CARE OF THE PATIENT WITH INEFFECTIVE COPING AND MINDFULNESS

GOALS/OUTCOMES:
Patient and/or family will verbalize and/or demonstrate outcomes below:

1. Alternate coping mechanisms along with available resources and support. (1, V-B; 2, IV-A; 3, III-A; 4, V-B; 5, IV-A; 6, II-B)
2. Identify maladaptive coping behaviors. (1, V-B; 2, IV-A; 4, V-B; 6, II-B)
3. Participate in requested interventions. (1, V-B; 2, IV-A; 4, V-B; 6, II-B)
4. Improved feelings of coping and resolution of emotional/spiritual conflict. (1, V-B; 2, IV-A; 3, III-A; 4, V-B; 6, II-B)
5. Show improvement or absence of defining factors. (1, V-B; 2, IV-A; 4, V-B; 6, II-B)

ASSESSMENT/INTERVENTIONS:
A. Assessment findings with associated reference numbers and evidence based rating:

1. Level of understanding of current situation. (4, V-B; 5, IV-A)
2. Current level of coping skills. (2, IV-A; 3, III-A; 4, V-B; 5, IV-A; 6, II-B)
3. Level of anxiety for patient and family. (1, V-B; 2, IV-A; 3, III-A; 4, V-B; 6, II-B)
4. Level of pain. (1, V-B; 2, IV-A; 4, V-B; 6, II-B)
5. Ability to re-engage in daily living, post active treatment. (2, IV-A; 4, V-B; 5, IV-A; 6, II-B)
6. Presence of spiritual unease or conflict. (2, IV-A; 3, III-A; 4, V-B; 6, II-B)
7. Contributing factors. (1, V-B; 2, IV-A; 4, V-B)
   a. Defining factors:
      i. Verbalizing inability to cope (2, IV-A; 4, V-B; 6, II-B)
      ii. Inability to make decisions (2, IV-A; 4, V-B)
      iii. Irritability (1, V-B; 2, IV-A)
      iv. Anxiety (1, V-B; 2, IV-A; 3, III-A; 4, V-B; 6, II-B)
      v. Insomnia (1, V-B; 2, IV-A)
      vi. Depression (1, V-B; 2, IV-A; 4, V-B; 6, II-B)
      vii. Feelings of punishment or betrayal (2, IV-A; 3, III-A)
      viii. Loss/readjustment of goals (4, V-B)
      ix. Feeling of hopelessness (2, IV-A; 3, III-A; 4, V-B)
      x. Inability to focus (2, IV-A)
      xi. Overuse of medication or use of illicit drugs
      xii. Excessive smoking or use of alcohol
      xiii. Headaches
      xiv. Fatigue (1, IV-B)
      xv. Bowel irregularities (2, IV-A)
      xvi. Any new inappropriate behaviors
B. Interventions related to assessment findings above with associated reference numbers and evidence based rating:

1. Use empathetic communication with patient and family including answering all questions and providing education about diagnosis, treatment, coping mechanisms and end-of-life, if requested. (3, III-A; 4, VB; 5, IV-A; 6, II-B)

2. Address defining factors in assessment. (1, VB; 2, IV-A; 3, III-A; 4, VB; 6, II-B)

3. Provide pain relief within medical protocol. (4, VB; 5, IV-A; 6, II-B)

4. Involve patient and family in care plan and care of patient. (1, VB; 2, IV-A; 3, III-A; 4, VB; 5, IV-A; 6, II-B)

5. Provide survivorship care and counseling post active treatment. (1, VB; 2, IV-A; 5, IV-A)

6. Provide suggestions and/or resources for integrative medicine for relief of specific defining factors, such as: mindfulness training, meditation, acupuncture, acupressure, yoga, massage, nutrition, vitamins & supplements, biofeedback, chiropractic care, spiritual intervention, cognitive behavioral specialist. (1, VB; 2, IV-A; 3, III-A; 4, VB; 5, IV-A; 6, II-B)

7. Provide other resources for coping, such as: social work, grief counseling, hospice liaison, patient advocates/nurses, bereavement support groups, post-acute care, palliative care, mindfulness training, spiritual/religious advisors, and consider any of the following (1, VB; 2, IV-A; 3, III-A; 4, VB; 5, IV-A; 6, II-B):
   a. Mindfulness in Palliative Care  https://www.youtube.com/watch?v=BXeJFwDermQ
   b. What is Mindfulness-Based Stress Reduction?  http://www.mindfullivingprograms.com/whatMBSR.php

REFERENCES:


