



Impact

Service Delivery

Post-Assessment

Questions

Darrell Henson, a 67-year-old owner of a small business, was diagnosed with prostate cancer. He had surgery and remained in remission for two years. Around Thanksgiving, the cancer reappeared in bone metastases, and Mr. Henson began to suffer terribly from pain and nausea. The medications prescribed by his physician did little to help, but the physician feared being accused of overprescribing narcotics and was reluctant to do more. Mr. Henson begged his companion, Charles Jones, to help him die because life seemed unendurable with such pain. Mr. Jones, distressed by his companion's suicidal thoughts, called another physician, one who had cared for his mother. This doctor visited Mr. Henson at home, did a careful assessment of his pain and other symptoms, and developed a care plan that emphasized effective pain relief and supportive home services. Although not a conventionally religious man, Mr. Henson was relieved not to violate the prohibitions against suicide taught to him in childhood. He was able to remain home, celebrate Christmas with his companion and their friends, and—despite weakness—say his goodbyes before dying in January. From: *Chapter 4 “The Health Care System and the Dying Patient Case histories -- quality of care and care settings,” pp. 90-95. Institute of Medicine (1997). Approaching Death: Improving Care at the End of Life.* Washington, DC: National Academy Press.

1. If Charles Jones had called you, as a hospice nurse whom he knew, instead of the second physician, what would you do?
 - a. Tell Charles to call the suicide hotline.
 - b. Explain what good end-of-life or palliative care consists of and how it could benefit Darrell including his care options (hospital, nursing home and home care).
 - c. Go visit Darrell and Charles, do a complete assessment, and call Darrell’s physician to tell him that his pain medication regimen isn’t working.
 - d. All of the above.

2. What roles might you assume on Darrell Hansen’s interdisciplinary hospice care team? (Short answer)

Mr. Delman was diagnosed with prostate cancer 3 years ago at the age of 74. He received radiation therapy and did well until about a year ago when he saw his doctor for back and leg pain. At that time it was discovered that his cancer had spread to his bones, bladder, and liver. Mr. Delman chose to forgo further curative therapy at that point and enrolled in a hospice program. After a few weeks of relative comfort, Mr. Delman has become increasingly unresponsive and uncommunicative and appears to be extremely uncomfortable. Most of the time he moans loudly and moves restlessly in bed.

The nurse who had been assigned to Mr. Delman recently left the agency to move to another state. You are a newly-hired nurse on your first job as a hospice nurse. The previous nurse was concerned about Mr. Delman's level of pain so you called the Delmans but Mrs. Delman assured you that it was a transient change. On your first visit, just two days later, you are alarmed to see that Mr. Delman appears to be in even greater pain than reported. After checking his pain management regimen, you determine that the medication ordered should be controlling Mr. Delman's pain. You realize, after talking with Mrs. Delman, that she is reducing the pain medication ordered by his primary care physician. You ask Mrs. Delman why she is not giving the pain medication as ordered and she tells you that it is very expensive and she cuts down on the dosage in order to save money.

1. What factors are responsible for Mr. Delman's inadequate pain management?
 - a. You cannot be sure that he is in pain because he is unresponsive and can't communicate.
 - b. His pain medication is being reduced by his wife and is therefore insufficient to keep him comfortable.
 - c. His pain management regimen is inadequate and the physician should increase it right away.

2. What would you include in your care plan for Mr. Delman to help him have less pain (be more comfortable)?
 - a. Call an alternative medicine practitioner since his pain regimen isn't working.
 - b. Do some patient education with Mrs. Delman about hospice coverage of pain medication.
 - c. Tell Mrs. Delman that it is very important that her husband get the medication as it is ordered in order for him to remain comfortable.
 - d. Do nothing and call the social worker to counsel Mrs. Delman.
 - e. a and d
 - f. b and c
 - g. all of the above.

Answers

Darrell Henson

1. If Charles Jones had called you, as a hospice nurse whom he knew, instead of the second physician, what would you do?
 - a. Explain what good end-of-life or palliative care consists of and how it could benefit Darrell including his care options (hospital, nursing home and home care).
2. What roles might you assume on Darrell Hansen's interdisciplinary hospice care team? (Short answer) Answer: Team leader, case manager and provider of specialized end-of-life nursing care.

Mr. Delman

1. What factors are responsible for Mr. Delman's inadequate pain management?
 - b. His pain medication is being reduced by his wife and is therefore insufficient to keep him comfortable. His pain regimen may need to be changed, but until he receives the dosage prescribed, you cannot determine if it is inadequate.
2. What would you include in your care plan for Mr. Delman to help him have less pain (be more comfortable)?
 - f. Do some patient education with Mrs. Delman about hospice coverage of pain medication and tell Mrs. Delman that it is very important that her husband get the medication as it is ordered in order for him to remain comfortable. The hospice benefit covers medications.