

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 that the client receiving palliative/hospice care is comfortable by asking the client directly what would offer relief. Comfort measures such as limiting how often vitals are checked, creating a quiet environment, dimming the lights, offering extra blankets and pillows, and speaking in soft voices can help the patient feel at ease. Chaplains can offer spiritual guidance and pastoral care. Massage therapists can offer relief from muscle aches and pains. Pet therapy can offer soothing companionship and reduce anxiety.

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

The nurse can support the dying client's family/loved ones by playing a supportive role. The nurse can support the family by informing the family of the client's status and answering any questions the family may have. While the family is coming to terms with their dying loved one, it may be an excellent time to help arrange for grief counseling and coordinate respite care.

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

The family/loved ones were grieving and may have felt helpless. Some family/loved ones may find participating in the client's care comforting, so it is important to answer questions.

Were the feelings or emotions adequately handled?

The feelings and emotions were adequately handled by the nurse by allowing space and time for the family/loved ones express their grief. The nurse also allowed time for questions and took the time to address the family/loved ones concerns.

Was there adequate communication with the ill person?

There was adequate communication with the ill person. In this case study video, the nurse is working alongside the provider and meeting with the family to address the client's wishes and needs in the presence of the ill person. In this setting, the ill person is still a part of their treatment plan.

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

The person with the life-limiting illness may feel a sense of comfort knowing he is in a place that will facilitate a peaceful death. He may also feel comfort hearing the nurse advocate for their wishes.

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

The nurse demonstrated professionalism while comforting family/loved ones in their time of vulnerability. The nurse offered answers to the family/loved ones' questions and displayed therapeutic body language, and respected their personal space. The interaction may have improved by offering some privacy for the family members who were grieving.