

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 comfortable?

What are some ways that the nurse could provide for the psychosocial and spiritual comfort of the client?

Palliative/hospice care can keep clients comfortable and provide for their psychosocial and spiritual comfort by respecting their wishes to facilitate a peaceful death. A nurse can assist with this by alleviating pain and other manifestations while focusing on improving the patient's quality of life, even though the patient usually has less than six months to live. Pain and comfort should be controlled through pharmacological and nonpharmacological comfort measures, such as pain medications, oxygen therapy, positioning the client to allow them to breathe easier, or massage therapy. The client's interprofessional team and plan of care can vary to better assist the patient according to their needs, wishes, and comfort level.

How can the nurse support the dying client's family/loved ones?

When handling a case with a dying client, the family members of the dying patient also become essential. Informing the client regularly of the client's status, answering any questions, or providing teaching to the family can help provide support. A nurse might also need to support the family by allowing the family to participate in the client's care, arranging for grief counseling, or coordinating respite care so the family will not have to worry about having to worry about doing that. Taking these small measures to assist the client's family and providing support can help facilitate the family's grieving process so they can focus on spending time with their loved ones.

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

Being diagnosed with a life-threatening illness can cause a person to feel many emotions. A person with this type of diagnosis can feel denial, anger, a need to bargain for their life, depression, and finally, acceptance of the diagnosis. These stages may not happen in order, or a person might not even experience every stage. Also, a nurse must understand that every stage might have a different time frame for every individual, and the individual might even recede to a stage that he/she has already experienced.

Were the feelings or emotions adequately handled?

The nurse handles the feelings and emotions adequately by informing the family of the patient's status, answering any questions the family may have, and providing teaching.

Was there adequate communication with the ill person?

There was adequate communication with the ill person, but more so with the family as the patient rest. The interprofessional team regularly met with the patient and family to keep the family updated on the patient's status and provide teaching to the family as needed.

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

The patient was resting in the video case study, so there was not much information about how this patient felt about the interactions. The patient appeared very peaceful during interactions with the nurse, though, as the patient displayed a calm demeanor.

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

The family, patient, and interprofessional team interactions communicate well and regularly provide information. The interactions seemed concise. The nurse should plan accordingly to allow for adequate time for questions and concerns the family may have. In addition, the interprofessional team did an excellent job meeting with the family regularly to update them on the patient's status and provide the necessary education.