

Reflective Case Study Gerontology Assignment:

ATI: Nurse's Touch 2.0: The Communicator 2.0 Video Interaction: Client Comfort and End of Life Care

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## Reflective Case Study Gerontology Assignment:

ATI: Nurse's Touch 2.0: The Communicator 2.0 Video Interaction: Client Comfort and End of Life Care

### **What was learned from this scenario?**

One of the biggest things that I noticed from this scenario is that as a nurse, you must take care of the entire family. Providing a holistic approach is necessary for a hospice/palliative care setting. It can be an emotional process, so many consults may be involved. For instance, spiritual advisors, case management, therapists, etc.

### **Identify the biggest takeaways.**

#### **a) Explain the factors that influenced this decision.**

The biggest takeaway for me, is that the client comes first. For instance, in this scenario, one of the client's children wanted her mom to have pain medication while the other one did not. However, since the client was alert, oriented, and able to make decisions for herself, it should be her decision. Other cases are different where a POA is involved, but the client has the say at the end of the day.

### **What are some of the main problems or key issues expressed in the scenario?**

One of the main issues that was presented was for decision for the client to go into palliative care. One of the daughters wanted it, and the other daughter did not. As nurses, we cannot decide for the client on what they should do. We can however, lay out the information as to what palliative care is, and how things may unfold.

### **What were some of the challenging decisions the nurse needed to make?**

#### **a) Describe the rationale behind these decisions.**

Administering the pain medication. Both daughters wanted something different for their mother in terms of pain medication administration. However, it was not up to the daughters, it was up to the mother (the patient). In the end, the nurse took the patient's side.

### **What factors influenced the nursing decisions and responses during the scenario?**

#### **a) Explain the response.**

When family members are arguing, it is best not to take sides. Being a happy medium is something that helped the nurse in this scenario. The nurse did what the patient wanted, and not necessarily what some of the family members wanted.

#### **b) How will a nurse respond if this scenario presents again in the future?**

If a scenario like this presents again, it is best the nurse do what she always has done. She needs to lay out the information for the patient and the patient's family and let them discuss it. In the end, it is the patient that makes the final decision of what she wants.

**Have similar situations been experienced in current clinical rotations?****a) How did nursing or others respond to the situation? Please explain.**

There was once a time where I had a hospice patient that was not very oriented. However, the daughter that was with her kept insisting on how her mother needed pain medication every thirty minutes. Since the daughter kept calling, and the mother was lethargic and not oriented, we decided to have a talk with her daughter and educate her on how often pain medication can be administered. Although this does not relate to the scenario, we eventually learned that the daughter wanted her mother to pass quicker because she did not want to wait at the hospital for another day. It was a very sad thing to hear.

**b) Describe successful communication strategies used or experienced in the clinical setting.**

Therapeutic communication is a big part of successful communication. It is important that we take care of the patient's physical needs as well as the mental. Understanding what the patient is feeling emotionally is a vital part of improving a patient's well-being.

**Discuss the advantages and disadvantages of having families discuss treatment options, including end-of-life decisions before a loved one becomes ill or early in a terminal illness.**

One advantage for having families discuss treatment plans is that everyone is in the loop of what the options are, and what the plan would be. When a family member is left out on certain information, that can cause a strain between family members and potentially could lose trust with the nurse. A major disadvantage of having families discuss treatment options is that the family may not respect the patient's wishes. It is common that family members want a terminally ill patient to undergo more chemotherapy treatment while the patient is ready to pass. Arguing and bickering is a common thing when it comes to serious treatment decisions.