

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?**

The nurse can ensure that a client receiving palliative/hospice care is kept comfortable by making sure that they stay clean and dry. Making sure that they are comfortable by repositioning them every 2 to 4 hours. Also, the nurse can maintain comfortability by giving prescribed medications to keep the client comfortable. The nurse can make sure that the client is not left alone and always has someone with them in order to promote the comfort of the client. Also, the nurse can obtain pastoral services for the client.

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

The nurse can provide support for the family/loved ones of the dying client by being an ear to listen to. The nurse can do a lot for the family just by listening to their concerns and being there for them emotionally. The nurse can also make sure that the family is kept comfortable and that they are accommodated while their loved one is actively passing away.

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

When interacting with a person who has a life-limiting illness, this is not something easy to do. I work as a CNA in a long-term care facility and many of my clients have illnesses that are life-limiting. I always do my best to maintain their comfort and to be a resource for them when they need someone to talk to about their illness or just about dying in general. Sometimes, I will have to refer them to someone who could better give them information, but I always make sure that I am there when they need someone.

**Were the feelings or emotions adequately handled?**

Yes, I believe that the feelings and emotions were adequately handled in the module.

**Was there adequate communication with the ill person?**

There was communication with the ill person, but I feel as though the communication with the person who was ill could have been better. Although the person's communication was limited, the nurse could have tried other ways of communicating.

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

The person with the life-limiting illness most likely felt like they were somewhat invisible during their interactions. They also were probably going through a lot of emotions about the fact that they are actively dying. They most likely felt alone and felt as though those in the room with them couldn't possibly understand what they were feeling.

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

The interaction could have been improved with slightly better communication skills. Other ways of communicating such as therapeutic touch could have been used. Also, other resources such as pastoral services or therapy services could have been offered as well.