

ATI: Video Case Study Palliative and Hospice Care

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06-13-22

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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?**

In both palliative and hospice care among the all responsibilities, we as nurse must keep the patient comfortable at all times. A nurse can ensure that a client is comfortable during palliative/hospice care by ensuring the care involves the goal of the client's wishes, providing pain relief measures, and using non-pharmacological interventions. Respecting a client wishes allows them to feel more at ease knowing that the plan they want is being implemented and maintained. Respecting a client's wish can be exemplified as decreasing signs and symptoms of a condition or getting an advanced directive for whether or not they want to be resuscitated within an event that calls for it. Providing pain relief measures comes in many forms, such as pharmacological interventions or even therapeutic communication. Pharmacological interventions are the use of prescribed medication for the patient's pain level and decreasing it to an acceptable level they deem acceptable. Therapeutic communication serves as a pain relief measure because we nurses use skills such as active listening, respecting, eye contact (when culturally acceptable), and respecting boundaries or light touch (when culturally acceptable). Therapeutic communication allows the patient to fully express their concerns and thoughts without any bias and ultimately distracts them from the pain that may be physically, emotionally, or spiritually. Non-Pharmacological measures that help the client feel comfortable include massages (when acceptable), guided imagery, or aromatherapy. All non-pharmacological

measures serve to make the setting more comfortable and relaxing, which makes the patient more at ease.

A nurse can provide psychosocial care to the client using good communication (verbal and non-verbal skills). Demonstrating good communication skills allows nurses to be immersed in the client's overall care and show empathy and support to the client. Being empathetic reflects a nurse's viewpoint on the patients and attempting to understand their thoughts and feelings (the saying goes, put yourself in the other person's shoes). Showing overall support to the client is noticeably done throughout the interaction and shows that we, as healthcare providers, are there for them and their needs by responding to their thoughts/concerns in a caring way. A nurse can provide spiritual care to a patient by discovering their beliefs about life or anything that involves a belief in a higher being. Asking about a client's beliefs allows a nurse to respond similarly, which allows them to find meaning or new meaning to what the patient already believed. This expression allows the patient to seek and resolve any matters they had to deal with in the past.

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

Although caring for the dying patient is a nurse's main priority, we must also support the dying patient's family because this is when they are emotionally vulnerable due to anticipatory grief. We can support the family by creating a peaceful atmosphere, actively listening to their thoughts and concerns with an open mind, and educating them on what they will expect with the course of care. Creating a peaceful atmosphere allows tension to decrease and overall decreases negative feelings. Being open to the family's thoughts and concerns allows the nurse to address what is the most concerning to the family member. Educating the family on what to expect in the

course of care is another way of mentally bracing them for what will come next. A nurse may need to use these supportive interventions when caring for a dying patient's family.

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

When caring for a patient with a life-limiting illness, one may feel hundreds of different emotions all at once during the interaction. This type of interaction is unique and different from any other patient-nurse interaction because the nurse goes through a drastic change of emotions, including stress, resentment, anxiety, isolation, and fatigue. Stress and anxiety are the most commonly felt when caring for a terminally ill patient. As one may feel these emotions while caring for the terminally ill, we as providers must find ways to cope with our feelings and the patient. Coping mechanisms may include giving self-time to reflect and grieve, open communication with family or friends, meditation, giving themselves a break, and going outdoors with activities. Finding ways to cope with one's emotions while caring for a terminally ill patient may help alleviate tension, improve interactions, and relieve some negative emotions throughout the interaction, improving patient death outcomes.

### **Were the feelings or emotions adequately handled?**

In the case study scenario, the family members were still displaying emotions such as fear, shock, and anxiety during the event of a loved one passing. The nurse adequately handles the family members' emotions professionally by letting them know about their dying loved ones, using therapeutic communication skills, use of space, and active listening while maintaining professional composure. Maintaining professional composure is essential while caring for a terminally ill patient and family members because it shows them that the medical staff are

confident in their skills and are very immersed in caring for the patient to the highest standard of care possible.

**Was there adequate communication with the ill person?**

Although there was not much communication with the patient, the nurse exchanged communication with the patient family members, ensuring them and addressing their feelings. No communication with the unconscious dying patient is a slight error because it is believed that frequent communication can increase the overall impact on the health of the dying or unconscious patient.

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

The patient seemed unconscious during the interaction, but the overall emotions displayed inside are mysterious since they were unconscious.

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

Patient-nurse interactions are significant when caring for patients, but it is also essential to care for the family members. This scenario was the opposite since the patient was unconscious, but there are some things to improve during interactions. Improvements include communicating to the patient while unconscious and offering services like in-hospital chapels, praying, meals and refreshments from the cafeteria. Patient education about the patient's condition before and after death is always the best form of honesty to inform guidelines of care for the patient's family members.