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's role in ensuring the client's comfort is important. They can employ both pharmacologic and non-pharmacologic measures to achieve this. Pharmacologic measures, such as administering morphine for pain or scopolamine to decrease secretions, can be effective. Non-pharmacologic measures, like changing the client's positioning, meditation, music therapy, or guided imagery, can also contribute to their comfort. The nurse's presence and active listening can provide psychosocial comfort, while distractions and relaxation techniques can help alleviate anxiety. The nurse's understanding of the client's spiritual needs and their ability to arrange for spiritual/religious personnel can provide spiritual comfort. The nurse's role is vital in providing holistic palliative/hospice care.

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

The nurse can provide the family/loved ones with support by listening to their needs as well. The nurse can serve as an educator and keep the family informed of all the care provided and changes that can be expected as the client approaches death. The nurse can also provide the family/loved ones with information on support groups they can attend to help them through the process and with their grieving. The nurse should understand that providing support to the family/loved ones is an important part of providing care.

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

I felt many different emotions when interacting with someone who had a life-limiting illness. The emotion I felt the strongest, however, was sadness. I think it's hard not to feel sad

when conversing with someone who has an illness that cannot be cured. I also felt somewhat inspired because this patient didn't let their illness affect their strong mindset. The person would give me life advice or lessons that they had learned.

Were the feelings or emotions adequately handled?

I believe I handled my feelings well when conversing with the person. I tend to have a hard time controlling my emotions if the other person is visibly sad and crying. However, this person was very strong and didn't show their sadness, instead choosing to focus on the good. However, afterward, I was affected by the feelings and situation and did cry a little. I know as a nurse, I will need to be able to handle my feelings when in front of patients or their families, and it is something that I will continue to work on.

Was there adequate communication with the ill person?

I believe there was adequate communication with them, not only between us but also between the healthcare team and this person. They stated that the care they were receiving was what they had asked for and felt like they were being heard when they asked for things. Also, all the care they were receiving was communicated to them, as well as any changes that may need to happen. This healthcare team provided this person with appropriate communication, which helped ease their worries.

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

This person felt relieved that they were being heard and communicated with. They had a fear that their care would be something they would not be able to have a say in. They also stated that it was nice when the healthcare team would come in and have a conversation not just about their care but about random topics. It helped them feel more like a person rather than just a job.

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

I believe that in this person's case the interactions were appropriate. Everything in their care was communicated properly to them, and any of their wishes were taken into consideration. The healthcare team also made the effort to communicate with this patient about daily life, not just about their treatment, which helped to ease them and not think about their illness. I believe that this is how communication ought to be between someone with a life-limiting illness and their care providers. Communication is part of providing them with the holistic care they need, helping to ease their anxieties and fears, and ensuring they are comfortable.