

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 performs many measures to ensure that the client is receiving comfortable care throughout the dying process. The main thing that needs to be done is the client's wishes at death and any specific practices that are wished upon need to be identified so that the client can be respectfully honored in their dying wishes. By knowing the client's wishes at death, the nurse can then implement a plan that follows those wishes while still keeping the client comfortable and at rest. Spiritual comfort can come from a spiritual worker upon request of the client, so the nurse will get in touch with the appropriate person and have them come in and follow the client's wishes while they are receiving care.

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

The nurse provides support for the family by first providing education on any treatments, plan of care, changes in condition, and the process of palliative care. The nurse will always be available to answer any questions honestly that the client's family may have and also to let the family know when the client may be getting closer to death. We can also provide emotional support by just being there for the family and friends, if need be, as a shoulder to cry on, although we cannot tell them that we understand what they are going through, we can tell them that we are here to talk or just to sit with them if they need. Nurses can also refer the client's family to any other resources that they may need throughout the palliative care process.

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

Palliative care can be looked at as a very saddening and depressing thing to be a part of, but being the nurse who is in charge of keeping that client comfortable with pharmacological and non-pharmacological measures as well as keeping their dignity in line by bathing them and keeping them as neat as possible can be a very good feeling. It is almost a feeling of trust that the client is in your hands for the last moment of their lives and to be the one to ensure it is a peaceful and comfortable passing.

Were the feelings or emotions adequately handled?

Yes, although it was an uneasy feeling throughout the process, there was never any expression of discomfort or interference with ensuring the client and family were receiving care.

Was there adequate communication with the ill person?

The ill client that was taken care of was not conscious at the time of the palliative care, but the family was there. There was therapeutic communication with the family that was there. The daughter was very concerned about whether or not the mother was comfortable in the last moments of her passing, and we assured her that she was and informed her of the care that the client was given to ensure the comfortability of the client.

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

There were no interactions with the client, but as previously stated the client's family was concerned as the end-of-life process was fairly quick. The daughter was informed of updates throughout the palliative care process and notified when there were signs of death near. The daughter was emotional and received comfort as the client passed.

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

This was the first end-of-life care scenario that I had been in, and thankfully it was a simulation lab, but it was still a nerve-racking and uneasy feeling. On the other hand, it was good

to learn and see all of the different comfort measures taken during the palliative care process and to experience the difficult questions that may arise during these situations from the family or the client. I do believe there was room for improvement in this particular case, just due to the fact it was a first experience of answering questions and educating on the end-of-life approach. There is never an easy way of letting someone know their loved one is approaching death and I believe that is something that will take major time and experience before there is any sense of ease in the process. The physical care of the client went very well, and I feel there were appropriate responses and interventions for each obstacle that was faced.