

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?

There are several things that nurses can do to make sure patients in palliative or hospice care are comfortable. One of the first things to do is to ensure that the patient has enough padding underneath them to prevent pressure ulcers. In addition to the added padding, nurses can ensure clients' positions are changed at least every two hours to prevent pressure sores and muscle contractures, saving them from the pain this can cause later. Another way is to administer their prescribed pain medications, whether it be their routine medications or their as-needed medication. Finally, nurses can administer oxygen, as prescribed, to keep the client from feeling as if they cannot breathe, reducing their anxiety levels. A psychosocial thing nurses can do is simply have a conversation and listen to what they have to say. Listening to patients can make their whole day better. Additionally, they can distract them from what is happening by reading to them, working crosswords or word searches, or even doing a puzzle, etc. One spiritual comfort a nurse can do is pray with them. They can also provide them with a bible, rosary beads, or other items from their religion that they can use for individual worship if they wish.

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

A huge thing a nurse can do to show family and loved ones support is listen to them and just let them express whatever emotions they are experiencing at the time in a safe space. Additionally, we can let families and loved ones know about available support programs to help them through the hard time of their loved one passing away. Another thing we can do as nurses is explain to them the process and what to expect as the dying process progresses. By doing this, we are letting the family and patient understand what is happening and decrease their anxiety while allowing them to prepare for what their loved one may experience throughout the process.

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

The feelings that occur when a patient has a life-limiting illness are full of mixed feelings. They can range from fear to joy to even anger as the process progresses. There are good days when the patient is doing better, they are not as weak or ill feeling and can do more. Having good days means there will also be bad days. The bad days are when the patient takes a turn for the worse, and their illness makes them weak and unable to do anything. These ups and downs explain how feelings can be so mixed. Lastly, the day that the patient passes away has mixed emotions, too. On one side, you are sad and mourning their loss because you get close to them and their family, but on the other side, people believe that the patient is not suffering anymore and is at peace.

Were the feelings or emotions adequately handled?

The feelings or emotions to be adequately handled by the nurse by listening to the concerns that the family had and answering their questions. Nurses must ensure they allow clients and their loved ones to feel their feelings without judgment. Additionally, it is ok to shed

a tear with the client's friends and family as long as the nurse keeps it professional and does not make it about them. Additionally, the nurse must ensure they handle their emotions as well by taking a moment to process what happened in whatever way works best for them.

Was there adequate communication with the ill person?

There was not adequate communication with the ill person as the nurse was only speaking to the family of the ill person and not including the ill person. Nurses need to remember that even if the ill person is asleep or unconscious, their hearing is the last sense lost, and they need to be included in conversations.

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

During this interaction it seemed the person felt ignored and unimportant. As a nurse, you want to make sure that the person with the illness feels safe and involved with their care.

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

The way that this could have been improved is by having that open communication with the ill patient. Respecting their wishes, needs, and feelings while keeping the family involved. Sometimes, nurses will forget to involve the ill patient in their own care. Even though they are at the end of life, they should still be a part of their own care.