The most challenging part was measuring the pain scale and pain locations. Because the patient's diagnosis was cancer, the patient said that it hurts everywhere. And the communication was not active. Due to weakness and pain, the patient could not speak well. The patient talked about the pain scale very slowly but she was unable to talk because she soon fell asleep.

The most accomplished moment was pain management. The patient complained of pain a lot. And the patient's body had a slight fever. So I asked the patient what she needed. So, I brought a towel soaked in cold water to the patient. The patient said the pain was getting better. And because the patient spoke the same Korean as me, I was able to give her a quicker response.

The bioethical problem for this patient is communication. The patient said that she was unable to describe the pain in words. The patient always seemed confused and had a hard time saying what the patient needed. That's why I'm worried about whether staff can give delicate care to give patient what she need.

A technical skill I used was medication administration. Enoxaparin was administered to the patient. I had the experience of giving an injection for the first time. At first, I didn't know how fast to inject, but I learned that it should be administered not too fast and not too slow. And I applied topical ointment because of the patient's skin rash.

Plans and interventions for this patient are using pain medicines, physical therapies (such as heat or cold packs, massage, and exercise) psychological therapies (such as cognitive behavioral therapy, and meditation. Severe pain care plans are always individualized to the patient.

The communication with the nurse was successful. The nurse gave me detailed instructions on what to do when administering medication to a patient. And the nurse explained how to treat patients. The nurse kindly told me what I did not know.

The instructor taught me in detail how to administer the medicine and how to explain it to the patient before administering the medication. And I got peer feedback from nursing student after medication administration.

“If you listen carefully to the Lord your God and do what is right in his eyes, if you pay attention to his commands and keep all his decrees, I will not bring on you any of the diseases I brought on the Egyptians, for I am the Lord, who heals you.” (Exodus 15:26)

I believe that if the patient continues to believe in God and wants to be healed, God's hand will reach him according to the words of the Bible. I hope God knows the pain of the patient. I hope that the patient's family will be mentally and psychologically helpful to the patient.

I hope that the patient's discomfort and pain will not increase anymore. The priority is to help the patient have a comfortable mind for reducing pain. The patient must be psychologically stable to decrease pain.