Kindred at Home

Hospice Case Study: Cancer

For patients with cancer, our hospice care provides customized plans of care and palliation for optimal outcomes, with focus on clinical interventions for patient comfort, education and support for caregivers, and hospitalization reduction.

Mr. L is a 65 year-old male with a primary hospice diagnosis of prostate cancer with bone metastasis. His health history includes Type 2 Diabetes, pulmonary emboli, hyperlipidemia, basal cell skin cancer, and drug-induced neuropathy. With his original prostate cancer diagnosis, he had extensive treatment including surgery, radiation, chemotherapy, and a clinical protocol at a cancer treatment center. Although further treatment options were available, Mr. L and his wife felt it was time to focus on his comfort rather than a cure.

Upon admission, Mr. L was alert and oriented, appearing pale, weak, and fatigued. With cataracts and a pending surgery, he vocalized how his poor vision makes everything difficult. He recently transitioned from walking with a rollator to dependence on a powered wheelchair due to neuropathy extending up the legs to mid-thigh bilaterally. He could stand by assist and take a couple steps, but was very fatigued with minimal exertion. He reported constant bone pain.

The nursing staff worked diligently to get Mr. L's pain under control. After multiple medication changes, surprisingly he found Tramadol and Tylenol adequately managed his pain, reinforcing that what works for one person may not work for another. During the course of care, Mr. L has become immobile and developed foot drop, experienced unrelenting urinary retention requiring placement of a urinary catheter, and a heel wound requiring three visits per week from the hospice nurse to manage. Mr. L experiences an overall decline in health and functional status, and requires consistent, intermittent nursing visits, and twenty-four hour care from his family.

Social Work and Chaplain visits are a routine part of the hospice admission process. Upon meeting with each, Mr. L. voiced he was grieving his terminal diagnosis, particularly knowing he would be leaving his wife of 40 years, his two daughters, and two grandchildren. He spoke with the chaplain about anger toward God despite his strong faith history. Mr. L requested weekly visits from the chaplain and bi-monthly visits from the social worker.

Throughout his work with the hospice chaplain, Mr. L voices less anger about his prognosis and he has participated in legacy projects for his family such as recorded messages and completion of birthday cards for the upcoming years.

The hospice team was able to make impactful changes in the two areas most problematic to Mr. L upon admission – his constant pain and his grief/anger. They will work alongside Mr. L as his disease progresses to ensure meeting his physical, emotional, and spiritual needs in order for his transition to be as peaceful as possible. After his death, the hospice team will provide Mrs. L and their family with bereavement visits, calls, and other resources to address their grief and provide emotional and spiritual support.

Our Care Matters

- Mr. L's hospice care occurs in his home, where he lives with his wife.
- Patient-specific, individualized plan of care processes identify which medication changes effectively control the patient's pain.
- Chaplain visits address the patient's anger and grief.
- Social Work and Chaplain resources help the patient to create legacy recordings and cards for loved ones for the future.

When Life Matters Most

- Clinical and palliation interventions are adjusted specific to the patient's needs for comfort for improved outcomes.
- Frequency of hospice care team visits increase to meet the needs of the patient and family.
- Chaplain and social work have been paramount for Mr. L's care in addressing emotional and spiritual end-of-life issues.
- Grief counseling is for the patient and the family, and support will continue for the family after the patient's death.

Contact us to begin the hospice conversation or to address specific questions regarding hospice care for patients with cancer. We Are Here.