

Home Hospice Case Study with integrated Next Generation NCLEX Items

Violet Rose (prefers to be called Violet) is a 77-year-old female with a history of CHF, DVT, dementia, and a recent diagnosis of Stage IV ovarian cancer with multiple lymph node involvement and possible liver metastasis.

Admitted to hospice – primary diagnosis: Stage IV ovarian cancer with multiple lymph nodes involved, and possible liver metastasis.

She has just been discharged from the hospital to home after having been given available options for ongoing aggressive treatments or hospice care. Choosing hospice and comfort measures only, Violet states “I lived a good life. I just want to go home.” She has never been on hospice before.

During the hospice admission visit, the patient can understand and answer most questions.

Hospice Admission Assessment Findings

VITAL SIGNS: - B/P 144/98, radial pulse 114, RR 24, temp 97.7 F

NEURO: Upon exam, patient is awake, oriented X2 with difficulty on the date/time.

LUNGS: Lungs are clear but diminished in the bases, bilaterally, she has used O2 only PRN while in the hospital, but states that she is feeling SOB at this time. Oxygen is ordered at 2-4 liters/NC PRN.

NUTRITION/HYDRATION: Patient states that she really isn't hungry much, nothing sounds good.

GI/GU: Abdomen is distended and generally tender to touch. Bowel sounds are present in all 4 quadrants but seem to be less active in the lower right quadrant. Her son, Daniel, tells you that is where her tumor is located. She has had no bowel movement in the 4 days since she was admitted to the hospital.

PAIN: Prior to entering the hospital she was experiencing pain that was controlled with Lortab 5/500, 1 or 2 tabs, every 4 to 6 hours as needed. When asked if she is uncomfortable as a result of pain, she says “No, not right now, thank you.”

In the hospital her pain was treated with Morphine 2-4 mg IV q 2 hours PRN. She was discharged with prescriptions for Lortab® 10/500 ½ to 1 q 6-8 hours PRN, and Roxanol® 20mg/ml, 0.25ml sl every 4 hrs PRN. Daniel has not filled the Roxanol® prescription yet.

Medications

- Found in the home:
 - Colace 50 mg po daily PRN
 - Lortab® 5/500 1-2 po q 4-6 hrs PRN
 - Lortab® 10/500 ½-1 po q 6-8 hrs PRN (this is new today)
 - Lasix® 40mg 1 po daily
 - Coumadin® 2.5 mg po M,W,F
- New, unfilled prescriptions are:
 - Roxanol® 20mg/ml 0.25 ml sublingually q 4 hours PRN

- RN obtains order for a “Comfort Kit” (preordered medications to assist with signs and symptoms during crisis) at admission

Question 1. For each system below, click to specify the potential nursing activity that would be MOST appropriate for the care of the client based on the above information.

- Lungs
 - a. begin administering O2 2-4L*
 - b. Raise head of the bed
 - c. Deep breath and cough
 - d. Encourage use of spirometer
- GI/GU
 - a. Administer colase 100mg*
 - b. Encourage patient to eat lasagna and breadsticks dropped off by neighbor
 - c. Use a heat pad on the stomach
- Pain
 - a. Continue to monitor pain regularly*
 - b. Administer Loratab per physician orders
 - c. Encourage ambulation

1 day later, the hospice RN returns for a home health visit. Violet’s primary caregiver is her son, Daniel, whom she lives with. The patient also has a daughter, Anna, that lives out of state and does not assist with day-to-day care. Anna is calling Daniel several times a day for updates. Daniel shares he is feeling overwhelmed. The hospice RN talks with Violet, Daniel and Anna about their request for different aspects of care.

Family requests:

- Home Aide – 5x week & PRN
- RN – 2x week & PRN
- Unsure that they need assistance from a Social Worker, but the family has agreed to an evaluation visit
- Violet shares she would like to donate her body to science

As you are leaving you notice that Violet is getting very restless and moaning. You ask if she is uncomfortable related to pain. She states that she is really hurting in her “stomach” and reaches for her lower right abdomen. She asks Daniel for some of her new pain medicine. Daniel appears hesitant to administer the prescribed pain medications.

Question 2. Complete the below sentence using the options in the word bank.

The family is at risk for _____ and Violet at risk for _____.

Word Bank

- a. ineffective family coping* (first blank)
 - b. impaired religiosity
 - c. powerlessness related to terminal illness* (2nd blank)
 - d. ineffective peripheral tissue perfusion
 - e. bowel incontinence
-

72 hours after the initial hospice admission visit, Violet is in visible pain upon the RN entering the home. Violet is moaning and tossing and turning in the bed.

She has been taking her Lortab 10/500 as directed, taking 1 every 8 hours. The Roxanol® has still not been filled. Daniel shares he is afraid that he will kill his mother with the morphine.

Lungs are clear bilaterally. However, Violet appears SOB with her O2 at 2L per NC.

Violet is nauseated, unable to tolerate even water. Violet has not had a bowel movement since prior to her hospitalization, about 7 days ago now.

You discuss with the patient and family possible options. Violet does agree that in the hospital that she might be able to get more comfortable with additional pain management therapies (IV medications or PCA pump possibly).

Question 3. Click on the highlighted section above that best represents findings that Violet may have a bowel obstruction.

- a. Yellow
 - b. Blue*
 - c. Green
-

Home hospice receives a call from Violet's children 2 days after Violet was admitted to the hospital. After receiving more information from the care team and more time to discuss as a family, the family chose for their mother not to have surgery. Violet's condition has continued to decline. They would like to readmit their mother to home hospice, as the health care providers have indicated that death is imminent.

Family requests:

- Home Aide – 5x week & PRN
- RN – 3x week & PRN
- Social Worker referral
- They would like to continue with the plans to donate Violet's body to science to honor their mother's wishes

Question 4. Complete the below sentence using the options in the word bank.

The _____ Framework would be helpful to consider when working with this family as there are changing roles in the family's structure related due to the life cycle?

Word Bank

- a. Interactional
- b. Structural Functional
- c. Developmental*

Adapted from Singleton, S., & Hasan, M. (2015). *Level of care transitions: Routine to general inpatient (GIP) care and back [PDF document]*. The Carolinas Center for Hospice and End of Life Care. Cary, NC.