

1. 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?
 - a. Keeping a client in a palliative setting comfortable can be done through communicating with the client and the client's family. Communication will let the nurse know what the client's needs and wants are. There are also typical interventions that can be done for palliative care to help keep the patient more comfortable. This includes, oxygen therapy, massage therapy, music therapy, and pharmacological medications. The nurse could also ask if the patient aligns with a particular religion, determining if someone of faith could come comfort them.
2. How can the nurse provide support for the family/loved ones of the dying client?
 - a. Support can be provided by a couple different ways. The first is just simply being available. The nurse should be available to answer questions and provide care to the patient and family as much as possible. The other is through therapeutic communication such as offering certain interventions that are typical of palliative care and asking the patient and family what *they* want.
3. What feelings occurred when interacting with a person with a life-limiting illness?
 - a. Feelings of empathy are nearly always present in times like these. Sadness is also common.
4. Were the feelings or emotions adequately handled?
 - a. Yes, this nurse has had a lot of experience with end of life care, and has the ability to effectively manage his emotions in times like these.
5. Was there adequate communication with the ill person?
 - a. Yes, the patient, family, and care team were all on the same page in terms of the care being provided.
6. How did the person with the life-limiting illness feel during their interactions?
 - a. They felt scared and anxious, however medication was able to alleviate these feelings to some degree.
7. Could the interactions have been improved in any way? How?
 - a. Yes, interactions like these that occur in the hospital setting can always be improved. Turning these patients into more 1-on-1 situations seem to benefit everyone involved, especially the patient.