

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 assure that a client is being kept comfortable on palliative/hospice care by alleviating pain and other symptoms. They can also try to improve the quality of life for their clients by treating physical and psychological pain. A nurse can provide psychosocial comfort by providing the client with a massage therapist or a therapy dog to take the mind off their dying process for a moment. A nurse can also provide spiritual care to a client by having a pastor come and speak with them, or they may even play gospel songs.

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

A nurse can provide support for the family and loved ones of the dying clients by involving them in the care and explaining the process so that the family understands what is going on. The nurse can also provide information on grieving and therapy groups to help the family cope with the dying process of their loved one. When providing support, the nurse may also let the family express their feelings to her/him, and they could help that way.

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

Interacting with a person with a life-limiting illness was a sad thing to do. This person knew they were dying and could not do anything about it. Seeing a person lose their body function, two feelings were difficult to process at times. These feelings were of sadness for that person and feeling helpless that nothing would be able to help them anymore. The main feeling was sadness; it was sad to see someone who was once active now dying.

Were the feelings or emotions adequately handled?

Feelings and emotions were appropriately handled in this situation. As someone who works in a hospital, they learn to cope and adapt to hospice/palliative care. That person may feel tons of emotions taking care of a patient like this, but they learn how to compose their feelings and emotions before their clients and families. Staying focused when caring for these clients is essential to the client but the families, and the person taking care of the client.

Was there adequate communication with the ill person?

When communicating with the ill person, he could not speak to the care team; The team explained everything to him as it should be. We explained what we were doing each time we had to touch him. The care team would even play gospel music for the patient because he loved God. The communication with this ill person was adequately communicated.

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

The person with the life-limiting illness was unable to communicate. The care team did not know how he felt all the time. He would stare at the care team or blink his eyes. Every so often, he would have a tear. Assuming he might have known he was in the dying process. There was no good way of knowing how the client was truly feeling.

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

There is always room for improvement every time dealing with a client. The interactions with this client went smoothly. Were there times care could have been better? The care team assigned to this patient gave the best care to him. They made him as comfortable as possible, explained everything, and even talked to him as if he was going to answer back. The interactions did not need improvement due to this care team