# 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 can ensure the client is kept comfortable in multiple ways, such as administering oxygen, administering medication to help improve breathing and control pain levels, providing non-pharmacological pain relief techniques, and offering massage serveries. The ways that a nurse can provide psychosocial and spiritual comfort to the client is offering to have the persist come speak to the client, offering for volunteers to come speak to the client that way they do not feel alone, lastly the nurse can address if there is any spiritual actives that they can provide for the client. By doing these things the nurse can provide as much comfort as possible during this stage of life.

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

The nurse can provide support for the family and loved ones by answering questions that they make have, explaining what the next steps are going to look like, explain what is happening during the different stages of dying. By explaining what is happening to the family can provide comfort and support as it can help them have an understanding of what is going to follow. The nurse can also offer spiritual services to the family to help them deal with this difficult time they are experiencing.

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

The feelings that occur when interacting with a life-limiting illness can be sadness, anger, denial, fear, sense of loss, and some people may even feel relief and acceptance. The sense of sadness can be because they are sad related to the fact that treatment is no longer working. Anger

can be because they are not ready do die. Denial can be because they do not believe that they have a life-limited illness. Fear can be because they fear dying and the sense of not knowing that is to come. Sense of loss can be because they do not know that is going to happen for now on, they do not know what to do with there life. Lastly, relief and acceptance can be expressed after a long battle and they are ready to die and be comfortable this can be because treatment was horrible to them and they are tired or just because they have accepted the fact they are dying and is ready to go.

**Were the feelings or emotions adequately handled?**

Yes, the feelings and emotions where adequately handled as the client addressed how they felt and the proper services where provided for the client. We explained what was happening to the client to offer comfort.

**Was there adequate communication with the ill person?**

The client was adequately spoken to addressing these fears and concerns at this time with resources provided as offered to the client. There was therapeutic communication allowing the client to comfortable address how they were feeling and what they needed to feel comfortable.

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

The client handled it as well as expected. They were shocked but relieved they were comfortable understanding that we are there to provide and make them comfortable as possible. The client was able to address how they felt and there concerns about future events.

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

The interactions could allow the client to be more comfortable if nursing staff is comfortable as well. Also interactions with upset family can be challenging as well because often

times the answer we can provide them with is not always what they are wanting to hear because most times they do not want to lose a family member or a friend.