

ELNEC- For Veterans

END-OF-LIFE NURSING EDUCATION
CONSORTIUM

Palliative Care For Veterans

Module 1

Introduction to Palliative Nursing

CASE STUDIES

Module 1: Introduction to Palliative Nursing Case Studies

Please Note: *All case studies are intended to be generic so that substitutions can be made, according to your own clinical roles. Feel free to adjust the case studies so they are relevant to your participant's clinical needs.*

Module 1 Case Study #1 Mr. Smith: “I Want Everything Done Until My Last Breath”

Mr. Smith is a 75-year-old Black/African American male who served in the Army for eight years, including two tours in Vietnam. He is admitted to the medical floor with severe shortness of breath and fatigue related to his end-stage heart failure. The palliative care consult team was called to make recommendations to the cardiologist and nursing staff to improve symptom management. After being discharged from the Army, he went to work in the auto industry for 10 years, but became disabled, due to a work-related injury. He is married, and lives with his wife in a one-story apartment. He is well-known to the staff on the medical floor, as he has had frequent admissions for severe shortness of breath and fatigue related to his end-stage heart failure. He has had five admissions for heart failure in the past four months.

On seeing the patient, the team was aware that in addition to symptom management, there was a need for psychological, social, and spiritual support. Mr. Smith reported that he was afraid to die because he was worried about how his family would manage financially without his disability income. He did not want to talk about hospice as an option for care and stated, “I want everything done until my last breath of life.” The palliative care team provided symptom management, emotional and spiritual support to Mr. Smith and his spouse and revisited advance care planning conversations.

Discussion Questions:

1. What assessments are essential in providing quality palliative care as a consult team?
2. How does past historical context affect one's health care?
3. How does the team provide culturally appropriate care?
4. What interventions are critical to initiate at the initial consult visit?
5. How might Mr. Smith's experience in Vietnam affect his end-of-life concerns and perception?

Module 1
Case Study #2
Mr. Kelvin: Homeless and Non-Compliant

Mr. Kelvin is a 36 year old single Veteran who served in Operation Iraqi Freedom for seven months before he was severely injured in a combat-related incident. He spent two months in an Army hospital in the U.S. receiving treatment for 2nd and 3rd degree burns on his lower extremities. Two weeks after arriving in the U.S., it was determined that the left leg had to be amputated (above-the-knee). He began to socially withdraw and as soon as he was released from the VA rehabilitation facility, and he moved home with his parents. After several months at home, his parents told him he had to move out, because they suspected he was drug-seeking and he had become abusive to them. He refused to keep any medical and psychiatric appointments at the VA community-based out-patient clinic and took very poor care of the left stump, which became frequently infected. He became homeless and lived on the streets of a large metropolitan city. One day, visitors to the city saw him on the side of the street where his homeless friends were trying to awaken him. The visitors knew there was something terribly wrong. They called 911 and an ambulance took him to the local VA facility (his homeless friends stated he was a Veteran). The emergency department staff found him to be septic and his toxicology report was positive for numerous drugs. It was determined that Mr. Kelvin's family should be called immediately (the VA had contact information about his parents from previous visits to the VA), because his condition was very critical and deteriorating quickly. The nurse practitioner called the palliative care team and asked them to meet the family in the ICU waiting room once they arrived.

Discussion Questions:

1. Why would the palliative care team be called?
2. What services could the palliative care team offer Mr. Kelvin and his family?
3. As a staff nurse in the ICU, how could you support his family? What could you do or say?
4. If he survives, what services at your local VA would be of assistance to him and to his family?

Module 1
Case Study #3
Mrs. Morgan: Poor Pain Management

The Palliative Care Program at the local VA offers a consult service using advanced practice nurses (APRN's). A referral has been made from a Community Living Center (CLC) for help with a Veteran who is receiving dialysis for chronic renal failure and is suffering with poorly controlled pain. The Veteran, Mrs. Morgan is 87 years-old and served as an Army nurse in the Korean War. The facility's physician is reluctant to order pain medication because of her renal status. Mrs. Morgan, her family, and the nursing staff are very distressed by the lack of pain management.

Discussion Questions:

1. What is the role of the palliative APRN in addressing Mrs. Morgan's pain?
2. What strategies might the palliative APRN use in discussing recommendations to the facility physician to advocate for her to receive palliative care?
3. What additional referrals may be necessary for this Veteran, her family, and staff?
4. How would you assess Mrs. Morgan, using the Quality-of-Life Model?
5. How might her Korean War experience affect her pain?

Module 1
Case Study #4
Ms. Thompson: Need for Palliative Care at the Time of Diagnosis

Ms. Thompson is a 53 year-old Veteran who served as an Army supply officer during the Gulf War. She has just been diagnosed with pancreatic cancer and her oncologist at the VA has asked the palliative care team to visit her at the clinic today before she goes home. The palliative care physician and nurse met with her in the outpatient clinic, following her new diagnosis of pancreatic cancer. Ms. Thompson lives with her partner of 20 years and her only other family is a son who lives out of state.

Discussion Questions:

1. At the first visit, Ms. Thompson says “What do I need a team like this for? I am here at the cancer center to be cured. My oncologist told me that she was optimistic about giving me chemo and that it should cure me.” How does the team introduce the concept of palliative care to a patient with newly diagnosed advanced stage cancer?
2. How does the team provide care to the patient, her partner and her son?

Case continues:

The team follows Ms. Thompson throughout the course of eight months of treatment, seeing when she has oncology visits, chemotherapy, and radiation therapy. The disease has progressed to the point that further chemotherapy will not have any benefit.

Discussion Questions:

3. When is the appropriate time to introduce the concept of hospice care? How can the team explain this type of care to Ms. Thompson?
4. What type of settings could Ms. Thompson receive hospice care? Would the VA cover all hospice expenses, even if she chose to have in-home hospice?

Module 1
Case Study #5
Mr. Jensen: Shifting from Treatment to Palliative Care

Mr. Jensen is an 82 year- old Vietnam Veteran with a two year history of dementia and newly diagnosed small cell lung cancer, with metastasis to the femur. He presented the emergency department with shortness of breath. His respiratory status became so compromised that he required intubation and was admitted to medical intensive care unit (MICU) four days prior. Although he is no longer requires ventilatory support, he has become increasingly confused and agitated. His non-verbal behaviors suggest he is in pain. His daughter, who is the power of attorney for health care, has requested that the goals of care shift from curative care to “keeping him comfortable.” The clinical team in the MICU suggests Mr. Jensen be transferred to the Palliative Care Unit in the hospital

Discussion Questions:

1. What are the benefits of a palliative care consult for this Veteran and his daughter?
2. What are the potential barriers that may interfere with the palliative care referral for this Veteran?
3. What strategies might be helpful to overcome those barriers?
4. How might this Veterans agitation relate to his Vietnam experience?

Module 1
Case Study #6
Mr. Walton: What's the Point?

Mr. Walton, a 46-year-old Marine Corps Veteran with a substance use disorder was diagnosed with liver failure. He is admitted to the medical unit for nutritional support and abdominal pain. Mr. Walton has been unemployed for six years. Three months ago, he moved from his apartment to an assisted care facility because of increasing weakness and inability to care for himself. As the nurse takes the nursing history, he appears anxious. His personal care has been limited, with an unshaven face, uncombed hair, and nailbed embedded with dirt. The assisted care facility staff reported that he repeatedly refuses to bathe. He answers questions without making eye contact, frequently commenting "What's the point?" Mr. Walton is divorced and has one teen-aged daughter, who lives with her mother. He has not seen his daughter because he doesn't want her to see him "like this." Other family includes an older sister, who helped him move to the nursing home. Mr. Walton relates that he no longer sees friends, because he did not tell them he was moving, and doesn't want them to know that he is living in an assisted care facility. When the nurse has finished taking the history, he asks her to pull the curtains, shut the door and leave him alone. When she returns to give him his medications, he screams "I thought I told you to leave me alone!"

Discussion Questions:

1. Assess aspects of the quality of life (QOL) using the QOL Model of physical, psychological, social, cultural and spiritual well-being.
2. What members of the interdisciplinary team might be most helpful to contact? Why?
3. Discuss the unique role of nursing in caring for Mr. Walton. Discuss collaboration with his physician.
4. What other information would be helpful to assess in planning care for him?
5. How do you create a safe and trusting environment for him?
6. Could he benefit from palliative care? Please explain your answer.