

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 should consult the interprofessional team in addition to making their interventions to provide comfort to the client. One specific way the nurse can provide their own interventions is by administering oxygen therapy and repositioning the client to improve respirations. One way the nurse may utilize the interprofessional team is by introducing a social worker who can help ensure the client's end-of-life wishes are being carried out appropriately. Additionally, the social worker can ease the client's mind by helping to ensure the family is being taken care of. Another way the nurse may utilize the interprofessional team is by contacting the appropriate clergy/spiritual representative(s) for the client's religious beliefs, as this can help provide spiritual guidance and soundness for all individuals.

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

The nurse can assist the family and loved ones of the dying client in multiple ways, and many of these are by utilizing the interprofessional team. Bringing in a psychologist and/or social worker, both before and after the client's death. They can help to ensure the family is properly grieving without any complications that would make the grieving process less therapeutic, such as by placing blame on someone (or themselves) for the client's death. Additionally, a social worker can help the family and loved ones ensure the client's end of life wishes are being carried out appropriately. The nurse can directly aid the family and loved ones of the client by providing education on each step of the process of dying, including what to expect closer to the actual death itself, as well as by simply being present if those individuals need a support person.

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

When this student nurse was at his adult health clinical at Sarah Bush Lincoln Health Center in Mattoon, Illinois, a few weeks ago, he was assigned a patient to complete a care plan with. This patient had extensive metastasized cancer all throughout his body, and he had only been informed of this cancer one week prior to his admittance to the hospital. By that point, the cancer had spread so thoroughly that the patient's healthcare team deemed it impossible to determine the origin of the metastasized cells. This patient opted to forego any disease-specific treatment and only wanted medication to ease his symptoms, and his plan was to move in with his son where he would live until his death. Although this student nurse has experience this type of outcome before in the clinical environment as well as with his own family, this particular instance stirred some feelings of sorrow and empathy for the patient. The patient was otherwise healthy and tried his best to maintain a healthy lifestyle—and it was worth nothing that the only lab value outside of normal ranges was elevated white blood cells—so this instance of disease felt particularly unfair to the student nurse. Especially by working one-on-one with this patient for the entirety of the clinical day, this student nurse eventually encountered some feelings of anger and completed the clinical day with a mixture of sadness and rage.

Were the feelings or emotions adequately handled?

Although this student nurse felt both sadness and rage, he went home from the clinical day and completed homework then went to back to Sarah Bush later that evening for work in the emergency department. The student nurse coped with his sadness by discussing the case with the clinical instructor and used the energy from his rage to maintain productivity at work.

Was there adequate communication with the ill person?

Although this student nurse completed all the requirements for the care plan and was able to advocate for stronger pain medication for the patient (the client had a prescription for one weaker and one stronger pain medication, and the patient specified that even the stronger pain medication did not ease his pain), this student nurse left the clinical site feeling that there was always more to be said to and for the patient. The patient thanked the student nurse for being there with the patient that day and said that student nurse “did a heck of a job,” but the student nurse still felt unsatisfied.

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

All throughout the clinical day, this patient was grateful to have the student nurse be one-on-one with him after his family left for school earlier that morning. After this student nurse completed his assessment, filled out the care plan, and administered pain medication to the patient, the patient thanked the student nurse for being with him that morning before falling into a sleep that would last for the rest of the clinical day.

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

Although this student nurse previously stated that he ended the patient interaction feeling unsatisfied, an objective review of the clinical day on part of the clinical instructor yields the result that the student nurse interacted with the patient in the best possible way given the circumstances and when considering the patient’s wishes – which mainly focused on pain control. This fact, when combined with the knowledge of the patient sleeping for the rest of the day, brings this student some amount of solace.