

ATI: Video Case Study Palliative and Hospice Care

Amanda Welker

Lakeview College of Nursing

03/04/2023

ATI: Video Case Study Palliative and Hospice Care

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 a client receiving palliative/hospice care is kept comfortable by preventing pain, assessing the client, and treating the client accordingly. Some ways that a nurse can implement the care are with oxygen therapy, repositioning the client as needed, and administering medications such as furosemide, ondansetron, lorazepam, and morphine. Nurses can provide for the psychosocial of the client by collaborating with other healthcare professionals on the client's team, communicating with the family, use of nonpharmacological interventions such as guided imagery, music therapy, and cognitive behavior therapy. A nurse can also provide for the spiritual needs of the client by advocating for the client and contacting a spiritual support person.

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

The nurse can provide support for the family/loved ones of the dying client by answering any questions that they may have or seeking out the answers, advocating for the patient, and allowing the family to participate in care. The nurse could also offer to stay with the client while the family takes a break. Palliative/Hospice care nurses are designed to provide a holistic approach to care that involves not just the client but also the family/loved ones. As a nurse, you want to establish a sense of trust with both the client and the family and show empathy and compassion.

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

When interacting with a person with a life-limiting illness there was empathy, compassion, and sympathy. Feeling sorry for the family that they are losing a loved one is a natural response and it is important to show that you are empathic to their situation. The client doesn't want sympathy they want empathy and compassion. They want to know that you are doing everything that you can to keep them comfortable and help ease the dying process. They want to know that as their nurse, you care compassionately about your position and care about their well-being.

Were the feelings or emotions adequately handled?

The feelings or emotions were adequately handled. Compassion and empathy were shown and that is exactly what the client wants to see. They want to know that you care and are there for them to keep them comfortable during their end-of-life experience. Dying clients want you to be there both physically and emotionally. As a palliative/hospice nurse, you have to provide a sense of peace and understanding for them.

Was there adequate communication with the ill person?

Yes, there was adequate communication with the ill person. Whether the client is alert and oriented, disoriented, or in a comatose state, it is still important to communicate with the client. Tell them what the plan is for that day, and tell them what you are doing to them before you do it also. Allow the client to have autonomy as they can and allow the family/loved ones to participate in their care as well.

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

The person with the life-limiting illness felt grateful during their interactions. Just having someone there to talk to them is sometimes all they need so they aren't alone. The client was also

thankful. The client was very weak and had limited mobility so having all the help that they could was a blessing to them.

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

The interactions could have been improved by being able to spend more time with that particular client. Having other clients it was hard to just be able to sit with that one person. Giving adequate care to all clients is essential but we always want to give special care to the dying patient as well as the family/loved ones.