COMMENT

“Simple actions can help a lot at incredibly difficult times”

As the population ages, the number of deaths that occur in hospital is expected to rise (Al-Qurainy et al, 2009). I find that most patients who are admitted into adult acute care are old, frail and, at times, vulnerable. Given the high percentage of patients dying in acute care, nurses need palliative care education (Grant et al, 2009).

Palliative care featured in all my student placements, in both hospice and acute settings. After these experiences, I believe I was knowledgeable about palliative care. However, when I found myself on the other side of the nurses’ station, my perspective changed completely. And rightly so.

Palliative care education is largely patient centred. It focuses on pain control, emotional support and advice about managing the future. Do we pay enough attention to caring for relatives and carers? Many of them keep a bedside vigil 24 hours a day—an experience I have discovered is not only exhausting but also emotionally draining.

My grandmother passed away in acute care—a place many see as an inappropriate and hostile place to spend your last days. Being a nurse, I naturally wanted to know exactly what was happening. So I appreciated that nurses shared vital signs readings with me and family members. We had a full understanding of nanny’s condition, allowing us to be somewhat prepared for the inevitable in those final hours.

Having experienced poor care in the private sector, nanny was moved to an NHS acute hospital. Nurses and doctors listened to and acted upon our concerns. This gave us an overwhelming sense of relief, and we could relax knowing she was finally being cared for appropriately.

The simplest thing nurses can do is talk to patients and relatives. Many nurses and healthcare assistants excel at this. Everyone talked to nanny and us with the utmost care and compassion. This made us feel supported and not afraid to ask questions.

My experience highlighted how good communication, openness, honesty and support are key to making palliative care manageable for relatives and carers.

As nurses, we can deliver the right care by doing the simplest things that are sometimes overlooked. We can make a terrible experience easier to manage, and that is a very special thing that should never be overlooked or underestimated.

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References

HIGHLIGHTS

How enhanced recovery can improve patient outcomes p18

Health communities can collaborate to ensure quality p21

Moving education online p24

SPOTLIGHT

Drug delays in Parkinson’s can be devastating

Parkinson’s disease is a cruel condition, gradually taking away patients’ motor functions and independence. But while there is currently no cure, drugs can do much to alleviate the symptoms for most patients.

However, getting the balance of medication right can be difficult. Drugs and dosages may need to be changed frequently, and timing can be crucial. Delays in receiving medication can have a devastating and long-lasting effect on symptom control.

When people with Parkinson’s are admitted to hospital their medication needs must be met in a timely manner. As our review (page 12) and patient voice (page 16) illustrate, these patients’ drugs cannot be dispensed along with a regular ward round.

As the incidence of Parkinson’s grows understanding these patients’ needs is vital, or hospital admission could cause them untold damage.

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