

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?

Nurses can ensure that clients receiving palliative/hospice care are comfortable by keeping them in the most minor pain. The nurse needs to assess the patient often so they can help the pain before it becomes unbearable (Eliopoulous, 2021). Administering pain medication is a great way to help the patient be comfortable and pain-free. According to Eliopoulous (2021), pain prevention without analgesics should be attempted first. This can consist of simply repositioning the patient or giving them some water. Some psychosocial comfort a nurse can provide for a patient receiving palliative/hospice care consists of guided imagery, supportive communication, and diversions (Eliopoulous, 2021). A nurse can help with the spiritual comfort of a patient by providing them with a minister if wanted.

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

Nurses can provide support for the family/loved ones of the dying patient as well. A nurse can use therapeutic techniques and communication when talking to a dying patient's family and loved ones. Nurses can also check to see if the family would want to talk to counseling or case management to help cope with the death (Eliopoulous, 2021). It is essential to ensure that the family is doing okay and to get them anything they need, such as something ordered from the cafeteria, a cup of water, or a chair to sit in. Family members and loved ones of a dying patient are also going through a hard time, so it is vital to make them a priority.

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

I recently started working at Sarah Bush Hospital as a care partner within the last year. I have had an experience of interacting with a person who was in hospice care in the hospital. It made me nervous because I did not know how to communicate with the patient, but it all felt natural as soon as I walked in. The patient was very accepting of what was happening to them. The patient was in the acceptance stage. When caring for the patient, I treated him like I would usually treat any other patient. The only difference was I assessed him more often to ensure he was comfortable or needed anything.

Were the feelings or emotions adequately handled?

The feelings and emotions of the patient and health care team were handled correctly. Many healthcare team members kindly checked on the patient and ensured they were feeling okay and not in any pain. It was obvious that the patient was sad because he was being quiet. Understandably, the patient feels sad because they have just accepted that they have limited time.

Was there adequate communication with the ill person?

Yes, there was adequate communication with the ill person. While caring for the patient, I kept going into the room to see if they needed anything to drink or eat. I also asked the patient if they were comfortable or needed me to help them reposition. The nurse caring for the patient kept checking on the patient's pain level. The case manager and social worker also went into the patient's room to talk with them and answer any questions.

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

The person with the life-limiting illness was acting appropriately and therapeutically when the healthcare team was interacting with him. The patient communicated with them and answered any questions that were asked. The patient once told the nurse that he just wanted to nap, so everyone gave him space for some time. Whenever I asked the patient if he needed

anything, he politely responded. The patient also thanked me every time I came in to check on him.

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

Overall, the interactions with the dying patient and the healthcare team were appropriate. One thing that I would change is the communication I had with the patient. When I first went into the room to assess the patient, he said, “I know I am going to die soon.” It was not in an angry tone but more of a calming tone. It was my first time in a situation like this, so I did not know what to say. It felt very awkward, even though it should not have been. An excellent response to this patient’s comment would have been, “I am here for you if you need anything.” After going through this scenario, I now know how to communicate better with a patient in hospice or palliative care.

Resources

Eliopoulous, C. (2021). *Gerontological nursing*. (10th ed.). Wolters Kluwer.