

Palliative and Hospice Care Reflection

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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?

There are many ways a nurse can help the patient become comfortable. One of the most common non-pharmaceutical ways to provide comfort is by giving patients oxygen if they are in pain. You can reposition the patient in the bed to help relieve pain. The nurses can ensure the medications are administered to ensure the patient is comfortable. The nurse can contact a spiritual support person and advocate for the patient and their family. There are many ways the nurse can provide care.

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

The nurse will work directly with the family of the patient. The nurse can give support to the family. The nurse may be an educator to the family. The nurse may explain the steps to provide care to their loved one. This may make the family feel more at ease and that the patient is comfortable. The nurse may assign tasks that the family can participate in to help them think they are helping. The nurse can support the family by arranging grief counseling. It is important to remember that the family can be closely involved in caring for their loved ones.

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

One of my clients was diagnosed with breast cancer and passed away six weeks later. There were many emotions that I had when I was with her. The initial feeling was shock. She was going to go through chemo, but the cancer spread so fast that hospice came in. Within a few short weeks, her body was riddled with baseball size tumors. The shock soon became sympathy

after I witnessed her body and mind become her enemy. I felt sad when we could not get her pain under control. Many emotions come with contact with someone you know will soon pass away.

Were the feelings or emotions adequately handled?

The emotions were handled in a way that was appropriate when dealing with someone who has been placed in hospice. I never let my emotions overcome my care for her. I handled my emotions by being proactive with my line of care with her. When feelings of sadness or sympathy appeared, I would try to lessen her pain by playing her favorite music. There are many ways to deal with emotions properly that can help the person in need.

Was there adequate communication with the ill person?

There was good communication with the ill person. My patient had cerebral palsy, and her verbal communication was already limited, but we could read her body language. She was mentally losing it because of the pain, but her care team directed the family on how to help. When the pain was under control, she went into a deep sleep. She understood that she was passing away even though she spoke of the past often during her last days. Communication is not only verbal but can be nonverbal.

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

At the beginning of the diagnosis, the ill person felt hope that there was a way to conquer this breast cancer. That soon became sadness when she realized it spread too quickly. The person with the life-limiting illness felt comforted at the end. With her having cerebral palsy, many of her family members did not visit before. Many family members came the days before the passing to say their goodbyes. She felt happy that she got the chance to see her family. She did not feel sad that she had a poor diagnosis. There is no right or wrong emotion for the person to feel during their interactions.

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

The interactions could have been improved. There was false hope that was given that got her hopes up. The hope should have never been given without knowing the proper diagnosis. The interactions with the family could have been improved by them not showing their sadness for not being there earlier. This only made the sadness worse for the ill person. The interactions were appropriate for the circumstance that was given.