

Palliative and Hospice Care Reflection

(Student Name)

Lakeview College of Nursing

(Date)

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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?

Make sure that the plan of care follows the patients wishes by receiving an advanced directive and respectfully granting the wishes of the patient at death. If the patient has any preference of spiritual practices during the final moments of their life we can do whatever it takes to respect those beliefs at the time of death.

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

Make sure to provide the family with just as much care as possible, because they all are most likely experiencing one of the worst moments of their lives and we are the only ones there to support them. We can provide them with private places to grieve, water and snacks, and sort of blankets or comfort measures.

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

Although I have only interacted with a simulation patient in this condition, there were definitely still feelings involved. I have recently lost my grandfather who was like my best friend and he was on comfort care in his last moments, so reliving that experience for me was a little touchy.

Were the feelings or emotions adequately handled?

I feel that I handled these feelings well and kept my emotions aside. Although its hard to ignore these emotions, I was focused on the care of the patient and keeping them comfortable and respected.

Was there adequate communication with the ill person?

Yes there was adequate communication. At the end the patient was more lethargic and the communication was with the family member, but when the patient was oriented I was using therapeutic communication and making sure they felt comfortable in their care.

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

The patient seemed more unaware of the actual situation that was taking place. They seemed very at peace and not in any distress, which is the way it should be in comfort care.

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

I think they could have been improved just due to the fact of this being my only interaction with a patient in this condition and I had never practiced therapeutic communication in this way before. I know it is something that takes time but I feel that my emotions were also tied in in some ways.