

Client Comfort and End of Life Care Reflection

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What was learned from this scenario?

This case scenario taught me that all end-of-life decisions must be discussed and shared with each family member before something significant happens. This way, everyone is aware of the patient's wishes, and there is no question about what the patient would have wanted. The focus was taken from the patient in this video because the family could not decide on things together. The family members all had their agenda of how the care for the patient should go based on how they felt and not necessarily how the patient would have wanted.

Identify the biggest takeaways.

a) Explain the factors that influenced this decision.

The biggest take away from this scenario was advocating for your patient. Having the support of family members is essential for some to heal, but they are not the primary focus when taking care of a patient. Going into your patients' rooms and talking with them about what they want gives them dignity and autonomy. Having help from other departments when it is difficult for the family to accept what is going on will also aid in the patient's autonomy.

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

Some main problems noted were the bickering between the family, the loudness of the room when there were too many visitors, and the patient could not rest. When the patient decided on her treatment, one of her children would interject their thoughts into what the patient should do. The patient did not appear to be the focus of care because the nurse had to redirect the family.

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

a) Describe the rationale behind these decisions.

One challenging decision the nurse needed to make was how to care for the patient while dealing with the family dynamics. The nurse decided to get Social Services involved and have the Primary Care Provider come in and talk with the family. Asking Social Services to come in and meet with the family is a way to provide a resource and a go-to person for a better understanding of hospital policy and hospital-provided programs to help the family cope with the situation they are experiencing. Having the Primary Care Provider meet with the family will allow the family to ask questions about the medical care of their loved one and to be able to have the air cleared regarding any misunderstanding about what they may have previously talked about with the doctor.

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

- a) Explain the response.**
- b) How will a nurse respond if this scenario presents again in the future?**

One scenario that stuck out was when the nurse heard the loud children fighting over an item. By telling the daughters that their mom needed to get as much rest as she could throughout the day, she addressed the patient's need for rest in a way that was not rude to the family. The nurse then educated the children that the items in the room were there to take care of their loved one and that they were not toys.

Hospitals do not allow persons under a certain age onto some hospital floors for reasons such as this. The patient needs to rest and not worry about how they will address the loud children in the room. I found this situation frustrating because the daughter seemed oblivious that her fighting children could upset her mother. In the future, the nurse will handle the same situation as in this scenario.

Have similar situations been experienced in current clinical rotations?

- a) How did nursing or others respond to the situation? Please explain.**

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

I am not in clinical right now, but I am dealing with a family situation I will reference. On June 28th, my uncle was admitted to Memorial in Springfield and diagnosed with Small Cell Lung Cancer that had metastasized to his brain. No discussions have occurred about what my uncle would want in this situation. There is much arguing between my uncle and his two adult children who want him to do radiation and chemo treatments. He, out of guilt, has decided to go through with it.

The nurses have been great with education on what to possibly expect with the chemo and radiation treatments. The nurses were patient with the family and answered all the questions they had to the best of the nurse's ability. If the nurse cannot answer, she does tell them to write their question down to ask the oncologist when he comes for his rounds. The oncologist has been great at explaining the plan to the family. He has ensured everyone is aware that radiation and chemo will not eliminate cancer but will buy my uncle some time to do what he needs.

The oncologist, the nurses providing care for my uncle, my uncle, and the family all have a morning meeting to discuss the plan for the day and if there are any changes my uncle wants to make. This meeting allows for open communication, and my uncle can be heard on what he wants. When my cousins try to convince him to do something he has stated he does not want to do, then the nurse or sometimes the oncologist will step in and explain why doing things the way my cousins want their way to be done will not be in the best interest of their father. The outcome will be different from what he is looking to achieve.

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.

The advantages of an end-of-life discussion or even just a discussion of what medical care someone would want in specific scenarios allow that client to decide how they want their health care to go. They still get to make the decision even if they cannot verbalize it when the situation requires them to say what they want. We do this by having a POLST or a Living Will and an assigned Health Care Power of Attorney to speak for us when we are incapacitated and unable to do so for ourselves.

I don't see a disadvantage to having these types of discussions other than someone else may be upset at the choices their loved one is making. If the focus is kept on what the person expressing their care desires, then there won't be any room for someone to be upset about it. Not having the discussions would put the patient in the middle of arguments, and they may not have the care they wanted in that scenario.