

NR 528 Module 5 Collaboration Café

A particular situation that I considered to lead to moral distress that I have experience within my career is as follows:

A 36-year-old male patient that sustain multiple, long-term admissions to the hospital due to sepsis. He had a stage 4 ulcer to his coccyx, sacrum, and bilateral lower extremities all at one time. Over the course of a 3 years the patient was admitted for antibiotic treatment, electrolyte replacement, and placement assistance. Due to his complex wound's placement became difficult. And the patient eventually started refusing. He came to the hospital for several weeks, long enough to become stable and be sent home with home health care. His hospital visits became more frequent due to infection and the option of a radical hemipelvectomy was put on the table, but the patient was not a candidate due to his fragile state of health. Initially the patient was friendly and late he became aggressive, verbal abusive and demanding to staff. His behavior led nurses to team up two-by-two to perform care one time and leaves out his room if he becomes abusive. The situation became more difficult due to him developing seizure disorder. his plan of care changed. An advanced director needed to be initiate and there was a medical decision deferred to his mother. The medical staff was uncomfortable with the decision due to his mother being and alcoholic and drug user. Hos former girlfriend was involved in his care but could not be a decision maker. Days later the patient was awakened from his trance and began refusing all care, including palliative. Due to his refusal of care allowed medical staff to be frustrated and he was given the minimum of care. He later was discharged and sent to another facility where he died.

Many of the medical staff felt as if the patient was taking up space since he began refusing care. The situation was a difficult one to continuously approach. As nurses our role is to provide the best care to those who needs and wants it. in this case the patient needed it but was refusing. To ease our concerns we consulted with ethics, pastoral care, and had debriefs amongst staff when needed. Care conferences were also initiated including the patients. Having debriefs amongst the care team provides a support system to help identify the issue. An ethical consult was cancelled because later as nurses we realized we were facing moral distress. In this situation all we had was each other as caregivers to the patient.

Great post Lensa,

I can agree with you with the weakness of gathering information in time. Everything is so fast paced in the emergency room. At times of increasing pressure on emergency departments, and the need for research into different models of service delivery, little is known about how to recruit patients for qualitative research in emergency departments (Price et. al, 2020).

Reference

Price, D., Edwards, M., Carson-Stevens, A. et al. Challenges of recruiting emergency department