

ATI: Video Case Study Palliative and Hospice Care

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February 12, 2023

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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 nursing profession is viewed synonymously as helping clients achieve wellness and full health potential. Every human being needs to understand that life involves the whole criteria of being born into dying. Nurses should understand the mortality of life to feel more comfortable helping clients through the dying process. Enforcing therapeutic communication skills is the best way a nurse can deliver comfort and assurance to a palliative or hospice client. Active listening is the best therapeutic communication tool a nurse could use in dealing with a client and the client's family in this process. Listening to the client's hopes, fears, joy, sadness, good memories, and missed opportunities will help them process the reality of passing. The nurse should consider the experiences, attitudes, beliefs, and values everyone brings to his or her dying process.

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

As a nurse taking care of a dying client, one must not just be an advocate for the client, but the nurse should also take care of the client's family in these uncertain times. The nurse should assume the role of a support system for each client's family member. The nurse should recognize the five stages of grief, including denial, anger, bargaining, depression, and acceptance. Regardless of the stage a family member experiences, the nurse should figure out how to approach and comfort each family member in their grief.

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

The novice nurse felt sadness upon seeing the client. This semester, this novice nurse got to experience taking care of a do not resuscitate (DNR) client in the emergency department during clinical. The client came into the emergency department from the assisted living facility. The primary complaint from the health care team taking care of her was that her skin color was inappropriate. Both her ears were bluish-purple. Her skin looked so pale as snow, and both of her lower limbs were manifesting pitting edema. The novice nurse was reading older adult health lessons about the signs of a dying client. All signs and symptoms were present in the client mentioned. She was short of breath, her blood pressure was below normal, and her oxygen saturation was in the lower 80s. Since the client was a DNR, the staff nurse in charge of the novice nurse explained that no matter the client's situation, the healthcare team could only make her feel comfortable as possible. The novice nurse asked the client what she wanted, and she replied that she was thirsty and wanted some Pepsi. The staff nurse was consulted but denied the client's wishes. The novice nurse suggested that a swab was appropriate to quench her cravings. The staff nurse agreed. After granting the client's last request, the novice nurse was happy and satisfied.

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

The feelings and emotions of the novice nurse were handled very well, so the client's final wish was granted, even if it was not what she desired. After a few minutes had passed, the client's vital signs were deteriorating so fast. The staff nurse requested the attending provider to come to assess the client. The provider informed the team that the client is DNR status, and the laboratory results came back abnormal in every aspect. Respiratory therapy with the help of the novice nurse was putting the client on a bi-pap when the provider checked the client's pulse. It

was too late, and the client took her last breath. The provider declared the time of death right at that time. The novice nurse felt so sad that he closed his eyes and said a little prayer.

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

Since there needed to be more time to know the client, the novice nurse was not able to talk with the client. Although, the novice nurse tried to make the client feel comfortable until her last breath.

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

In those moments, the dying client was probably still trying to process the situation that brought her to the hospital. The novice nurse asked the client if she felt any pain, to which she replied that she felt no pain at all. When the X-ray technician took a picture of the client, the novice nurse was asked to help hold the client's chin as her neck was so stiff that she could not move it. Only when she complained that it hurt her.

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

The novice nurse believed that it could have been improved. The client's condition was deteriorating so fast that the staff nurse could not call the client's family to say goodbye. The healthcare team could have called for pastoral care and found out if the client wanted final rites before she took her last breath. Although they may sound conflicting, sadness and happiness were felt simultaneously at that moment. Sadness for the client's situation, but at least happy for granting her last wish.