

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?

The nurse can ensure that a client receiving palliative care is kept comfortable by making it appointed to distribute pain medications as prescribed by their provider to help limit the amount of pain the client is experiencing. The nurse can also help ensure client comfort by ensuring the client always has clean and dry sheets. Another nursing service that will enhance the client's comfort would be to maintain oral hygiene for the client because a dry oral mucosa is irritating and uncomfortable. The nurse can offer the client pastoral care to enhance spiritual comfort. If the patient practices the catholic faith, the client might want a rosary or for a priest to perform the anointing of the sick ceremony. Providing the client with a quiet place to pray or perform spiritual rituals may help enhance the client's comfort. The most important aspect of providing psychosocial care is to ask the client what their needs and wishes are, and the nurse should do everything they can to implement these wishes.

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

The nurse can support the family and friends of a dying loved one by offering them pastoral care. In some cultures, the family must perform certain rituals and ceremonies; therefore, the nurse should be accommodating to these needs and help the family obtain the resources they may need. Another way the nurse can provide care for the loved ones is to ask them what their wishes are for the client, and as long as the client wants the same things, the nurse can implement the family's wishes into the care plan. The nurse can also set up grief counseling for the family so that the family has help processing the anticipated loss of a loved

one. The nurse can also bring in refreshments for the family to ensure they are nourishing their bodies while spending valuable time with their loved ones. The death of a loved one is very hard on the family and friends of the dying client, so the nurse should implement care that will help the family's grieving process as much as the nurse can.

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

During my clinical experience, I cared for a lady with chronic obstructive pulmonary disorder (COPD). She was having an exacerbation, and her overall health was trending downward. During my shift, the staff at the nursing home and the family decided to put her in hospice care. When I realized what was happening to my client, I became despondent, but I was also motivated to give my client the best care I could. I made sure that she was positioned comfortably, did her nail care, washed her feet, and did anything that I could to make my patient feel comfortable. My only priority was keeping my patient comfortable during my shift because she was my only patient, and I wanted her to feel special that day.

Were the feelings or emotions adequately handled?

After reflecting on the situation, I believe I handled my emotions appropriately. I never let my patient see me upset. Every time I went into her room, I made sure I had a smile. I wanted to do everything I could to honor this client and maintain her dignity. I did not allow myself to truly grieve the situation until after I got home that afternoon. I allowed myself to cry because this was my first experience with a client that was dying. However, I hope to be able to distance myself in the future so that the grief I experience as a nurse is not as intense as it was in this situation.

Was there adequate communication with the ill person?

There was adequate communication. I completed hourly rounds, ensuring that she had her call light always near her. I let her know to call me if she needed anything at all. I allowed her to reminisce about her past and actively listened and participated in conversation when prompted. The patient and her friend appreciated my attentiveness. By the end of the shift, the patient said farewell until next week.

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

The patient felt very good after I completed the comfort measures. She verbalized her thanks many times. The patient was happy to have her toenails clipped and her feet soaked and cleaned. She also appreciated having her fingernail filed and manicured. The patient said she felt special and had not received care like that in a very long time.

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

I always think that there are areas to improve upon with client interaction. I would have offered to put on makeup and curl her hair. Another thing I could have done was have her reach out to her family and set up a phone call to facilitate the interaction between her and her family. I would have offered different pain alternatives and advocated for her if she needed further pain medication. Overall, I gave her excellent patient care, but looking back, I could have done a little more to improve her last days in this world.