nurses for help in convincing the patient to accept further treatment. The nurses, care partners, case manager, and physician all talked to the patient and explained how crucial it was for him to stay in the hospital to receive extensive medical treatment. The nurses and case manager showed much frustration after leaving the patient's room. Each healthcare team member demonstrated therapeutic communication while providing firm, honest input regarding the situation. This type of communication allowed the patient's spouse to feel validated and supported in her support for her husband. The husband disagreed with the healthcare and signed forms to leave against medical advice. Regardless of his choice, the healthcare team supported the patient and continued to speak to him with respect and kindness. The communication was successful overall, regardless of the outcome.

Discuss the advantages and disadvantages of having families discuss treatment options, including end-of-life decisions before a loved one becomes ill or early in a terminal illness.

There are many advantages and disadvantages involved with having families included in treatment options, end-of-life decisions, and terminal illness discussions. A benefit to having family involved in end-of-life decisions is that it allows the patient to feel supported and not feel alone in their struggle. Having family members offer guidance, advice, and help can also lessen the load for the patient during the end of life. When family members share their concerns or thoughts, it can help bring new ideas or resolutions for possible treatment options or end-of-life decisions. There is also a downside to all of this. With familial involvement comes disagreements, arguments, and judgments. There is a strong chance that not all family members will be in agreeance, and this causes stress and tension in the family. It significantly affects the

patient and may cause them to feel pressured into pleasing their families and not themselves. Making choices for family and not themselves could result in the patient making decisions to please their children, such as being a complete code status instead of being a DNR status as they would prefer. Whether familial support is advantageous or disadvantageous depends on the specific patient and family and the set boundaries.