

PReP 8.2 - Palliative Care

Lesson 3 - Meeting with the Nurse

Nurse Amy:

So we've gone through your plan of care: pain management, the meds you'll be on, and the contact numbers you need. So Judy, I'm wondering if we could talk a little bit about some personal issues – would that be okay with you?

Judy:

Oh, I have no secrets from these two.

Nancy:

Absolutely. Anything you want to say.

Amy:

Okay - wonderful. So even though you're going to be receiving palliative care at home, have you given any thought to a palliative ward or a hospice?

Judy:

No - I can't die in hospital...or hospice for that matter. This is where I stay, to the end.

Pat:

We've already talked about this.

Nancy:

I can move in. I can help organize things and take care of things. You know, whatever.

Amy:

Well okay. Please just call me if you need anything at all; otherwise I'll be back at the end of the week. This here talks about things like pain management, sleep, nausea, bowel issues - the fun stuff. And don't forget: call me if you need anything, okay? Take care.

Judy:

She's nice. Good to know there's someone to call. And she said with no more chemo I may feel better - have some energy.

Nancy:

We are going to fight this. Maybe we should check out an acupuncturist, or herbalist - you know, a natural healers. What do you think?

Judy:

Yeah...maybe anything could help. Buys me more time.

Pat:

Whatever you need. Do you want some more time to think?

Nancy:

Hey, why don't I set something up at the Holistic Centre - and then we can all have lunch.

Judy:

Okay - I'm in!

Host:

Terminal patients living at home and receiving palliative care in the community rarely receive the same frequent contact with medical staff as in-patients. This means that thorough information-gathering and communication between the various caregivers is crucial to providing optimum care. Many patients feel vulnerable and at the mercy of overstretched community services. They may feel 'out of sight - out of mind' when it comes to medical support. This feeling of vulnerability can make family members or friends shoulder greater responsibility for the patient's daily care than they otherwise would, instead of supporting the patient by sharing time, and sharing in activities that the patient may still be able to do on their own.