

## **Client Comfort and End of Life Care Reflection**

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

Nurses need to use professional discernment regarding the patient's family's requests. The patient's needs are the primary concern. The patient must make independent decisions and vocalize what they think is best for themselves.

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

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

It is essential to make the patient comfortable regarding their own family. In the case study, the children were playing with medical equipment and being too loud for the patient. The nurse acknowledges that the patient is tired and having difficulty expressing herself to her family. The nurse calmly explained to the children that they could not play with the equipment and asked the patient if she needed rest.

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

Some of the main issues in the scenario were the patient's family members speaking up for the patient but vocalizing what they wanted for her. Each family member had a different need for the patient, but no one asked the patient what she wanted for herself.

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

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

The nurse needed to advocate for her patient despite the family's wishes. She also had to be a mediator when the family members disagreed. The nurse would ask the patient if she needed to rest when she noticed the environment was distracting. The nurse would also listen to the family member's concerns and feelings.

### **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?**

The factors that influenced the decision were the verbal and nonverbal cues displayed by the patient. It is important to understand body language because the patient may not always be able to advocate for themselves, especially regarding family. As a nurse, it is crucial to possess that skill. It will assist with trust in the patient-nurse relationship. If this situation were to present again, it would be handled similarly. It is essential to ask the patient if they are ok with sharing certain information in front of family members and have that one-on-time with your patient to ask them what they want.

**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.**

In a clinical setting, the student was assigned a patient who was actively passing. The professor instructed the student to take vitals despite knowing this. The student's initial discernment directed her not to. The family in the room was grieving; the patient was not conscious. The student asked the preceptor for guidance, and the preceptor stated that taking vitals was unnecessary. The preceptor stated the priority was to provide comfort to the patient and family. Taking vitals in this situation possibly could have upset or offended them when it was not necessary. There was open and honest communication between the student nurse and the preceptor. The student could also communicate clearly to her professor and explain the initial hesitancy. The professor understood and thanked the student nurse for advocating for all parties involved.

**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.**

It is advantageous to have families discuss treatment options when they know the patient's wishes, but they cannot vocalize that themselves. It is also advantageous if a family

member is knowledgeable about treatment options and contributes to educating the patient. It can be a disadvantage when the family is deciding for the patient, but it is not what the patient wants for themselves. For example, if the patient is in extreme pain and may want to end treatment. The family may disagree because they want the patient to fight longer, or they have hope that things may turn around.