

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 comfort by frequently assessing the patient, their vitals, and their pain assessment. This will help to stay ahead of the patient's pain so it doesn't get too bad. The nurse can help to advocate for the patient and make sure their wishes are met. The nurse can provide psychosocial and spiritual care by encouraging the patient to talk about how they feel about death, voice the need for spiritual ceremonies, and voice cultural needs related to death.

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

The nurse can help provide care for the family by supporting them through their grief, talking to them about how they feel, and educating them on hospice and palliative care services provided to them, as well as the patient. Talking to the family and loved ones can help them process their grief and maybe also get a sense of closure.

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

Interacting with a person with a life-limiting illness brings up a lot of different feelings. For me, as a student nurse, it brings up emotions like sadness, empathy, and caring. I often feel bad for the patient and their family because they experience difficulties due to their illness in life and because, at some point, they may experience anticipatory grief. I care very much for all my patients, especially those with life-limiting illnesses. The patient and family may experience other emotions and feelings, such as shock, denial, panic, depression, and helplessness.

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

I believe the feelings and emotions I had that occurred while taking care of a patient with a life-limiting illness were adequately handled. Although these feelings and emotions can be difficult to process, I feel I handled them well and appropriately.

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

I believe the communication between the ill person and me was good and appropriate for the situation. Communication was clear and straight to the point, and I ensured they understood all the information and communication between us. I ensured to ask about their feelings and emotions and encouraged them to voice them.

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

I believe the patient stated they felt fatigued and in pain. The patient's stated mood and feelings seemed appropriate with their appearance to affect as well. The patient appeared to be sad or down.

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

I think the interaction could have been improved if it was at a different time. After the conversation and interaction, I realized the interaction could have been improved if I had come at a different, better time for the patient. The patient appeared to be in pain and upset; communication could have probably been improved if it was during a time when the patient was feeling good and in no pain.