

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 a few ways that a nurse or assistive personnel can make a patient more comfortable while on palliative/hospice care. They could have an order for supplemental oxygen to help them feel more comfortable. There are multiple pharmacological therapies that can be used, such as morphine, to help the person not feel pain. There are also nonpharmacological therapies that can be used if the patient is wanting a more “natural” way of comfort. Some hospice organizations have a chaplain come around to the facilities or to the patients home and just sit with them and talk to them. Hospice organizations also support the patients' family members.

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

There are many ways that a nurse can be there for the family of a dying client. They can be there as a shoulder to cry on and just be a person that they can express their feelings to. Hospice has great support groups, and I know some organizations will have nurses and spiritual leaders have meetings with families and loved ones up to a year after the family member dies.

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

I feel like it can sometimes be challenging to hold your own emotions aside, at least for me. When they express that they are scared to die, it makes me unbelievably sad. It makes me feel better that I can be by their side through this difficult time and help feel at ease with their transition. I work in an Alzheimer’s unit, and I see this occur daily when I am at work.

Were the feelings or emotions adequately handled?

I am always very professional at work, so I make sure to keep my emotions from getting the best of me. It is sometimes hard to do this because these people can feel like your family when you have been taking care of them for so long. Overall, I try to keep my demeanor as professional yet comforting as I can.

Was there adequate communication with the ill person?

There was always adequate communication with the patient. When repositioning or doing oral care, there was always communication when taking care of the patient and we would inform any family member or loved one that was in the room as well, what we were doing and when we would be back to check up on them.

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

I would say that they felt as comfortable as they could be while I was taking care of them. At the point when they were admitted to palliative care, they were nonverbal so they could not verbally express how they were feeling to me, but they tolerated care when we would perform care.

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

I think that the interactions that I have always had with my clients have been the best that I possibly could have given the patient. I take pride in my job, and I try to do the best possible care that I can so I can make them more comfortable in their last moments.