

Age appropriate nursing care for a patient receiving palliation essays examples

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Introduction

Palliative care focus principally on preventing, anticipating, diagnosing and managing symptoms suffered by patients with a life-threatening illness and assisting families create medically significant decisions (Lynn, 2005). The literature discusses the importance of providing age appropriate palliative care and nursing care using a palliative approach for a patient with neurodegenerative disease.

Importance of providing age appropriate care reflecting a palliative approach

Age appropriate palliative care has benefits to the patient and family members of the patient. As people age, they are prone to various chronic health problems (Weissman, 2011). For example, Parkinson's disease, which is the degenerative diseases, is one of the diseases that mostly affect the older population. Therefore, age palliative care is needed by older people to manage diseases that are mostly associated with this group. Palliative care assists patients to cope with aggressive management or treatments by getting patients' symptoms and pain under control to facilitate patient fight the condition (Bial, 2013).

Palliative care helps patients attain quality of life according to their definition since it is tailor-made to their circumstances (Carver, 2013). The palliative nurse and team enlighten the patient on the pros and cons of the treatment alternatives so that the patient may make informed decisions concerning how they want to manage or treat their illness and symptoms, and live desired life (Buckley, 2014). However, palliative care is not restricted to

management of pain. It also be used to counsel patients and provide other services, which may ease the spiritual, emotional distress of the family members and the patients (Davies, 2012).

Palliative care also offers the economic or financial benefits to their family and the patients. Faull (2011) argued that patients that receive palliative care concomitantly with Parkinson disease treatment and carry on to do so following treatment alternatives have been exhausted less liable compared to those not getting palliative care to be given unnecessary and costly intensification of care in intensive care units or emergency rooms at the end of life (Faull, 2011).

Nursing care using a palliative approach

Older people living with neurological diseases or complications such as Parkinson's disease face long-term psychosocial and physical challenges. A range of healthcare options technologies can ensure sufficient communication, nutrition, respiratory and cardiac functioning, skin integrity, and bowel motility. However, these technologies need human component. In this case, it is the family as well as the patient's family members. It necessitates adjustment and learning by the patient and family. The social and psychological factors of treating older people living with a neurodegenerative disease are as imperative as patient's physical care. Healthy resurgence of family member after their ultimate bereavement is also indispensable (Johnson & Lehman, 2007).

Neurodegenerative diseases might stir up negative attitudes in health professionals. Consequently, the negative attitude may be readily passed the

families members and to the patients. For example, incapacity to alter disease sequence is occasionally interpreted to signify that nothing additional can be done. Despite all, healthcare professionals should do everything probable to ease symptoms and suffering experienced by the patient. In addition, they should offer suitable spiritual and psychological support. These where nursing palliative approaches have much to offer. Nursing palliative approaches supplements conventional techniques by covering services that are not normally offered by conventional nursing such as counseling.

Even though numerous neurodegenerative diseases are comparatively rare, it often occurs to the older generation. The rate in the older generation is way above the average of the general population. Neurodegenerative diseases related symptoms are frequent among patients with Parkinson disease include breathlessness, pain, insomnia, and constipation and their custom management ought to fall in the scope of all knowledgeable practitioners (Mitchell, 2008). More multifaceted issues, including nutritional help by enteral feeding, care of respiratory function with use of ventilator support, or treatment of neuropathic pain, might necessitate referral or consultation to consultant palliative care services (Morrison, 2011). It should be appreciated that the combinations of symptoms vary from patient to patient. Whereas, some patient may report a single symptom, others have several symptoms.

Pain management and symptom relief

Pain is one of priority nursing diagnosis of patient with Parkinson disease a neurodegenerative disease for old people. Pain is frequent in neurodegenerative conditions. Just like multiple sclerosis, about half of all people suffering from Parkinson disease complain of pain at one point or the other. The incidences escalate with longer disease period and higher harshness of neurological symptoms (Saunders, 2009). Correspondingly, in motor neurone cases, current studies point out that approximately three-quarters of patients experience pain. Studies show that it is often undertreated and under diagnosed. Palliative care approach might direct nursing practitioners to higher focused and effectual assessment of patients' pain. Therefore, the nurse should ensure to improve patient quality of life by reducing the incidences of pain. There are different modalities that have been used to control patient's pain. Methods or modalities to control pains are dependent on the outcome of pain assessment (Taylor, 2012). In situation, where patient have mild pains, mild analgesics can be used to control pain. For patients with severe pains, strong analgesics can be used to manage pain. Most come medication used to manage pain include opioids, in some cases, morphine 30 mg orally each 24 hours. The mean interval of treatment of 58 days has been utilized in patient with serious pain. However, the diagnosis and treatment should be done on a patient-to-patient basis since the degree of pain often differs. There is no one size that fits all. For related symptoms of neurodegenerative disease, sedative have been used with nurses for the patient with insomnia. It is noteworthy that to improve the quality of life and comfort of the patient, the symptoms must be

managed promptly (Kuebler & Esper, 2007). The prevalence of patient experiencing breathlessness is high among older patient with neurodegenerative diseases. In such a case, palliative care specialist nurse should position the patient in a comfortable posture and administer oxygen to increase body tissue perfusion. Constipation has been one of the setbacks in provision of patients comfort. Constipation is also common in older patients with neurodegenerative disease. In management of constipation, the nurse should administer stool softeners to patients.

Psychological support

Even though palliative care nurses are well known for their knowledge in management of disease symptoms, the nursing palliative care approach has a prime focus on quality of life, hope, and dignity of the patient. Palliative care prompts open communication concerning end-of-life matters, emphasizing excellent communication amid the caregivers and patients, ease with discussing impending death and loss, and consideration to signs of anxiety and depression (Weissman, 2011). All this is meant to ensure the patient is positive about life despite the physical suffering and trauma the patient is undergoing.

In Parkinson's disease, communication and psychological problems comprise personality changes, dementia, sleep disturbances, and depression.

Cognitive impairment is habitually perceptible at the inception of the movement disorder and trails an unremitting and progressive course. Older patients with the disease should cope with important stance of loss and fright of subtraction of their decorum (Carver, 2013).

Additionally, neurodegenerative diseases might influence enunciation, and speech might become inarticulate. The incapability to converse may cause severe frustration for the patient and family members. This is because patients find it increasingly difficult to express their feelings to their loved ones. An obligation to identify means of conversing for example computerized methods and communication boards and expectation of communication intricacies are crucial. Though the methods of enhancing conversing are not distinctive to the palliative approach, the concentration given to communiqué is finely tuned when palliation is the prime objective of care. Palliative approach must enhance diverse communiqué content, integrating discussion regarding grief and loss, which might assist to ease psychological distress (Hull, 2010).

Dementia is also frequently associated with the older population. Alzheimer's disease, a very common neurodegenerative illness, is responsible for fifty percent to seventy percent of cases of dementia. The percentage of people suffering from Dementia is higher in the older population compared to the entire population. This is because of co morbidities. Sickness in older populace is more probable to cause extraordinarily high levels of indication distress which are predominantly difficult to lessen in the attendance of dementia (Allan, 2012). In adding up, the frequently ruthless and long-term life of functional inability in the aged, and the detail that family cares also be inclined to be aged, may require the use of institutional concern.

Conclusion

The ultimate objective of palliative care is to enhance patient quality of life for both the family and the patient after diagnosis of neurodegenerative diseases. Palliative care helps patients attain quality of life according to their definition since it is tailor-made to their circumstances. The palliative nurse and team enlighten the patient on the pros and cons of the treatment alternatives so that the patient may make informed decisions concerning how they want to manage or treat their illness and symptoms, and live desired life. Therefore, palliative care manages the pain and treats symptoms that patients suffer from. It should be appreciated that palliative care is also concerned with the emotional well-being of patients as well. Therefore, palliative care provides a multi-faceted nursing approach that improves the overall quality of patients' lives.

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