Palliative and Hospice Care Reflection

Tyranny Davis

Lakeview College of Nursing

03/08/2024

Palliative and Hospice Care Reflection

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?

A nurse can ensure that a client receiving palliative/hospice care is kept comfortable by routinely reassessing the client's pain and administering medications as prescribed. This includes assessing the client's pain with the numeric scale and/or the pain faces scale for a conscious and communicative client. In client's who may be unconscious or unresponsive, this requires making deductions based on the client's vital signs and presentation. The nurse can also keep the client comfortable by assessing the client for developing problems such as pressure wounds, urinary tract infections, falls, and any other things that can cause pain/discomfort. In addition to administering the prescribed medications, the nurse can foster an environment that is preferable to the client. This can include but is not limited to: positioning the client in favorable positions, adjusting the environmental temperature and lighting, and potentially offering alternative therapy measures such as massage, thermal therapy, percussion, music therapy, or any other alternative therapy methods. The nurse can also ensure the client is kept comfortable and provide for the client's psychosocial and spiritual comfort by using therapeutic communication, catering to the client's religious and cultural practices, and being a companion/support person to the client and their family. This means communicating with and speaking about what they are going to do/doing, even to a client who is unconscious/unresponsive. The nurse can also care for this client in palliative/hospice care by being their advocate. They can listen to/respect the client's expressed wishes, and mediate with the family/visitors to ensure to most therapeutic environment

possible. Finally, through education and support, the nurse can empower the client to take a role in their care and their holistic well-being.

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

The nurse can support the family/loved ones of a dying client by being communicative of their care, the client's progress, and of expectations. This might mean educating the them on the pathophysiology of disease, side effects of medication, treatment regimens, and anything else that is pertinent to the client's care. The nurse can also provide familial support by providing a therapeutic environment that is calm. The nurse can sit with the family, answer their questions, and just let them express their feelings and emotions, verbally or not. The nurse can support the family in these situations by being available to them, even just as a listening ear if necessary.

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

The primary feeling when interacting with a person with a life-limiting illness was discomfort. Discomfort was an evident feeling during this time due to the anticipated tension, and an unsureness of how to proceed appropriately. I also just didn't feel adequately prepared to respond in this situation, as it was new territory for me. Once the initial anxiety and discomfort settled, I felt honored to be able to help care for someone with a life-limiting illness. Even though I wasn't confident, I recognized the impact I was able to have on the client and their family in a sensitive time, and was able to put my feelings aside and focus on the immediate needs of the client, and simply ask what they needed. Interacting with a client with a life-limiting illness was not as comfortable as other clients, but it did feel more rewarding.

Were the feelings or emotions adequately handled?

I would say that my feelings and emotions were adequately handled in the moment. I suppressed them with a deep breath, and then proceeded with a clear mind. It wasn't until after

the client care/interaction had concluded that my emotions got the better of me, and I shed some tears. I am not proud of how I let these emotions impact me this way, in a professional setting, but I also recognize that I'm human and likely held my feelings in long enough. In retrospect, I would like to be better about recognizing the emotions I am feeling in the moment, in order to proceed more smoothly. Over time, these feelings and emotions may fade and become less prominent, but I intend to use a time of reflection after similar interactions to evaluate what I did well and what could use some improvement, as well as how my emotions are impacted.

Was there adequate communication with the ill person?

I was very communicative with the ill person, despite a lack of verbal or physical response. Every time I entered the client's room, I was sure to re-introduce myself and state why I was there. I directed questions to the client and provided silence for a response. I also did a good job at speaking to the client as though they were listening (whether or not they were), and articulated what it was I was doing each time I made contact or administered medications. I made a conscious effort to create a therapeutic environment with a calm tone of voice, and utilizing therapeutic touch during more difficult interactions. The client communicated as best they could. This was mostly in the form of pointing, which required a lot of interpretation and clarification. For the most part, the client was asleep and they were on a ventilator, so speech wasn't an option. Communicating with this client required patience and perseverance because they were limited in their communication abilities, so we would have to ask many questions to pinpoint what the client was trying to communicate.

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

It's hard to say how the client with the life-limiting illness felt during these interactions. They weren't using words to communicate, just nods and pointing, so it took some inferencing

on my part. I would assume the client felt frustrated in trying to get their needs met, and not being understood. The client's facial expressions and body language did not demonstrate discomfort during our interactions. They were also patient with the nurse and me as we tried to decode what the client needed. The client was even helpful when they were awake and would lift their arm or help us to reposition them for a bed bath, so I gather that the client felt some comfort during interactions.

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

There were some things that I could improve based on these interactions. As I mentioned previously, I made an effort to tell the client what I was doing while I was doing it. This was true when the client appeared asleep and when they were awake. I would improve this in the future by still asking questions about pain, comfort, positioning, etc., even if the client appears asleep. There were some instances when the nurse would ask the client to help us to reposition them when they appeared asleep, and they weren't actually asleep, or were still able to help. I would improve my communication with this client was always speaking to them as if they were conscious and able to respond clearly even when they don't appear to be. I would also try to provide this client with a pencil and paper to write with to help them communicate more effectively with us and their family. This might not be a feasible option for every client, but would likely be effective for the particular client I was working with, and would take out a lot of the guesswork we had to do in discovering what they needed.