

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?

Palliative care is the care that prevents and relieves pain in a patient with a life-limiting illness (Eliopoulos, 2022). Even though our patient is in the dying phase, it is important that nurses understand how important it is to control their pain and keep them comfortable. Nurses need to constantly assess for pain as it can come and go periodically. The role of thumb for a dying patient is we need to prevent pain rather than respond to it after the pain already began (Eliopoulos, 2022). After the nurse has a good understand of the pain medications to help the dying patient, they can administer the medication in a scheduled manor. Other nonpharmacological measures the nurse could take to keep the pain from developing pain are guided imagery, hypnosis, relaxation exercises, massage, acupuncture, acupressure, therapeutic touch, diversion, and application of cold or heat (Eliopoulos, 2022). Many other factors to consider are respiratory distress, constipation, and poor nutritional intake (Eliopoulos, 2022).

Americans hold a wide range of different religious beliefs. Each religion has their own practice when it comes to death. It is important to know and understand the culture that your current patient identifies as so you can follow their wishes. To make sure you are adequately caring for the patient spiritually, the nurse could ask questions to find the significance of their spiritual needs. The clergy and congregation members of the faith group to which the patient belongs should be invited to be actively involved with the patient and their family, according to their wishes (Eliopoulos, 2022). The nurse can offer to pray with patients or read them religious texts if they feel comfortable with the patients' religious practice (Eliopoulos, 2022).

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

Nurses have the chance to make an impact on someone's life. Especially, when caring for a patient that is dying. Not only is the nurse able to help the patient cope with reality, but we can support the family/loved ones to the patient as well. People cope to dying in many ways. You might have a family that wants to stay for hours after the patient passes, or they don't want to go into the room at all while they are in the dying phase. The nurse should respect whatever the wishes are for the family/loved ones to make them as comfortable as possible. Another responsibility for the nurse is to keep the family up to date with the situation. Explain to them what state the patient is and when, if they want to, to start saying their goodbyes. Another aspect that the family might need guidance in could be the arrangements for the funeral and burial of the patient. The family is experiencing grief, guilt, or other reactions that place them in a vulnerable state (Eliopoulos, 2022). One of the biggest jobs for the nurse is to make sure they are following the family/client wishes. If needed, get a spiritual leader so they can come help with those wishes of the family.

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

When I was taking care of a patient with a life-limiting illness, I feel like I went through all the emotions. I was mad, sad, happy to know he would be out pain. It was a hard situation to be in while also juggling all the different emotions. This patient had been on the unit for months because of insurance issues. He grew bonds with everyone on the unit. I cannot remember exactly, but I believe this patient was dying from kidney failure. He went through that "surge phase" before passing. I remember being a PCT/CNA at this time not really realizing what could be going on. I remember going home that night and being so excited because I thought that whatever the doctor was doing started working and this patient was going to make it. Little did I

know at the time that this was just a phase. I came into work a day later quickly learning that this patient had passed. I felt upset, confused, denial and even anger a little bit. It was time in my healthcare career that I will never forget.

Were the feelings or emotions adequately handled?

I do truly feel that the feelings and emotions of this situation were handled adequately. This patient had family, but his family was all the way in Arizona. His kids had come to visit him one time though out his months of stay at the hospital. His appetite depleted, and all he wanted was hard candies to suck on. So, no one forced him to eat, instead, every employee that was assigned to him for the day knew to just bring him a bag of hard candies and he would be satisfied for the day. Another co-worker of mine brought in a radio for him because he loved listening to music. The patient had expected the thought of knowing that he will probably die in the hospital rather than at home with his family, so he wanted to just make the best of it. This patient was in such a good mood all the time and just wanted to make you laugh. So, myself and all my co-workers did the same for him. We wanted the patient to feel like he was at home, and I can truthfully say, we all became a family to this patient.

Was there adequate communication with the ill person?

As I had mentioned in a previous answer, this patients' family lived out in Arizona. They did not have the means to make the travel to Terre Haute, IN. At the end of every day, whatever nurse was assigned to the patient made sure to call the family with a full update on how the day went to keep them in the loop. I feel like the communication with the ill patient was appropriate as well. The staff was able to help this patient benefit from nonverbal actions rather than verbal communication. We all took the time to show signs of comfort in touch and just being near the patient when hard news hit. The patient always wanted straight answers on updates along with

being told the full truth and that is exactly the display that my co-workers had shown. I feel as if the patient was never left in the dark, and always knew what step would be next.

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

The patient with the life-limiting illness felt comfortable with the interaction of the staff members. He always displayed his gratitude to the staff every day. Just being thankful and appreciate by statements like “I know I am not your only patient today and you are very busy but thank you for making me feel important”. He never got angry at bad news; he was appreciative that the doctor was honest with him. He had the chaplain come in everyday and pray with him, telling God he was ready when his time came. This patient will forever hold a place in my heart and really made me appreciate life and family in a completely different way.

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

It is hard for me to say that the interactions could have been improved when I have not had the chance to experience this type of patient while being a student nurse. I had a little insight, but not the whole story with being a PCT/CNA. One thing that we are taught in nursing school is to make sure all interactions are appropriate with our patients. I feel as if some relations with this patient did start to become personal. But, when you have a patient that has been on the floor for months with no one else to talk to, I feel like it would be hard not to develop that personal relationship. For example, we had a nurse that became good friends with this patient that had a life-limiting disease. She cared for him every night she worked, his family knew her by name, and it was just a comfortable and easy relationship for everyone. Once the day came that this patient had passed, the families wish was for him to be cremated. After the cremation was done, the nurse flew out to the family in Arizona to personally deliver these patients ashes to them. I have always questioned if this was appropriate or not, but I have also realized how hard and

personal these types of experiences can get. It takes a lot of professionalism to be able to handle these kinds of situations with patients.

Reference:

Eliopoulos, Charlotte. *Gerontological Nursing*. Wolters Kluwer, 2022.