

Palliative and Hospice Care Reflection

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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 can ensure that clients receive palliative/hospice care to keep the client comfortable by providing pharmacological and nonpharmacological care. Some nonpharmacological care that a nurse can provide is different therapies—for example, massage therapy, music therapy, oxygen therapy, and positioning. Pharmacological care is pain relief, providing clients with medications to relieve their pain. A way that a nurse can give the client spiritual comfort is by calling a spiritual support person to come to visit the client.

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

A nurse can support the client's family by keeping the family informed about the client's status. The nurse should also educate the family about their loved one's condition and what to expect as their loved one approaches death. Also, providing the family with counseling to help them with grieving is another way the nurse can comfort the client's family.

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

I work at Carle Foundation Hospital on the Oncology unit, so I see a lot of palliative/hospice care. I feel saddened when I meet a client with a life-limiting illness. For example, I first interacted with a client who was actively dying during my senior year of high school when I first got my CNA license and worked at an assisted living. I distinctly remember going into the client's room to help the client with his needs, and then, before I was leaving, the client grabbed my hand to hold it. I sat beside the client, holding his hand for a while. Even though his wife was in the room, I could tell the client wanted me to sit down and keep him

company. The client couldn't verbally communicate anymore due to his status of health. I could tell he was in a lot of pain, so I knew sitting next to him and holding his hand was the best way I could comfort him. Later the next day, I got word that he had passed away an hour after I left that night. My heart hurt knowing he was in much pain and passed away. But knowing that he was not suffering anymore, and his pain was over healed my heart. You can get attached to some clients you care for, which hurts when they pass away. But it heals your heart knowing that they aren't in pain anymore and are in a better place.

Were the feelings or emotions adequately handled?

My feelings and emotions were adequately handled. I did not tear up or cry while holding the hand of the client. It was hard to hold back tears, but I knew it would be unprofessional and that I needed to be strong for the client.

Was there adequate communication with the ill person?

The communication was adequate even though the client could not verbally communicate their wants or feelings. The client used non-verbal communication. He grabbed my hand and looked at me with worry in his eyes. So, from that non-verbal communication, I understood that the client just wanted some company.

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

The client could not communicate verbally, but I think the client felt scared. When the client looked me in the eyes, his eyes were watery and had that look of fear. When I first held the client's hand, it was tense, but after a while, it started to loosen up, and I think the client began to feel comfortable.

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

I do not think the interaction could have improved anyway. I feel this way because the client could not verbally communicate and only had to use non-verbal communication. This was a learning experience for me, and I was glad I could comfort the client within the last hours before his death.