

## Palliative and Hospice Care Reflection

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March 23, 2024

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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 should ensure all aspects of care are being met to keep the patient comfortable. Pain should be addressed and managed as ordered, such as by giving opioids or providing nonpharmacological pain management methods like music therapy or massage. Managing the patient's other physiological systems is also important for comfort. By turning the patient, providing ice chips when thirsty, or washing their outer eyes, the skin can be taken care of well enough to avoid irritation, dryness, or ulcers. Gastrointestinal health can be managed by providing small portions of food and fluids to prevent constipation as well as giving nausea medications as needed. Providing a fan if warm or blankets if cool can help with temperature regulation. Another major issue of discomfort for these patients is respiratory trouble. Patients may experience tachypnea or dyspnea. Pain medications can help ease the effort of breathing, and proper positioning with an elevated head of bed may also provide the patient with relief.

Psychosocial comfort can be provided in many ways. Allowing family and friends to be involved in care or to stay with the patient can provide immense comfort. Consults with therapy can be beneficial to provide the dying person with a proper outlet to talk through their concerns. Anxiety medication may also be useful. The nurse can also sit with the patient, brush their hair, and let the dying person make decisions about what care methods they would like. Spiritually, the nurse should determine if there are any beliefs the patient holds or if they have any questions. Someone from their religion, such as a priest, can be contacted to speak with the patient to provide spiritual guidance.

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

The same needs that the patient has can also be seen in the family of the patient. Physiologically, they should still be meeting their nutritional needs. By providing water or snacks, the nurse can help maintain hydration and ensure they are caring for themselves. They can provide education to help the family understand the process and what physical manifestations they might see as the patient is passing. They can answer questions and consult religious leaders as needed. Emotional support is incredibly important for the family, which can be provided by actively listening, sitting with them, or providing physical touch when appropriate.

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

My experiences have been on both sides of the relationship. As a nursing student, I have been involved in the care of a dying person. It was difficult at times emotionally when the family was present and expressed their sadness. In providing care, I felt very responsible for helping with comfort and allowing a dignified death. The patient was not able to respond due to their state, so it was difficult at times to know what the right choice to make for comfort was, but in the end, I felt satisfied that the best care was given. As a family member of dying patients, I was grateful for the steps taken to provide comfort to my dying family members as well as the support given to me and the other members of the family. Interacting with a dying person who is someone you love can be incredibly difficult, but I learned that the nurse and care team can provide great education on how to interact with them and their care.

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

I believe the feelings were handled adequately. I was able to control my emotions but also be involved appropriately with their family. The family was incredibly sad, which did cause

some tears, but they appreciated that my nurse preceptor and I showed emotions. They stated it showed them that the care team truly cared for their loved one.

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

No conversation happened between me and the dying person as they could not respond. However, we did try to speak to the patient and explain what we were doing so that they would know what we were doing and that we still were caring for them. We also involved the family and told them to share with the patient their favorite memories and stories.

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

As they could not respond, I do not know how they felt emotionally. However, at the beginning of the shift, the patient seemed very uncomfortable. As we completed care, the patient had decreased facial indicators of pain and seemed much more relaxed. They eventually passed, which the nurse preceptor believed was due to them being comfortable and emotionally fulfilled when their daughters both were able to be at the bedside.

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

I am not sure if any areas could have been improved in the eyes of the patient due to them being unable to express that. However, I feel that we were able to provide good care to the dying patient. I think that more involvement of the family in decisions or care could have been utilized. Additionally, more comfort measures such as chapstick for their mouth as it was dry or warm blankets could have been provided.