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?

Nurses can ensure proper comfortable measures by providing physical contact. Providing a gentle massage, music therapy, or pet therapy are ways the patient can stay comfortable. Other methods include oxygen therapy if the patient has dyspnea or positioning the client in semi-fowlers. Proper communication and being active in-patient care gives the patient a chance to express how they feel that day. If the patient is unresponsive, communicating with family members will allow the nurse to understand what spiritual beliefs the patient is part of. Offering a priest or pastor in this challenging time gives the patient ease. Listening to the patient about the difficulties they are going through will provide psychosocial comfort.

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

Using therapeutic touch could comfort the family and loved ones during this difficult time. Encourage the family to talk about how they feel during this difficult time. Some family members deal with stressful situations differently, so sharing their favorite stories of their loved ones could help.

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

Although death is the circle of life, feeling sad about your patient dying is ok. Listening to your patients talk about their feelings about death makes me emotional. Although I can give them all the interventions, nothing I say will make the life-limiting illness disappear. Nurses have to keep their emotions and put them aside while treating the patient. If I start crying, the family

will start getting emotional even more. Since I was emotionally attached to my patient, I was despondent when the patient passed.

Were the feelings or emotions adequately handled?

The feelings I portrayed about my patient were adequately handled. I was more emotional due to being a family member of the patient. I kept calm around the patient to not worry or get them worked up. However, the fear in my voice could have been pointed out after the scary incidents. However, I did break down after hearing all of the stories and experiences my patient lived. I was emotionally attached to my patient for being a caretaker for four years.

Was there adequate communication with the ill person?

Throughout the difficult time, I maintained proper communication. I used therapeutic touch and communication to check on my patient multiple times throughout the day. Providing comfort to these patients is crucial during this difficult time. I used verbal and nonverbal communication such as gestures and body language.

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

The patient felt ready to go multiple months in advance due to the death of their husband and friends. When the time came closer, the patient was scared to leave multiple family members behind but prepared for the life to come.

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

There are always components in nursing that nurses can fix. As a student nurse, I should have taken a few deep breaths to calm myself down when stressed or fearful. In a hospital setting, it is possible to switch roles with another nurse if felt uncomfortable providing the care. Otherwise, the interactions between the patient and I were understood. The patient felt heard and understood through the difficult times they were going through.